

**Credits:** 2  
**Meeting Days:** WF  
**Meeting Time:** 1:25 p.m. – 3:20 p.m.  
**Meeting Place:** D199 Mayo  
**Instructor:** Wendy Hellerstedt, MPH, PhD  
**Office Address:** 486 WBOB  
**Office Phone:** 612-626-2077  
**Fax:** 612-624-0315  
**E-mail:** helle023@umn.edu  
**Office Hours:** By appointment

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## **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 15 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, especially the reaction paper and the factsheet, are intended to encourage students to examine topics that may not be covered through lecture, discussions, and readings.

## **II. Student Prerequisites**

The course is appropriate for Public Health or Graduate Schools students. Undergraduates may register with approval from Dr. Hellerstedt. Because much of the class evaluation will be based on written assignments, **students are expected to write at a graduate level** and be aware of conventional methods of writing in the biomedical or social sciences. ***This course is recommended for MCH MPH students who wish to have a concentration in epidemiology.***

### **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), with an emphasis on epidemiology. 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 directed at women—and how they compare, compliment, or conflict with one another.
- 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 problems can affect the validity of some women's health indicators.
- Understand the value and limitations of various tools that are used to measure and monitor women's health.
- Identify women's health goals in the 2010 Healthy People goals—and in other federal initiatives.
- 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.

### **IV. Methods of Instruction and Work Expectations**

#### **A. Course Format**

Class sessions will include lecture, discussion, and, time permitting, in-class exercises, to accommodate a diversity of learning styles. Presenters will include the instructor and guest professionals with clinical, research, or programmatic expertise in women's health.

#### **B. Student Expectations**

Students must complete all of the following requirements to earn a passing grade in the course. Written assignments must be delivered in hard copy **on the date due and they must be typed.** **No e-mail attachments will be accepted.**

**1. Complete all of the assigned readings.** Assigned readings should be done before class to enhance students' learning. The readings are important for completion of course papers, quizzes, and class discussion. Readings will compliment 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. Quizzes (30% of total grade).** There will be two take-home quizzes during the semester. They are intended to encourage active engagement with course readings. The quizzes are more of an aide to students than an evaluation tool. Quiz responses should be typed.

Each quiz will contribute to 15% of the total grade (30% total). ***Due dates:***

***Quiz #1: 9/19/07***

***Quiz #2 : 10/12/07***

**Late quizzes will not be accepted.**

**3. Reaction paper (20% of total grade).** This paper is intended to help the student critically examine a women's health issue. The paper will be student responses to a question, or questions, that are prepared by Dr. Hellerstedt and are related to the course readings or lectures. The papers are not research papers and thus do not require library research. However, they are not memoirs, either. **They should be written in the third person and provide a scholarly response** to the questions posed.

The papers should be at least 3 full pages in length, optimally no more than 5 full pages, double-spaced. All papers should be carefully proofread for grammatical and spelling errors because such errors **will** affect grading.

The paper will contribute to 20% of the final grade. ***Due date: 10/03/07***

**Late papers will not be accepted.**

**4. Factsheet (20%) and its presentation (10%)**

This project involves (1) developing a factsheet for everyone in the class; and (2) presenting the factsheet findings informally in small groups of approximately 4-6 people. Its purpose is to allow students to explore a single question or topic in women's health, gather a bit of information, and share it with other students. The factsheet will allow students to succinctly (15 minutes) educate others about 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, 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 protection policies).

The goal of this project is to share evidence-based information. For example, a very appropriate presentation would be to simply create a table of the most prevalent autoimmune disorders (and

the number of women affected), some bullet points that identify key issues, and a short (< 10 citations) reference list for further information. The reference list should be in either APA or Vancouver style. The student could take this table (which could come from a reliable report, as it does not have to be created by the student) and in 15 minutes time inform her or his colleagues about the major autoimmune disorders that affect women (and, it is hoped, engage students to explore their issue further). It is also possible that a factsheet could focus on one autoimmune disorder (e.g., multiple chemical sensitivity) or on how women with autoimmune disorders may require special worksite protection (i.e., take a policy slant).

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

**Students must give Dr. Hellerstedt their factsheet topic, via e-mail, by 9/21/07**

**Student-led discussion/presentation of factsheet: 9/28/07**

**5. College Bowl (aka final test, 15% of total grade).** ***This will be fun.*** Who knows better than students about the kinds of questions students should get for their final test? The “test” will involve individual and team tasks. ***Individually***, every student must develop 6 questions: two questions for each of the major areas covered in class (i.e., approach to women’s health, the environments in which women live, and health outcomes). Those questions may be multiple choice or very short answer. The questions must be sent to Hellerstedt by October 17, 2007. ***As team members***, students will attempt to answer the questions created by other student teams. The activity of asking questions and answering them will constitute the “final test” on the final day, October 24, 2007.

Students will be graded on their provision of questions and answers by the deadline (10% of their grade) and their attendance at the College Bowl (5% of their grade). Students will not be graded on their performance at the College Bowl. This is intended to be a fun way to recap the class, not a dreadful stress-producing test.

***Due date to e-mail Hellerstedt questions: October 17, 2007***

***Date for team members to ask and answer questions: October 24, 2007***

**6. Attendance (5% of total grade).** There are only 15 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. ***One point from the total grade will be subtracted for each day of absence.***

***Tardiness:*** Dr. Hellerstedt and the students should all do their best to arrive to class before we start. Latecomers can be 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 show such respect for the students and the instructor.

**7. *Coffee chats.*** Coffee chats are not graded. They are 20-25 minutes of class time during which students are encouraged to ask a question of interest to them and join with other students to chat. The question should be related to women's health and, generally, to the topic of the day. A student may want to discuss one of the readings for the day or may present a relevant topic. For example, we will have a chat on the day we are discussing disparities. A student may say, "I want to talk about why we continue to classify health conditions by race, when we know that race is an artificial construct." If other students are also interested in this topic, they will join her/him and chat. The procedure for coffee chat will be simple: Hellerstedt will ask students to throw out topics of interest and other students will cluster with students with topics they want to discuss. Students will not be assigned to come up with a topic: it will be up to a student to decide if s/he wants to bring a topic or idea to class or not. If no one has a topic for coffee chat (unheard of!), Hellerstedt will assign groups to discuss the day's readings.

## **V. Course Readings**

Course readings are available in a hard-copy packet at the Coffman Bookstore and via PDF on the course website.

### **Accessing the course website**

The course WebCT site will have PDF copies of course readings, a copy of the syllabus, copies of assignments, and course lecture slides from Dr. Hellerstedt (guest speakers may not provide slides). 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/) (<https://www.myu.umn.edu/>) and locate the link for your course site. 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, access <http://myU.umn.edu>, and get dial-up access to the Internet through your campus modem pool.

- 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 for your campus.
- Twin Cities: (612) 301-4357 (1-HELP on campus)

## VI. Course Outline

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

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

1.	9/05/07	<b>Introduction Defining women's health</b>
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- Student and instructor introductions.
- Review of syllabus and definition of plagiarism.
- What is women's health—and why women's health?
- What is a life-course perspective? What do we know about women's physical and mental health in a developmental context?

### **Readings:**

- Mottl-Santiago J. Women's public health policy in the 21<sup>st</sup> century. *J Midwifery & Women's Health* 2002;47(4):228-238.

2.	9/07/07	<b>Overview of women's health in the U.S.</b>
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- Major health conditions and exposures: how do we examine magnitude and impact?

### **Readings:**

- Adams EJ, Grummer-Strawn L, Chavez G. Food insecurity is associated with increased risk of obesity in California women. *J Nutr* 2003;133:1070-1074.
- Hu FB. Overweight and obesity in women: health risks and consequences. *J Women's Health* 2003;12(2):163-172.
- 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.

3.	9/12/07	<b>How does the health of men and women differ?</b>
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- How do major indicators of health vary between women and men?

### **Readings:**

- Sadler AG, Booth BM, Mengeling MA, Doebbeling BN. Life span and repeated violence against women during military service: effects on health status and outpatient utilization. *J Women's Health* 2004;13:799-811.

**4. 9/14/07 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, and policies and medical practice?
- What are race and class differences in major women’s health outcomes in the U.S.?
- Trends in educational attainment and employment of women—and trends in family composition in the U.S.: how do they influence the utility of traditional SES variables?
- Do power inequities affect women’s health?

***Readings:***

- Graham H, Francis B, Inskip HM, Harman J, SWS Study Team. Socioeconomic lifecourse influences on women’s smoking status in early adulthood. *J Epidemiol Community Health* 2006;60:228-233.
- Krieger N. Does racism harm health? *Am J Public Health* 2003;93:194-99.
- McGlade MS, Saha S, Dahlstrom ME. The Latina paradox: an opportunity for restructuring prenatal care delivery. *AJPH* 2004;94(12):2062-2065.
- Moss NE. Gender equity and socioeconomic inequality: a framework for the patterning of women’s health. *Soc Sci Med* 2002;54:649-61.

**COFFEE CHAT**

**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. 9/19/07 Gender/sexual orientation  
Exposure of women to toxic environments**

- What are gender differences in health? What are sex differences?
- Does sexual orientation inform women’s health? Should sexual orientation be considered in intervention and etiologic research?
- What are the salient physical and chemical exposures of nonoccupational 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?

**Readings:**

- Bancroft J, Loftus J, Long JS. Distress about sex: a national survey of women in heterosexual relationships. Arch Sex Behav 2003;32(3):193-208.
- O'Hanlan KA, Dibble SL, Hagan HJJ, Davids R. Advocacy for women's health should include lesbian health. J Women's Health 2004;13(2):227-234.

**QUIZ #1 DUE**

**6. 9/21/07 Women and work: stress, risk, and opportunity**

- Employment patterns among U.S. women: hours at work, employment by age, education, occupation, and industry.
- 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?
- What are the aspects of a healthy work environment? What are the opportunities, at the worksite, to positively influence women's health?

**Readings:**

- Chandola T, Brunner E, Marmot M. Chronic stress at work and the metabolic syndrome: prospective study. BMJ 2006;332:521-5.
- Williams K, Umberson D. Women, stress, and health. IN: Women and Health, Goldman MB, Hatch MC (Eds). New York: Academic Press; 2000;553-62.

**E-MAIL FACTSHEET TOPIC**

**7. 9/26/07 Women and relationships: family, social networks and exposure to intrapersonal violence**

- Familial and intimate-partner violence: how are we measuring it? What are suspected health correlates? Is violence associated with pregnancy outcomes?
- How are social networks defined? What are their implications for health?
- What is the influence of women as caregivers on health care, health status, and stress?

**Readings:**

- 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.

- Seng JS. A conceptual framework for research on lifetime violence, posttraumatic stress, and childbearing. *J Midwifery Women's Health* 2002;47(5):337-346.
- Wathen CN, MacMillan HL. Interventions for violence against women: scientific review. *JAMA* 2003;289(5):589-600.
- Young AF, Russell A, Powers JR. The sense of belonging to a neighbourhood: can it be measured and is it related to health and well being in older women? *Soc Sci Med* 2004;59:2527-2637.

**COFFEE CHAT**

**8. 9/28/07 Student factsheets**

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

**9. 10/03/07 Reproductive health**

- Key indices of reproductive health
- Early childbearing

***Readings:***

- Fergusson DM, Boden JM, Horwood LJ. Abortion among young women and subsequent life outcomes. *Perspect Sex Reprod Health* 2007;39(1):6-12.
- Frost JJ, Singh S, Finer LB. US women's one-year contraceptive use patterns, 2004. *Perspect Sex Reprod Health* 2007;39(1):48-55.
- Geronimus AT. Damned if you do: culture, identity, privilege, and teenage childbearing in the United States. *Soc Sci Med* 2003;57:881-93.
- 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.
- White E, Rosengard C, Weitzen S, Meers A, Phipps MG. Fear of inability to conceive in pregnant adolescents. *Obstet Gynecol* 2006;108(6):1411-1416.

**REACTION PAPER  
DUE**

**10. 10/05/07 Conditions of young and middle-aged women**

***Readings:***

- Brown WJ, Trost SG. Life transitions and changing physical activity patterns in young women. *AM J Prev Med* 2003;25(2):140-143.
- Jun H-J, Subramanian SVC, Gortmaker S, Kawachi I. Socioeconomic disadvantage, parenting responsibility, and women's smoking in the United States. *AJPH* 2004;94(12):2170-2176.

**11. 10/10/07 Mental health**

***Readings:***

- Bromberger JT, Harlow S, Avis N, Kravitz HM, Cordal A. Racial/ethnic differences in the prevalence of depressive symptoms among middle-aged women: the Study of Women's Health Across the Nation (SWAN). *AJPH* 2004;94(8):1378-1385.
- Wassertheil-Smoller S, Shumaker S, Ockene J, Talavera GA, Greenland P, Cochrane B, et al. Depression and cardiovascular sequelae in postmenopausal women: the Women's Health Initiative (WHI). *Arch Intern Med* 2004;164:289-298.

**COFFEE CHAT**

**12. 10/12/07 Aging**

**Merrie Kaas, DNSc, RN  
Associate Professor, School of Nursing  
Older Women's Mental Health**

***Readings:***

- Bastian LA, Smith CM, Nanda K. Is this woman perimenopausal? *JAMA* 2003;289(7):895-902.
- Jackson RA, Vittinghoff E, Kanaya AM, Miles TP, Resnick HE, Kritchevsky SB, et al. Urinary incontinence in elderly women: findings from the Health, Aging, and Body Composition Study. *Obstet Gynecol* 2004;104:301-307.
- Murtagh KN, Hubert HB. Gender differences in physical disability among an elderly cohort. *AJPH* 2004;94(8):1406-1411.

**QUIZ #2 DUE**

- 13.                            10/17/07                            Cardiovascular disease/diabetes**
- Beth Gyllstrom, MPH**  
**PhD Program**  
**Division of Epidemiology & Community Health**

<b>E-MAIL COLLEGE BOWL QUESTIONS</b>
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- 14.                            10/19/07                            Cancer**
- Kristin Anderson, MPH, PhD**  
**Associate Professor**  
**Division of Epidemiology & Community Health**

***Readings:***

- Blackman DJ, Masi CM. Racial and ethnic disparities in breast cancer mortality: are we doing enough to address the root cause? *J Clin Oncol* 2006;24:2170-2178.
- Glanz K, Croyle RT, Chollette VY, Pinn VW. Cancer-related health disparities in women. *Am J Public Health* 2003;93:292-8.

- 15.                            10/24/07                            College Bowl**

**VII. Evaluation and Grading**

**Grading Criteria**

University grading policies are on: <http://www.umn.edu/usenate/policies/uniformgrading.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.

<b>Grade Points</b>	<b>Description</b>
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.

### **Grade Option Change (if applicable)**

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) can be found at [onestop.umn.edu](http://onestop.umn.edu).

### **Make-up Policy**

Most assignments are date dependent since they involve class time, so it is very important to have assignments completed on time. If you are unable to turn in an assignment by the assignment due date, you must arrange for an extension with Dr. Hellerstedt prior to the due date. Extensions may be granted for extreme circumstances, like unanticipated illnesses or other emergencies. If you do not contact the instructor prior to the due date and turn it in late, the assignment will receive one grade below what it would have earned had it been submitted on time. An e-mail or phone message is appreciated for unanticipated absences.

## Incomplete Grade

Dr. Hellerstedt will not assign an incomplete unless there are extreme circumstances. The following represents University policy: An incomplete grade is permitted only in cases of exceptional circumstances and following consultation with the instructor. In such cases an “I” grade will require a specific written agreement between the instructor and the student specifying the time and manner in which the student will complete the course requirements. Extension for completion of the work will not exceed one year.

## University of Minnesota Uniform Grading and Transcript Policy

A link to the policy can be found at [onestop.umn.edu](http://onestop.umn.edu).

## Final grade

The final grade for the class will reflect the following:

<b>Assignment</b>	<b>% of Final Grade</b>	<b>Due Date</b>
Quiz #1	15%	9/19/07
Reaction paper	20%	10/03/07
Quiz #2	15%	10/12/07
Factsheet		
E-mail topic to Hellerstedt		9/21/07
Factsheet copied for class members	20%	9/28/07
Presentation	10%	9/28/07
College Bowl		
E-mail 6 questions/answers	10%	10/17/07
Participate	5%	10/24/07
Small group/class participation/ attendance	5%	ongoing

Students will be graded individually; there will be no curve. Plus/minus grading will be used. Performance expectations and grading standards are the same for undergraduate and graduate students.

## VIII. Other Course Information and Policies

### Course Withdrawal

Students should refer to the Refund and Drop/Add Deadlines for the particular term at [onestop.umn.edu](http://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](mailto:sph-ssc@umn.edu) for further information

### **Student Conduct, Scholastic Dishonesty and Sexual Harassment Policies**

Students are responsible for knowing the University of Minnesota, Board of Regents' policy on Student Conduct and Sexual Harassment found at [www.umn.edu/regents/polindex.html](http://www.umn.edu/regents/polindex.html). Students are responsible for maintaining scholastic honesty in their work at all times. Students engaged in scholastic dishonesty will be penalized, and offenses will be reported to the Office of Student Academic Integrity (OSAI, <http://www1.umn.edu/oscai/>).

The University's Student Conduct Code defines scholastic dishonesty as “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; or altering, forging, or misusing a University academic record; or fabricating or falsifying of data, research procedures, or data analysis.”

Plagiarism is an important element of this policy. It is defined as the presentation of another's writing or ideas as your own. Serious, intentional plagiarism will result in a grade of "F" or "N" for the entire course. For more information on this policy and for a helpful discussion of preventing plagiarism, please consult University policies and procedures regarding academic integrity: <http://writing.umn.edu/tww/plagiarism/>.

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”.

In addition, original work is expected in this course. It is unacceptable to hand in assignments for this course for which you receive credit in another course unless by prior agreement with the instructor. Building on a line of work begun in another course or leading to a thesis, dissertation, or final project is acceptable. If you have any questions, consult Dr. Hellerstedt.

### **Disability Statement**

It is University policy to provide, on a flexible and individualized basis, reasonable accommodations to students who have a documented disability (e.g., physical, learning, psychiatric, vision, hearing, or systemic) that may affect their ability to participate in course activities or to meet course requirements. Students with disabilities are encouraged to contact Disability Services to have a confidential discussion of their individual needs for accommodations. Disability Services is located in Suite 180 McNamara Alumni Center, 200 Oak Street. Staff can be reached by calling 612/626-1333 (voice or TTY).

## IX. WEBSITES

In the old days, when there were not a bazillion 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 you find a good website, 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 (e.g., AGI, Planned Parenthood, MOAPP, Kaiser, ChildTrends, Children's Defense Fund), may not present a balanced view. While some organizations, like AGI, are very careful about analyses and methods, many organizations are not. 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.
- Website addresses sometimes change. The following websites were valid as of August 23, 2007 (thanks to Becky Seel for checking the websites!). However, if an address is bad, search for the name of the entity and you should find it.
- Do you know that you can obtain many journal articles through [www.biomed.lib.umn.edu](http://www.biomed.lib.umn.edu) by going to its RESOURCES section and selecting E-journals? You sign in with your UM I.D. and password. This can save you a lot of time and money as you are preparing research papers. And, 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](http://guttamcher.org)).

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### A. General

- **WHO.** All global health issues, [www.who.org](http://www.who.org)
- **National Woman's Health Information Center** has a lot of information about women's health and some online journals, [www.4woman.gov](http://www.4woman.gov)
- National Council on International Health (now **Global Health Council**), [www.globalhealthcouncil.org](http://www.globalhealthcouncil.org)
- **Society for the Advancement of Women's Health Research**, [www.womenshealthresearch.org/](http://www.womenshealthresearch.org/)
- The journal **JAMWA** is focused on women's health and has some free on-line journal articles, <http://jamwa.amwa-doc.org/>

- **CDC** covers a wide variety of domestic topics, [www.cdc.gov](http://www.cdc.gov). For articles from MMWR, go to [www.cdc.gov/mmwr](http://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](http://www.cdc.gov/health/womensmenu.htm).
- **American Medical Women's Association** has some good links, [www.amwa-doc.org/](http://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**, [www.ncemch.org](http://www.ncemch.org)
- For national goals, best place is [www.healthypeople.gov](http://www.healthypeople.gov)
- Try our **MCH Program** website (we have some stuff on women's health), [www.epi.umn.edu/mch](http://www.epi.umn.edu/mch) or the **national clearinghouse**, <http://www.mchlibrary.info>
- **National Library of Medicine's Medline Plus** <http://medlineplus.gov>
- **National Women's Health Resource Center**. A non-profit clearinghouse with lots of related links, [www.healthywomen.org](http://www.healthywomen.org).
- **Boston Women's Health Book Collective**. Non-profit, consumer site, with feminist perspective. Publisher of *Our Bodies, Our Selves*, [www.ourbodiesourselves.org/about/history.asp](http://www.ourbodiesourselves.org/about/history.asp)
- **University of Pittsburgh** has a nice site, with lots of links, [www.hsli.pitt.edu/guides/internet/guide.html?topic=42](http://www.hsli.pitt.edu/guides/internet/guide.html?topic=42).
- [www.healthfinder.gov](http://www.healthfinder.gov) is the USDHHS' link to health information from over 1700 government agencies and nonprofit organizations.

## B. Specific Health Areas

- **Museum of Menstruation and Women's Health**. Sometimes silly, not always accurate, kind of fun, [www.mum.org](http://www.mum.org). Great example of a site where you usually should **not** pull information for your research papers. Has links to quite outrageous menstruation sites.
- **National Institute of Arthritis and Musculoskeletal and Skin Diseases Clearinghouse**. Great links for osteoporosis and related bone diseases, [www.osteo.org](http://www.osteo.org). Also try **National Osteoporosis Foundation**, [www.nof.org](http://www.nof.org).
- **National Human Genome Research Institute**, [www.genome.gov](http://www.genome.gov).
- **Rosenthal Center for Complementary and Alternative Medicine**, many links to CAM resources, [www.rosenthal.hs.columbia.edu](http://www.rosenthal.hs.columbia.edu). Also try **National Office for Alternative Medicine**, <http://nccam.nih.gov/>

- **Women's Health Initiative**, 15-year research program about post-menopausal health, [www.nhlbi.nih.gov/whi](http://www.nhlbi.nih.gov/whi).
- **North American Menopause Society**, [www.menopause.org](http://www.menopause.org)
- Cancer: **National Cancer Institute** [www.nci.nih.gov](http://www.nci.nih.gov), **American Cancer Society**, [www.cancer.org](http://www.cancer.org). **Women's Cancer Network** has research updates; links for providers and survivors, industry-supported, [www.wcn.org](http://www.wcn.org)
- For information on heart disease, [www.americanheart.org](http://www.americanheart.org)
- For reproductive health policy (and, to some extent, health indicators) is Alan Guttmacher Institute, [www.guttmacher.org](http://www.guttmacher.org) . Also try [www.plannedparenthood.org](http://www.plannedparenthood.org)
- **Health Resource Center on Domestic Violence, Family Violence Prevention Fund** [www.fvpf.org](http://www.fvpf.org) (1-888-rx-abuse).
- Intimate partner violence, [www.mchlibrary.info/KnowledgePaths/kp\\_domviolence.html](http://www.mchlibrary.info/KnowledgePaths/kp_domviolence.html)
- **Lawrence Hinman's** site on reproductive ethics, <http://ethics.sandiego.edu/Applied/Bioethics/index.asp>
- **American Society for Reproductive Medicine**, [www.asrm.org](http://www.asrm.org)
- **Konopka Institute** covers all indices of adolescent health, but has a great set of weblinks for adolescent sexual health, <http://www.konopka.umn.edu/peds/ahm/programs/konopka/links/home.html>
- Information on genetics: [www.ornl.gov/sci/techresources/Human\\_Genome/elsi/elsi.shtml](http://www.ornl.gov/sci/techresources/Human_Genome/elsi/elsi.shtml)