

PUBH 6675, SECTION 001

Women's Health
Fall 2019

COURSE & CONTACT INFORMATION

Credits: 2

Meeting Day(s): Wednesdays and Fridays (half semester: Sept 4-October 18)

Meeting Time: 1:25pm-3:30pm

Meeting Place: 2-137 Jackson Hall

Instructor: Jaime Slaughter-Acey, PhD, MPH

Email: jslaught@umn.edu

Office Phone: 612-625-8357

Fax: 612-624-0315

Office Hours: By appointment

Office Location: 482 WBOB

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. We will particularly focus on the epidemiology, measurement and interpretation of these factors, and how these factors can be translated into interventions, programs, and policy. Students will be encouraged to think critically about the social context in which women's health is researched and addressed, and to consider how public health and medicine can give appropriate attention to health problems that uniquely burden women without pathologizing women's bodies.

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, assignments have been developed to encourage students to examine topics that are of particular interest to them that may not otherwise be covered.

Acknowledgments

The contents of PubH 6675 were originally developed by Dr. Wendy Hellerstedt and much of the course content and character is owed to her. Dr. Jaime Slaughter-Acey, the current instructor, and Dr. Susan Mason have been involved with the majority of recent content and modifications.

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.

COURSE GOALS & 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:

- Describe major issues in women's health from a life course perspective.
- Identify major demographic, behavioral and environmental factors that are associated with women's health and how such factors may be addressed in public health interventions, programs, and policies.

- Identify trends in major health conditions that affect women in the United States.
- Identify medical and public health practices that promote women's health.
- Analyze and articulate the public health implications of a women's health problem.
- Define the terminology and vocabulary used in the women's health literature.
- Articulate how data collection and measurement can affect the validity of women's health indicators.
- Describe the value and limitations of various tools that are used to measure and monitor women's health.
- Articulate the ways that the social and historical context shapes the ways that women's health is defined, prioritized, and addressed.

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

The following expectations are basic requirements for earn a passing grade in the course.

- 1. Assigned readings.** It is critical that students read the assigned materials before class so that they can fully understand the lecture material and are prepared to engage in discussion. The readings complement and expand on lectures, and thus attending the lectures alone will not be sufficient to fully understand the material, participate in discussion, or satisfactorily complete assignments.
- 2. Course assignments.** Students are expected to complete the assignments, described in the next section, and to turn them in to Dr. Slaughter-Acey by the stated due date. Extensions due to legitimate extenuating circumstances (serious medical issues, family emergency) will be considered, but only if requested prior to the due date.
- 5. Attendance.** There are only 14 class periods and it is expected that students attend each class. Attendance is not graded, but in-class exercises are. Students are expected to participate in (be in attendance for) at least 8 in-class activities and to be present for the factsheet and final project presentations. This is the minimum expectation for passing the class. Lecture materials are not replicated in the readings and it is important for student learning that they participate in informal and structured student discussions and activities.
- 6. Timeliness.** Students should 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. Please make every effort to be on time, as a show of respect for the students and the instructor.
- 7. Personal computers and telephones in class.** Use of personal computers or other electronic devices for any purpose other than classroom activities is not permitted. The use of such devices should be limited to note-taking during lecture and for presenting information during in-class exercises if necessary. Because discussion is an important source of learning, and use of personal electronic devices can be a barrier to such interaction, use of devices should be kept to a minimum. Non-class uses of personal computers or smartphones, such as checking or responding to e-mails, should not occur during class time. Consistent with University policy (<https://policy.umn.edu/education/studentresp>), Dr. Slaughter-Acey reserves the right to ask students to turn off devices if they are being used inappropriately. Students who fail to comply with such requests may be asked to leave the classroom.
- 8. Public health writing conventions.** Students are expected to write at a graduate level and to conform to conventions in public health scientific writing. This includes the use of Vancouver style for all references. The Vancouver reference style is described at <http://guides.lib.monash.edu/citing-referencing/vancouver> and used in most medical and public health journals. Points will be deducted from writing assignments if Vancouver style

is not used. It is essential that students learn how to cite the literature following the norms of their chosen field of public health.

8. Plagiarism. Students are expected to appropriately reference the words, concepts, and data from others. Students are expected to understand what plagiarism is and to be able to avoid it in their own writing. Any assignment in which there is evidence of plagiarism will receive a grade of 0.

Learning Community

School of Public Health courses ask students to discuss frameworks, theory, policy, and more, often in the context of past and current events and policy debates. Many of our courses also ask students to work in teams or discussion groups. We do not come to our courses with identical backgrounds and experiences and building on what we already know about collaborating, listening, and engaging is critical to successful professional, academic, and scientific engagement with topics.

In this course, students are expected to engage with each other in respectful and thoughtful ways.

In group work, this can mean:

- Setting expectations with your groups about communication and response time during the first week of the semester (or as soon as groups are assigned) and contacting the TA or instructor if scheduling problems cannot be overcome.
- Setting clear deadlines and holding yourself and each other accountable.
- Determining the roles group members need to fulfill to successfully complete the project on time.
- Developing a rapport prior to beginning the project (what prior experience are you bringing to the project, what are your strengths as they apply to the project, what do you like to work on?)

In group discussion, this can mean:

- Respecting the identities and experiences of your classmates.
- Avoid broad statements and generalizations. Group discussions are another form of academic communication and responses to instructor questions in a group discussion are evaluated. Apply the same rigor to crafting discussion posts as you would for a paper.
- Consider your tone and language, especially when communicating in text format, as the lack of other cues can lead to misinterpretation.

Like other work in the course, all student to student communication is covered by the Student Conduct Code (<https://z.umn.edu/studentconduct>).

COURSE TEXT & READINGS

The course website will have links to course readings, a copy of the syllabus, copies of assignments, and course lecture slides. Dr. Slaughter-Acey will post readings at least one week in advance of the class period for which they are assigned. Lecture slides will be posted shortly before the class period. To get to the course site, log in to the [myU portal](https://www.myu.umn.edu/) (<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, use your student Internet ID, 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.

This course uses journal articles, which are available via the University Libraries' E-Reserves and will be linked from the course site. It is good practice to use a citation manager to keep track of your readings. More information about citation managers is available at <https://www.lib.umn.edu/pim/citation>.

COURSE OUTLINE/WEEKLY SCHEDULE

Week	Topic	Readings	Activities/Assignments
Part 1: Concepts and overview			
Week 1 Sept 4-Sept 6	<p>Wednesday</p> <ul style="list-style-type: none"> Student and instructor introductions Review of syllabus Women's health: where we are and where we came from The life course model as a framework for women's health research and practice (if time) <p>Friday</p> <ul style="list-style-type: none"> How do we prioritize women's health without pathologizing women? Major health conditions and exposures: assessing magnitude and impact Policies that affect women's health, with a focus on the ACA How to read a public health journal article 	<p>Wednesday</p> <ul style="list-style-type: none"> pp. 1-45 of: Ehrenreich & English. <i>Complaints & Disorders</i>. New York: Feminist Press, 1973 (2nd Ed. 2011) Kuh D, Ben-Shlomo Y, Lynch J, Hallqvist J, Power C. Life course epidemiology. <i>Journal of Epidemiology & Community Health</i>. 2003 Oct 1;57(10):778-83. Fine A, Kotelchuck M. Rethinking MCH: the life course model as an organizing framework. A concept paper prepared for the MCH Bureau, 2010. (Optional) Halfon N, Larson K, Lu M, Tullis E, Russ S. Lifecourse health development: past, present and future. <i>Matern Child Health</i> 2014;18(2):344-365. <p>Friday</p> <ul style="list-style-type: none"> Remainder of: Ehrenreich & English. <i>Complaints & Disorders</i>. New York: Feminist Press, 1973 (2nd Ed. 2011) James SA, Fowler-Brown A, Raghunathan TE, Van Hoewyk J. Life-course socioeconomic position and obesity in African American women: the Pitt County Study. <i>Am J Public Health</i> 2006;96(3):554-560. Lantz PM. The Affordable Care Act and clinical preventive services for women: achievements and caveats. <i>Women's Health</i> 2013;9(2):121-123. Stolp H, Fox J. Increasing Receipt of Women's Preventive Services. <i>Journal of Women's Health</i>. 2015 Nov 1;24(11):875-81. (Optional) 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. <i>Eur J Public Health</i> 2012; 22(3):322-327. 	<p><u>In-class activity #1 (complete activity sheet before Friday class):</u> <i>Discuss your understanding of the life course approach in understanding health outcomes/disease risk. Think about how you would approach studying or intervening on a health outcome (e.g., obesity).</i></p>
Week 2 Sept 11-Sept 13	<p>Wednesday</p> <ul style="list-style-type: none"> How do major indicators of health vary between women and men? What is gender? What is sex? How do they affect health? Sexual orientation and health <p>Friday</p>	<p>Wednesday</p> <ul style="list-style-type: none"> Park E. Gender as a moderator in the association of body weight to smoking and mental health. <i>Am J Public Health</i> 2009;99(1):146-151. Wetherill RR, Franklin TR, Allen SS. Ovarian hormones, menstrual cycle phase, and smoking: a review with recommendations for future studies. <i>Current addiction reports</i>. 2016 Mar 1;3(1):1-8. 	<p><u>In-class activity #2 (complete activity sheet before Wednesday class):</u> <i>Identify health issues related to gender, to sex, and to both</i></p> <p><u>In-class activity #3 (complete activity sheet before Friday class):</u></p>

	<ul style="list-style-type: none"> • What do we mean by “race” and “socioeconomic status”? • What are the major differences in major women’s health outcomes in the U.S. across race and SES? How does SES over the life course affect risk for disease? • How do assumptions about race, SES, and “otherness” influence public health interventions, policies, and medical practice? • What is stigma? 	<ul style="list-style-type: none"> • Wilson HW, Widom CS. Sexually transmitted diseases among adults who had been abused and neglected as children: a 30-year prospective study. <i>Am J Public Health</i> 2009;99(S1):S197-S203. • 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. <i>Am J Public Health</i> 2008;98(6):989-995. • Fredriksen-Goldsen KI, Kim HJ, Barkan SE, et al. Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study. <i>Am J Public Health</i> 2013;103(10): 1802-1809. • Everett BG. Sexual orientation disparities in sexually transmitted infections: examining the intersection between sexual identity and sexual behavior. <i>Archives of Sexual Behavior</i>. 2013 Feb 1;42(2):225-36. • Optional Geller SE, Koch A, Pellettieri B, Crnes M. Inclusion, analysis, and reporting of sex and race/ethnicity in clinical trials: have we made progress? <i>J Womens Health</i> 2011;20(3):315-320. • Optional Smith HA, Markovic N, Danielson ME, Matthews A, Youk A, Talbott EO, et al. Sexual abuse, sexual orientation, and obesity in women. <i>J Womens Health</i> 2010;19(6):1525-1532 <p>Friday</p> <ul style="list-style-type: none"> • Revisit Ehrenreich & English. <i>Complaints & Disorders</i>. New York: Feminist Press, 1973 (2nd Ed. 2011) • Bayer R. AIDS prevention and cultural sensitivity: are they compatible? <i>Am J Public Health</i> 1994;84:895-8. • Link BG, Phelan JC. Understanding sociodemographic differences in health--the role of fundamental social causes. <i>American journal of public health</i>. 1996 Apr;86(4):471-3. • Gee GC, Walsemann KM, Brondolo E. A life course perspective on how racism may be related to health inequities. <i>Am J Public Health</i> 2012;102:967-74. • Lauderdale DS. Birth outcomes for Arabic-named women in California before and after September 11. <i>Demography</i>. 2006 Feb 1;43(1):185-201. • Read ONE of the following: <ul style="list-style-type: none"> ○ Braveman P. What is health equity: and how does a life-course approach take us further toward it? <i>Matern Child Health J</i> 2014;18(2): 366-372. ○ Krieger N. Stormy weather: race, gene expression, and the science of health disparities. <i>Am J Public Health</i> 2005;95:2155-2160. ○ Geronimus AT, James SA, Destin M, Graham LF, Hatzenbuehler ML, Murphy MC, Pearson JA, Omari A, Thompson JP. Jedi public health: Co-creating an 	<p><i>Discuss Bayer article. Is it possible to do effective and culturally-responsive public health?</i></p>
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identity-safe culture to promote health equity. SSM-population health. 2016 Dec 31;2:105-16.

Part II: Women's environments and their associations with health

Week 3 Sept 18-Sept 20

Wednesday

- Men and women's differential exposures
- Responses to toxic exposures over the life course
- How well do we understand—and measure—toxic exposures?

Friday

- Familial and intimate-partner violence: measurement, associations with health
- 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?

Wednesday

- Goldin LJ, Ansher L, Berlin A, Cheng J, Kanopkin D, Khazan A, Kisivuli M, Lortie M, Peterson EB, Pohl L, Porter S. Indoor air quality survey of nail salons in Boston. *Journal of immigrant and minority health*. 2014 Jun 1;16(3):508-14.
- 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.
- Sutton P, Giudice LC, Woodruff TJ. Reproductive environmental health. *Curr Opin Obstet Gyn* 2010;22:517-524.
- Parks CG, Walitt BT, Pettinger M, Chen J-C, De Roos AJ, Hung J, et al. Insecticide use and risk of rheumatoid arthritis and systemic lupus erythematosus in the Women's Health Initiative Observational Study. *Arthritis Care & Research* 2011;63(2):184-194.
- Payne S, Doyal L. Older women, work and health. *Occupational Medicine* 2010;60:172-177.
- Weuve J, Puett RC, Schwartz J, et al. Exposure to particulate air pollution and cognitive decline in older women. *Arch Int Med* 2012;172(3):219.
- **(Optional reading)** Woodruff TJ, Schwartz J, Giudice LC. Research agenda for environmental reproductive health in the 21st century. *J Epidemiol Community Health* 2010;64:307-310.

Friday

- Breiding MJ, Basile KC, Klevens J, Smith SG. Economic insecurity and intimate partner and sexual violence victimization. *American Journal of Preventive Medicine* 2017. Epub May 10.
- 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.
- Berkman LF, Zheng Y, Glymour MM, et al. Mothering alone: cross-national comparisons of later-life disability and health among women who were single mothers. *J Epidemiol Comm Health* 2015; 0:1–8. doi:10.1136/jech-

*****Due today: EMAIL FACTSHEET TOPIC TO DR. SLAUGHTER-ACEY*****

In-class activity #4 (complete activity sheet before Wednesday class):

- About 20 minutes of class time: Spend some time on the Office of Women's Health page (<https://www.womenshealth.gov/>), CDC Women's health FastStats page (<https://www.cdc.gov/nchs/fastats/womens-health.htm>), and HRSA's Women's Health USA 2013 page (<https://mchb.hrsa.gov/whusa13/index.html>) and get a sense of what kind of data are available on women's health from these government agencies. *Look through the Women's Health 2015 Chartbook State Profiles found here http://52.207.219.3/chartbook/ChartBookData_search.asp (or go directly: http://52.207.219.3/chartbook/images/StateProfiles_Chartbook2015Edition.pdf). Think about why there may be geographic and/or race differences in risk for some women's health issues. To do so, you may want to (1) examine the profile of women's health for Minnesota. Bring the information to class (or have it as a PDF on your computer). Discuss MN disparities, by race. (2) Look at another states and compare specific data to Minnesota. Consider the possible reasons for differences.*

		<p>2014-205149.</p> <ul style="list-style-type: none"> • Cook J, Dinnen S, O'Donnell C. Older women survivors of physical and sexual violence: a systemic review of the quantitative literature. <i>J Womens Health</i> 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). <i>J Women's Health</i> 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. <i>Psychol Bull</i> 2013;139(1):53-80. • Sabbath EL, Guevara IM, Glymour MM, Berkman LF. Use of life course work–family profiles to predict mortality risk among US women. <i>Am J Public Health</i> 2015;105(4): e96-e102. • Optional Cable N, Bartley M, Chandola T, Sacker, A. Friends are equally important to men and women, but family matters more for men's well-being. <i>J Epidemiol Community Health</i> 2013; 67(2):166-171. • Optional Chandola T, Brunner E, Marmot M. Chronic stress at work and the metabolic syndrome: a prospective study. <i>BMJ</i> 2006;332:521-525. • Optional 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. <i>PLoS One</i> 2012;7(7):e40512. 	<ul style="list-style-type: none"> • About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it. <u>In-class activity #5 (complete activity sheet before Friday class):</u> • About 20 minutes of time: Go to CDC's Health, United States, 2016 at https://www.cdc.gov/nchs/data/atus/atus16.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). • About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.
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Part III: Major health conditions in women

<p>Week 4 Sept 25-Sept 27</p>	<p>Wednesday</p> <ul style="list-style-type: none"> • What conditions and outcomes fall under the reproductive health umbrella? • Reproductive health indicators • Differences in reproductive risk across populations • Prevalence and risk factors for key reproductive health outcomes in the US <p>Friday</p> <ul style="list-style-type: none"> • Health conditions of young and middle-adulthood in women • Autoimmune, symptom-based, and idiopathic conditions disproportionately affecting women 	<p>Wednesday</p> <ul style="list-style-type: none"> • Denny CH, Floyd RL, Green PP, Hayes DK. Racial and ethnic disparities in preconception risk factors and preconception care. <i>J Women's Health</i> 2012;21(7):720-729. • Prather, C., Fuller, T. R., Jeffries IV, W. L., Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. (2018). Racism, African American women, and their sexual and reproductive health: a review of historical and contemporary evidence and implications for health equity. <i>Health equity</i>, 2(1), 249-259. • Finer LB, Zolna MR. Shifts in intended and unintended pregnancies in the United States, 2001–2008. <i>Am J Public Health</i> 2014;104(S1):S43-S48. • Finer LB, Philbin JM. Trends in ages at key reproductive transitions in the United States, 1951–2010. <i>Wom Health Iss</i> 2014; 24(3): e271-e279. 	<p><u>In-class activity #6 (two activities; complete activity sheet before Wednesday class):</u></p> <ul style="list-style-type: none"> • 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 2011-2015 cycle of the survey). Go to the general page for NSFG, http://www.cdc.gov/nchs/nsfg.htm,
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- McCree DH. Changes in the Disparity of HIV Diagnosis Rates Among Black Women—United States, 2010–2014. *MMWR. Morbidity and Mortality Weekly Report*. 2017;66.
 - Higgins JA, Mullinax M, Trussel 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.
 - 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** Higgins JA, Hirsch JS. Pleasure, power, and inequality: incorporating sexuality into research on contraceptive use. *Am J Public Health* 2008;98(10):1803-1813.
 - **Optional** Higgins JA, Fennell JL. Including Women's Pleasure in "The Next Generation of Condoms". *The journal of sexual medicine*. 2013 Dec;10(12):3151.
 - **Optional** Ricketts S, Klingler G, Schwalberg R. Game Change in Colorado: Widespread Use Of Long- Acting Reversible Contraceptives and Rapid Decline in Births Among Young, Low- Income Women. *Perspectives on Sexual and Reproductive Health*. 2014 Sep 1;46(3):125-32.
 - **Optional** Hall KS, Dalton V, Johnson TR. Social disparities in women's health service use in the United States: a population-based analysis. *Annals of epidemiology*. 2014 Feb 28;24(2):135-43.
- Friday**
- Andrews P, Steultjens M, Riskowski J. Chronic widespread pain prevalence in the general population: A systematic review. *European Journal of Pain*. 2017. Epub Aug 17.
 - Pukall CF, Goldstein AT, Bergeron S, Foster D, Stein A, Kellogg-Spadt S, Bachmann G. Vulvodynia: definition, prevalence, impact, and pathophysiological factors. *The journal of sexual medicine*. 2016 Mar 1;13(3):291-304.
 - Jacoby VL, Fujimoto VY, Giudice LC, Kuppermann M, Washington AE. Racial and ethnic disparities in benign gynecologic conditions and associated surgeries. *American journal of obstetrics and gynecology*. 2010 Jun 30;202(6):514-21.
 - 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.

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.

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

In-class activity #7 (two activities; complete activity sheet before Friday class):

- About 20 minutes of class time: Find some data via one or more of the following websites that interests you about the health of young and middle-aged women. Bring copies to class.
Option 1: National Health Interview Survey
<https://www.cdc.gov/nchs/nhis/SHS/tables.htm>
- OR -
Option 2: Behavioral Risk Factor Surveillance System
http://www.cdc.gov/brfss/data_tools.htm, or its prevalence and trends data page,
<http://www.cdc.gov/brfss/brfssprevalence/index.html>.
- OR -
Option 3: 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.

		<ul style="list-style-type: none"> 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? <i>Pop Res Policy Rev</i> 2015; 34(1):19-48. 	<ul style="list-style-type: none"> About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.
<p>Week 5 Oct 2-Oct 4</p>	<p>Wednesday</p> <ul style="list-style-type: none"> Health conditions of young and middle-adulthood in women <p>Friday</p> <ul style="list-style-type: none"> Definition of cancer Types of cancer Unique risks for women Epidemiology of cancer in US women 	<p>Wednesday</p> <ul style="list-style-type: none"> Introduction and Chapter 1 of: Judith Herman. <i>Trauma & Recovery</i>. New York: Basic Books, 1997. Krans EE, Patrick SW. Opioid use disorder in pregnancy: health policy and practice in the midst of an epidemic. <i>Obstetrics & Gynecology</i>. 2016 Jul 1;128(1):4-10. 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. <i>Womens Health Issues</i> 2011;21(4):286-292. Sullivan KA, Messer LC, Quinlivan EB. Substance abuse, violence, and HIV/AIDS (SAVA) syndemic effects on viral suppression among HIV positive women of color. <i>AIDS patient care and STDs</i>. 2015 Jan 1;29(S1):S42-8. 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. <i>Am J Public Health</i> 2002;92:1305-11. Optional: Tarasuk V, Mitchell A, McLaren L, McIntyre L. Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. <i>J Nutrition</i> 2013;143(11):1785-93. <p>Friday</p> <ul style="list-style-type: none"> 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. <i>Am J Public Health</i> 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. <i>Am J Public Health</i> 2015;(0), e1-e12. Nagler RH, Lueck JA, Gray LS. Awareness of and reactions to mammography controversy among immigrant women. <i>Health Expectations</i>. 2017 Aug 1;20(4):638-47. 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. <i>Int J Cancer</i> 2015;137(3):625-637. Mays D, Tercyak, KP. Framing indoor tanning warning messages to reduce skin cancer risks among young 	<p><u>In-class activity #8 (complete activity sheet before Wednesday class):</u> <i>Critical thinking activity: mental health, substance use and pregnancy. Is it appropriate (i.e., is there a rationale) to have a public health policy encouraging 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?).</i></p> <p><u>In-class activity #9 (two activities: complete activity sheet before class):</u></p> <ul style="list-style-type: none"> 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. About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.

		women: implications for research and policy. Am J Public Health 2015;105(8):e70-e76.	
Week 6 Oct 9-Oct 11	<p>Wednesday</p> <ul style="list-style-type: none"> • FactSheet Presentations <p>Friday</p> <ul style="list-style-type: none"> • Definition of cardiovascular disease • Shared risk factors with cancer • Epidemiology of CVD in US women • Prevention and treatment 	<p>Friday</p> <ul style="list-style-type: none"> • 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. • Taylor HS, Manson JE. Update in hormone therapy use in menopause. The Journal of Clinical Endocrinology & Metabolism. 2011 Feb 1;96(2):255-64. • Hormone Replacement Study A Shock to the Medical System. NYTimes, July 10 2002. http://www.nytimes.com/2002/07/10/us/hormone-replacement-study-a-shock-to-the-medical-system.html • Cirillo PM, Cohn BA. Pregnancy Complications and Cardiovascular Disease Death: Fifty-Year Follow-Up of the Child Health and Development Studies Pregnancy Cohort. Circulation. 2015; 132(13):1234-42. • Davis SK, Gebreab S, Quarells R, Gibbons GH. Social determinants of cardiovascular health among black and white women residing in Stroke Belt and Buckle regions of the South. Ethnicity & disease. 2014;24(2):133. 	<p><u>In-class activity #10 (two activities; complete activity sheet before Friday class):</u></p> <ul style="list-style-type: none"> • About 20 minutes: Go to CDC's site for CVD maps and data at https://www.cdc.gov/heartdisease/maps_data.htm. Find a map, table, or figure 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 CVD incidence, prevalence, or mortality. Also play around with other CVD data sites (e.g., http://www.kff.org/state-category/health-status/heart-disease/) to expand your knowledge about CVD data resources. • About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.
Week 7 Oct 16-Oct 18	<p>Wednesday</p> <ul style="list-style-type: none"> • How do we define aging? • Women's unique aging experience • Conditions of aging • Social changes of aging <p>Friday</p> <ul style="list-style-type: none"> • Project Presentations 	<p>Wednesday</p> <ul style="list-style-type: none"> • 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. • 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. 	<ul style="list-style-type: none"> • Due Wednesday: Evaluations for 3 Student Factsheets

SPH AND UNIVERSITY POLICIES & RESOURCES

The School of Public Health maintains up-to-date information about resources available to students, as well as formal course policies, on our website at www.sph.umn.edu/student-policies/. Students are expected to read and understand all policy information available at this link and are encouraged to make use of the resources available.

The University of Minnesota has official policies, including but not limited to the following:

- Grade definitions
- Scholastic dishonesty
- Makeup work for legitimate absences
- Student conduct code
- Sexual harassment, sexual assault, stalking and relationship violence
- Equity, diversity, equal employment opportunity, and affirmative action
- Disability services
- Academic freedom and responsibility

Resources available for students include:

- Confidential mental health services
- Disability accommodations
- Housing and financial instability resources
- Technology help
- Academic support

EVALUATION & GRADING

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

Assignment	% of Final Grade	Due Date
Factsheet		
E-mail topic to Dr. Slaughter-Acey	0%	9/20
Factsheet turned in and copied for small group	25%	10/09
Presentation	5%	10/09
Factsheet evaluation of peer work	10%	10/16
In-class activity participation (5% x 8)	40%	see schedule
Final project (written)	15%	10/18
Presentation of final project to small group	5%	10/18

Grading Scale

The University uses plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following, and you can expect the grade lines to be drawn as follows:

% In Class	Grade	GPA
93 - 100%	A	4.000
90 - 92%	A-	3.667
87 - 89%	B+	3.333
83 - 86%	B	3.000
80 - 82%	B-	2.667
77 - 79%	C+	2.333
73 - 76%	C	2.000
70 - 72%	C-	1.667
67 - 69%	D+	1.333
63 - 66%	D	1.000
< 62%	F	

- A = achievement that is outstanding relative to the level necessary to meet course requirements.
- B = achievement that is significantly above the level necessary to meet course requirements.
- C = achievement that meets the course requirements in every respect.
- D = achievement that is worthy of credit even though it fails to meet fully the course requirements.
- F = failure because work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (Incomplete).
- S = achievement that is satisfactory, which is equivalent to a C- or better
- N = achievement that is not satisfactory and signifies that the work was either 1) completed but at a level that is not worthy of credit, or 2) not completed and there was no agreement between the instructor and student that the student would receive an I (Incomplete).

Evaluation/Grading Policy	Evaluation/Grading Policy Description
<p>Scholastic Dishonesty, Plagiarism, Cheating, etc.</p>	<p>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 (As defined in the Student Conduct Code). For additional information, please see https://z.umn.edu/dishonesty</p> <p>The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: https://z.umn.edu/integrity.</p> <p>If you have additional questions, please clarify with your instructor. 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.</p> <p>Indiana University offers a clear description of plagiarism and an online quiz to check your understanding (http://z.umn.edu/iuplagiarism).</p>
<p>Late Assignments</p>	<p>Students are expected to complete the assignments, described in the next section, and to turn them in to Dr. Slaughter-Acey by the stated due date. Extensions due to legitimate extenuating circumstances (serious medical issues, family emergency) will be considered, but only if requested prior to the due date.</p>
<p>Attendance Requirements</p>	<p>There are only 14 class periods and it is expected that students attend each class. Attendance is not graded, but in-class exercises are. Students are expected to participate in (be in attendance for) at least 8 in-class activities and to be present for the factsheet and final project presentations. This is the minimum expectation for passing the class. Lecture materials are not replicated in the readings and it is important for student learning that they participate in informal and structured student discussions and activities.</p>
<p>Extra Credit</p>	<p>In the interest of fairness, Dr. Slaughter-Acey will not negotiate grades.</p>

MCH PROGRAM COMPETENCIES

Competency	Assessment Strategies
MCH1 Use publically available data to appraise and/or prioritize important health issues for specific MCH populations, including place, race, and status disparities in health and wellness.	<u>Factsheet Assignment</u> : Students will prepare and present a factsheet on a topic relevant to women's health (disease, exposure, program, or policy) that is of interest to them. Students will (1) research a topic of interest and summarize findings into a factsheet that will be shared with the class; (2) present the factsheet findings informally in small groups; and (3) evaluate the factsheets of 3 other students.
MCH2. Describe and weigh the role of social determinants of health as they affect women, infants, children, adolescents, and/or pregnant and parenting families, including their contribution to disparities in health.	In-class Activity #1 through #10: Student will participate in small group discussions each week that are center on a reading related to the week's topic.
MCH4. Explain concepts and elements of the life course health development framework and argue for its integration in MCH programs or policies.	In-class Activity #1 though #10: Student will participate in small group discussions each week that are center on a reading related to the week's topic.
MCH6. Locate and use scientific literature sources to formulate an important MCH practice, research, or policy question, and/or to present a rationale for MCH policies and programs.	<p><u>Factsheet Assignment</u>: Students will prepare and present a factsheet on a topic relevant to women's health (disease, exposure, program, or policy) that is of interest to them. Students will (1) research a topic of interest and summarize findings into a factsheet that will be shared with the class; (2) present the factsheet findings informally in small groups; and (3) evaluate the factsheets of 3 other students.</p> <p><u>Final Project</u>: Students will develop a model for a policy or a program to prevent a health issue or otherwise 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. The project will be presented as 5-8 page paper; students will also have the opportunity of presenting their project to the class in small groups.</p>
MCH10. Demonstrate the ability to work effectively in group discussions, meetings, and projects with individuals from diverse groups, and with cultural and linguistic proficiency.	<u>In-class Activities #1 through #10</u> : Student will participate in small group discussions each week that are center on a reading related to the week's topic.