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School of Public Health**PubH 6605**  
**Perinatal and Reproductive Health**  
**Spring 2009**

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**Credits:** 2  
**Meeting Days:** T,Th (1/20/09 – 3/13/09)  
**Meeting Time:** 1:25 p.m. – 3:20 p.m.  
**Meeting Place:** 2-110 Weaver-Densford Hall  
**Instructor:** Wendy Hellerstedt, MPH, PhD  
Karthik Srinivasan, MBBS, Teaching Assistant  
**Office Address:** 486 WBOB  
**Office Phone:** 612-626-2077  
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[srini055@umn.edu](mailto:srini055@umn.edu) (Srinivasan)  
**Office Hours:** By appointment

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**I. Course Description**

The purpose of this course is to examine perinatal, family planning and reproductive health issues, programs, services, and policies in the United States. The course content will emphasize social, economic, environmental, behavioral, and political factors that affect family planning, reproductive health, fertility, and pregnancy outcome. The course will have two areas of focus: (1) interventions to improve reproductive and perinatal health (both policy and programs); and (2) the measurement and interpretation of reproductive and perinatal indices.

**II. Students Prerequisites**

Public Health student, graduate student or instructor consent.

**III. Course Goals and Objectives**

At the completion of this course, the student should be able to:

- Analyze a maternal, perinatal, or reproductive health problem relative to the public health implications and develop outlines for policy or programmatic initiatives. For example, if asked what type of contraceptive services should be available to adolescents, the student should be able to discuss the specific reproductive risks and needs of adolescents.

- Describe the elements that contribute to effective interventions to improve the reproductive health of adolescents, men, and women.
- Describe the goals of programs to promote prenatal health.
- Understand the terminology and vocabulary used in the reproductive and perinatal literature.
- Understand how data collection and measurement problems can affect the validity of some perinatal or reproductive health indicators.
- Understand the value and limitations of various tools that are used to measure and monitor perinatal health. For example, the caveats associated with interpretation of vital records data.
- Appreciate the ramifications of public policy and public financing on individual family planning and pregnancy outcomes.
- Identify perinatal and reproductive 2010 Healthy People goals and potential barriers to achieving selected goals for Year 2010.
- Identify major demographic, behavioral and environmental factors that are associated with perinatal and reproductive risks.
- Identify trends in reproductive and perinatal health.

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

##### Methods of instruction:

1. Lecture and class discussion.
2. In-class and out-of-class assignments.

##### Students are responsible for:

1. Completing weekly reading assignments PRIOR to class.
2. Class attendance and active participation in class discussions and activities.
3. Submission of all assignments on their due date.

#### **V. Course Text and Readings**

The readings were carefully chosen to represent good and recent review articles, intervention results, and commentaries by respected reproductive and perinatal health researchers. Students are expected to read all of the required readings before class. The information in the readings are intended to complement the class lectures and will not be repeated in them.

There is no text for the course. A packet of required readings is available at the bookstore. The course readings are also available on the WebCT course website.

## **A. Reading list, by class session**

### **January 20: Introduction**

Bayer R. AIDS prevention and cultural sensitivity: are they compatible? *Am J Public Health* 1994;84:895-8.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=9407141255&site=ehost-live>

Goldenberg R, Jobe AH. Prospects for research in reproductive health and birth outcomes. *JAMA* 2001;285:633-9.

<http://jama.ama-assn.org/cgi/reprint/285/5/633>

### **January 22: Sexual Activity**

Lindau ST, Schumm LP, Laumann EO, Levinson W, O'Muircheartaigh CA, Waite LJ. A study of sexuality and health among older adults in the United States. *N Engl J Med* 2007;357:762-74.

<http://content.nejm.org/cgi/reprint/357/8/762.pdf>

Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: what we know and what needs to be done. *Am J Public Health* 2008;98:989-95.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=32544157&site=ehost-live>

Sandfort TGM, Orr M, Hirsch JS, Santelli J. Long-term health correlates of timing of sexual debut: results from a national US study. *Am J Public Health* 2008;98:155-61.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=28804954&site=ehost-live>

### **January 27: Sexually Transmitted Infections**

DesJarlais DC, Galea S, Tracy M, Tross S, Vlahov D. Stigmatization of newly emerging infectious diseases: AIDS and SARS. *Am J Public Health* 2006;96:561-67.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=19971729&site=ehost-live>

Weiss HA, Thomas SL, Munabi SK, Hayes RJ. Male circumcision and risk of syphilis, chancroid, and genital herpes: a systematic review and meta-analysis. *Sex Transm Infect* 2006;82:101-9.

<http://sti.bmj.com/cgi/reprint/82/2/101>

### **Optional reading:**

Cook RL, Clark DB. Is there an association between alcohol consumption and sexually transmitted diseases? A systematic review. *Sex Transm Dis* 2005;32:156-64.

[http://ovidsp.tx.ovid.com/spb/ovidweb.cgi?&S=DDCEFPBAIADDDJEKNCGLJAPJDEJCAA00&Link+Set=S.sh.15.16.18%7c4%7csl\\_10](http://ovidsp.tx.ovid.com/spb/ovidweb.cgi?&S=DDCEFPBAIADDDJEKNCGLJAPJDEJCAA00&Link+Set=S.sh.15.16.18%7c4%7csl_10)

### **January 29: Contraception and Family Planning**

Frost JJ, Darroch JE. Factors associated with contraceptive choice and inconsistent methods use, United States, 2004. *Perspect Sex Reprod Health* 2008;40:94-104.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=32549434&site=ehost-live>

Higgins JA, Hirsch JS. Pleasure, power, and inequality: incorporating sexuality into research on contraceptive use. *Am J Public Health* 2008;98:1803-13.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=34571133&site=ehost-live>

Whittaker PG, Armstrong KA, Adams J. Implementing an advance emergency contraception policy: what happens in the real world? *Perspect Sex Reprod Health* 2008;40:162-70.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=34137092&site=ehost-live>

### **Optional readings:**

Lindberg LD, Frost J, Sten C, Dailard C. The provision and funding of contraceptive services at publicly funded family planning agencies: 1995-2003. *Perspect Sex Reprod Health* 2006;38(1):37-45.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=20342946&site=ehost-live>

Wilson EK, Koo HP. Associations between low-income women's relationship characteristics and their contraceptive use. *Perspect Sex Reprod Health* 2008;40:171-9.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=34137091&site=ehost-live>

### **February 3: Unintended Pregnancy**

Jones RK, Zolna MRS, Henshaw SK, Finer LB. Abortion in the United States: incidence and access to services, 2005. *Perspect Sex Reprod Health* 2008;40:6-16.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=31166907&site=ehost-live>

Kubicka L, Roth Z, Dytrych Z, Matejcek Z, David HP. The mental health of adults born of unwanted pregnancies, their siblings, and matched controls: a 35-year follow-up study from Prague, Czech Republic. *J Nerv Ment Dis* 2002;190:653-662.

[http://ovidsp.tx.ovid.com/spb/ovidweb.cgi?&S=PBEKFPCPIKDDCJFNCGLOGMLABKAA00&Link+Set=S.sh.15.16.18%7c1%7csl\\_10](http://ovidsp.tx.ovid.com/spb/ovidweb.cgi?&S=PBEKFPCPIKDDCJFNCGLOGMLABKAA00&Link+Set=S.sh.15.16.18%7c1%7csl_10)

Santelli J, Rochat R, Hatfield-Timajchy K, et al. The measurement and meaning of unintended pregnancy. *Perspect Sex Reprod Health* 2003;35:94-101.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=9537353&site=ehost-live>

### **Optional readings:**

Aries N. ACOG and the evolution of abortion policy: 1951-1973: the politics of science. *Am J Public Health* 2003;93:1810-9.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=11274812&site=ehost-live>

Santelli JS, Speizer IS, Avery A, Kendall C. An exploration of the dimensions of pregnancy intentions among women choosing to terminate pregnancy or to initiate prenatal care in New Orleans, LA. *Am J Public Health* 2006;96:2009-2015.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=22940348&site=ehost-live>

### **February 5: Adolescent Sexual Health**

Buffardi AL, Thomas KK, Holmes KK, Manhart LE. Moving upstream: ecosocial and psychosocial correlates of sexually transmitted infections among young adults in the United States. *Am J Public*

Health 2008;98:1128-36.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=32544179&site=ehost-live>

Ott MA, Millstein SG, Ofner S, Halpern-Felsher BL. Greater expectations: adolescents' positive motivations for sex. *Perspect Sex Reprod Health* 2006;38(2):84-9.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=21278426&site=ehost-live>

## **February 10: Male Reproductive Health**

Hauser R. The environment and male fertility: recent research on emerging chemicals and semen quality. *Semin Reprod Med* 2006;24:156-67.

Holden CA, McLachlan RI, Pitts M, Cumming R, Wittert G, Agius PA, Handelsman DJ, de Kretser DM. Men in Australia Telephone Survey (MATeS): a national survey of the reproductive health and concerns of middle-aged and older Australian men. *Lancet* 2005;366(9481):218-24.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=17604760&site=ehost-live>

Garner MJ, Turner MC, Ghardirian P, Krewski D. Epidemiology of testicular cancer: an overview. *Int J Cancer* 2005;116:331-9. <http://www3.interscience.wiley.com/cgi-bin/fulltext/110438953/PDFSTART>

### **Optional reading:**

Storgaard L, Bonde JP, Olsen J. Male reproductive disorders in humans and prenatal indicators of estrogen exposure. A review of published epidemiological studies. *Reprod Toxicol* 2006;21(1):4-15.

## **February 12: Student Presentations: Reproductive Health Exposures**

NO READINGS

## **February 17: Pre-conception and Prenatal Health**

McGlade MS, Saha S, Dahlstrom DE. The Latina paradox: an opportunity for restructuring prenatal care delivery. *Am J Public Health* 2004;94:2062-5.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=15329782&site=ehost-live>

Ramos RG, Olden K. The prevalence of metabolic syndrome among US women of childbearing age. *Am J Public Health* 2008;98:1122-27.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=32544178&site=ehost-live>

### **Optional Readings:**

Hogue CJR, Hoffman S, Hatch MC. Stress and preterm delivery: a conceptual framework. *Paediatr Perinat Epidemiol* 2001;15(Suppl. 2):30-40.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=5532466&site=ehost-live>

Saltzman LE, Johnson CH, Gilbert BC, Goodwin MM. Physical abuse around the time of pregnancy: an

examination of prevalence and risk factors in 16 states. *Matern Child Health J* 2003;7(1):31-43.  
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=10838793&site=ehost-live>

### **February 19: HIV**

Aguerre D, Mares-DelGrasso A, Emerson C, Tsang J, Pincus J, Calhoun C. Rapid HIV testing in outreach and other community settings—United States, 2004-2006. *MMWR Morb Mortal Wkly Rep* 2007;56:1233-7.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=27679866&site=ehost-live>

Kirshenbaum SB, Hirky AE, Correale J, et al. “Throwing the dice.” pregnancy decision-making among HIV-positive women in four US cities. *Perspect Sex Reprod Health* 2004;36:106-13.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=13679653&site=ehost-live>

Peters VB, Liu K-L, Robinson L-G, et al. Trends in perinatal HIV prevention in New York City, 1994-2003. *Am J Public Health* 2008;98:1857-64.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=34571153&site=ehost-live>

### **February 24: Birth Outcomes**

Bailey DB, Skinner D, Warren SF. Newborn screening for developmental disabilities: reframing presumptive benefit. *Am J Public Health* 2005;95:1889-93.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=18806847&site=ehost-live>

Goedhart G, van Eijsden M, van der Wal MF, Bonsel GJ. Ethnic differences in term birthweight: the role of constitutional and environmental factors. *Paediatr Perinat Epidemiol* 2008;22:360-8.

Ma S. Paternal race/ethnicity and birth outcomes. *Am J Public Health* 2008;98:2284-92.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=35564839&site=ehost-live>

Roseboom TJ, van der Meulen JHP, Ravelli ACJ, et al. Perceived health of adults after prenatal exposure to the Dutch famine. *Paediatr Perinat Epidemiol* 2003;17:391-7.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=11092601&site=ehost-live>

### **February 26: Breastfeeding**

DiGirolamo AM. Breastfeeding-related maternity practices at hospitals and birth centers—United States, 2007. *MMWR Morb Mortal Wkly Rep* 2008;57:621-5.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=32754189&site=ehost-live>

Wolfe JH. Low breastfeeding rates and public health in the US. *Am J Public Health* 2003;93:2000-10.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=11568649&site=ehost-live>

### **Optional reading:**

Kogan MD, Singh Gk, Dee DL, Belanoff C, Grummer-Strawn LM. Multivariate analysis of state variation in breastfeeding rates in the United States. *Am J Public Health* 2008;98:1872-80.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=34571157&site=ehost-live>

### **March 3: Maternal Health**

Kahn RS, Zuckerman B, Bauchner H, Homer CJ, Wise PH. Women's health after pregnancy and child outcomes at age 3 years: a prospective cohort study. *Am J Public Health* 2002;92:1312-8.  
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=7069747&site=ehost-live>

#### **Optional readings:**

Henretta JC. Early childbearing, marital status, and women's health and mortality after age 50. *J Health Soc Behav* 2007;48:254-66.  
<http://docserver.ingentaconnect.com/deliver/connect/asoca/00221465/v48n3/s4.pdf?expires=123188700&id=48183845&titleid=8166&accname=University+of+Minnesota+Libraries%2C+Twin+Cities&checksum=18083D484C1A7258BD70FB715EEB60E5>

Pallin DJ, Sundaram V, Laraque F, Berenson L, Schomberg DR. Active surveillance of maternal mortality in New York City. *Am J Public Health* 2002;92:1319-22.  
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=7069750&site=ehost-live>

### **March 5: Physical and Social Environments**

Austin SB, Roberts AL, Corliss HL, Molnar BE. Sexual violence victimization history and sexual risk indicators in a community-based urban cohort of "mostly heterosexual" and heterosexual young women. *Am J Public Health* 2008;98:1015-20.  
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=32544163&site=ehost-live>

Horvath KJ, Rosser BRS, Remafedi G. Sexual risk taking among young Internet-using men who have sex with men. *Am J Public Health* 2008;98:1059-67.  
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=32544169&site=ehost-live>

Lampinen TM. Incidence of and risk factors for sexual orientation-related physical assault among young men who have sex with men. *Am J Public Health* 2008;98:1028-35.  
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=32544165&site=ehost-live>

#### **Optional reading:**

Homan GF, Davies M, Norman R. The impact of lifestyle factors on reproductive performance in the general population and those undergoing infertility treatment: a review. *Hum Reprod Update* 2007;13:209-23. <http://humupd.oxfordjournals.org/cgi/reprint/13/3/209>

### **March 10: Reproductive Cancers**

Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83,000 women with breast cancer from 16 countries. *Lancet* 2004;363:1007-16.  
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=12647317&site=ehost-live>

Hewitt M, Devesa S, Breen N. Papanicolaou test use among reproductive-age women at high risk for cervical cancer: analyses of the 1995 National Survey of Family Growth. *Am J Public Health*

2002;92:666-9.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=6412854&site=ehost-live>

## **March 12: Student Presentations: Reproductive Health Outcomes**

No readings

### **B. Web Resources**

Remember: there are many electronic journals available from [www.lib.umn.edu](http://www.lib.umn.edu)! Students are encouraged to explore the WWW for articles and data. This list is not exhaustive, but some good websites that are relevant to this class are:

- Alan Guttmacher Institute (AGI). Current data on reproductive health programs and policies, adolescent pregnancy, and family planning. Also has "International Journal of Family Planning" and "Perspectives on Sexual and Reproductive Health" abstracts and some full-text articles. [www.agi-usa.org](http://www.agi-usa.org)
- Centers for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov), can get you to the National Center for Health Statistics (a great source for vital records data), National Survey of Family Growth, the only national surveillance focused on reproductive health, and MMWR, which has current data on STI incidence and prevalence as well as reports on pregnancy outcomes, sexual activity, etc. [www.cdc.gov/epo/mmwr/](http://www.cdc.gov/epo/mmwr/)
- NIDA and NIAAA. These can have good info on prenatal substance use. Try [www.drugabuse.gov](http://www.drugabuse.gov), [www.steroidabuse.org](http://www.steroidabuse.org), [www.clubdrugs.org](http://www.clubdrugs.org), or the National Clearinghouse for Alcohol and Drug info on <http://ncadi.samhsa.gov/>
- Pediatrics. The journal "Pediatrics" has a variety of articles relevant to perinatal health. Its electronic version has full text. <http://pediatrics.aappublications.org/search.dtl> (you can also download from [www.biomed.lib.umn.edu](http://www.biomed.lib.umn.edu)). Also check out the umbrella organization of the Journal, the American Academy of Pediatrics [www.aap.org](http://www.aap.org)
- The Association of Maternal and Child Health Programs. National non-profit for MCH directors and staff of state public health programs. Web site has some fact sheets and issue briefs. <http://www.amchp.org/>
- Children's Defense Fund. A private, non-profit to educate about the needs of children. [www.childrensdefense.org](http://www.childrensdefense.org)
- The Future of Children. Great series of wonderful articles summarizing research and policy topics. [www.futureofchildren.org](http://www.futureofchildren.org)
- National Center for Education in Maternal and Child Health. Database about MCH organizations and publications. [www.ncemch.org](http://www.ncemch.org)
- Urban Institute. Policy research organization that focuses on broad areas of social and economic problems in the U.S. Information on Year 2000 goals and activities related to 2010 goals. [www.urban.org](http://www.urban.org)

- Healthy People 2010. Information on Year 2000 goals and activities related to 2010 goals. [www.healthypeople.gov](http://www.healthypeople.gov)
- For information about adolescent pregnancy, try AGI website, [www.etr.org](http://www.etr.org), or [www.teenpregnancy.org](http://www.teenpregnancy.org)
- National Women's Health Information Center. [www.4woman.gov](http://www.4woman.gov) (toll-free: 1-800-994-woman).
- National Women's Health Network. Operates an information clearinghouse. [www.nwhn.org](http://www.nwhn.org)
- Melpomene Institute for Women's Health. Local organization, sometimes data of variable quality, but they address a wide range of issues. [www.melpomene.org](http://www.melpomene.org)
- Dr. Susan Love has a website about breast cancer and women's midlife health. [www.susanlovemd.com](http://www.susanlovemd.com)
- National Fetal Infant Mortality Review Program. [www.acog.org/goto/nfimr](http://www.acog.org/goto/nfimr). The ACOG site is also great for other obstetrics and gynecology topics.
- Planned Parenthood. [www.plannedparenthood.org](http://www.plannedparenthood.org)
- Engender Health [www.engenderhealth.org](http://www.engenderhealth.org) is a global reproductive health organization
- [www.healthfinder.gov](http://www.healthfinder.gov) is the USDHHS' link to health information from over 1700 government agencies and nonprofit organizations.
- 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/konopka/links.html>
- National Library of Medicine's Medline Plus. <http://medlineplus.gov/>
- Health Resource Center on Domestic Violence. <http://endabuse.org> (1-888-rx-abuse).
- Lawrence Hinman's site on reproductive ethics: see <http://ethics.sandiego.edu/applied/bioethics/>
- Harvard's global reproductive health forum: [www.hsph.harvard.edu/Organizations/healthnet/frame1/researchlib.html](http://www.hsph.harvard.edu/Organizations/healthnet/frame1/researchlib.html)
- American Society for Reproductive Medicine: [www.asrm.org](http://www.asrm.org)
- Information on genetics: [www.ornl.gov/sci/techresources/Human\\_Genome/elsi/elsi.shtml](http://www.ornl.gov/sci/techresources/Human_Genome/elsi/elsi.shtml)

Note about downloading journal articles: The easiest thing to do if you want to access journal articles is probably to go to electronic journals on <http://www.biomed.lib.umn.edu/> and go to the electronic journals site. You will have to put in your UM I.D. and password. Then download from there. If the University does not have an electronic journal, try searching the journal name itself. You will be surprised how many journals allow some access to pdf files of their articles.

### C. Accessing the course website

The course WebCT site will have PDF copies of course readings (or internet links), 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 reproductive and perinatal health.

The easiest way to log in to a course site is from the U of MN main web page [www.umn.edu](http://www.umn.edu). From there, click on the “myU” link in the upper right corner of the page. This will take you to the U of MN log-in page where you will need to enter your Internet ID and password (same as what you use to open your email account). This log-in will open your “MyU” page and the “My Courses and Teaching” tab will open the page with all your courses.

- 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: (612) 301-4357 (1-HELP on campus)

### VI. Course Outline/Weekly Schedule

<b>Session</b>	<b>Date</b>	<b>Topic</b>
1	1/20/09	Introduction to perinatal/reproductive data
2	1/22/09	Sexual activity
<i>Discussion: Bayer article</i>		
3	1/27/09	Sexually transmitted infections
<i>Coffee chat: Bring in one piece of information or a great question about sexually transmitted infections</i>		
4	1/29/09	Contraception and Family Planning
<i>Discussion: How would you measure contraceptive compliance?</i>		
5	2/3/09	Unintended pregnancy and pregnancy resolution
<i>Discussion: How would you measure pregnancy intention?</i>		
6	2/05/09	Adolescent sexual health

*Coffee chat: Bring in one piece of information or a great question about adolescent sexual health*

### QUIZ DUE

7	2/10/09	Male reproductive health
8	2/12/09	Student Presentation of a Reproductive Health Issue
9	2/17/09	Pre-conception and prenatal health

***Discussion: What is the feasibility—and palatability—of mandatory prenatal care at a worksite?***

10	2/19/09	HIV
		Alan R. Lifson, MD, MPH, Professor, Division of Epidemiology & Community Health, School of Public Health, University of Minnesota

**REACTION PAPER DUE**

11	2/24/09	Birth and infant outcomes
12	2/26/09	Breastfeeding
		Mary Johnson, RD, MPH, LN Breastfeeding Coordinator Minnesota WIC Program Division of Community and Family Health Minnesota Department of Health

**TOPIC FOR FINAL PRESENTATION DUE**

13	3/03/09	Maternal health
14	3/05/09	Physical and social environments

**Dr. Keith Horvath will be here to discuss his paper (assigned for today)**

15	3/10/09	Reproductive cancers of women
		Kristin Anderson, PhD, MPH, Associate Professor Division of Epidemiology & Community Health School of Public Health, University of Minnesota

16	3/12/09	Student presentations of fact sheets
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**VII. Evaluation and Grading**

This is a 2-credit class. One credit is generally defined as the equivalent of roughly 3 hours of learning effort/week. Thus, for a course like this, that meets 2 hours/week, one assumes roughly 4 hours of weekly coursework beyond the classroom. There are 16 class meetings so there should be roughly 64 hours of non-class work this semester.

Students must complete all of the following requirements to earn a passing grade in the course:

**A. Completion of all the assigned readings** for the course. Assigned readings should be done before class to enhance students' learning. The readings are important for completion of course papers and class discussion.

**B. Reaction paper:** 25% of the total grade. This short paper is intended to help the student critically examine reproductive and perinatal health issues. The paper will be student responses to a question, or questions, related to the course readings or lectures. The guidance for this paper will be provided by Dr. Hellerstedt 2-3 weeks prior to the due date. The paper is not a research paper and thus formal citations and library work are not required.

The paper should be 3-5 typed pages, double-spaced. It should be carefully proofread for grammatical and spelling errors, because such errors could affect grading.

**Due date:** *February 19, 2009*

**C. Quiz:** 15% of the total. There will be one 10-item take-home quiz, which will be provided by Dr. Hellerstedt two weeks prior to its due date. Responses will be short answer.

The purpose of this assignment (and of participation in class discussion of specific readings) is to develop and strengthen your critical thinking skills. In your career as a public health professional, you will be required to synthesize public health research and apply scientific knowledge to promote the public's health. Therefore skill development in these areas is very important for your successful work.

Scientific journals publish a number of different types of papers, including review articles, commentary pieces, and original research. By the time a paper is published, it has usually been through a process of quality control, called peer review. However, this does not mean it will be perfect. Many published papers contain factual and statistical errors, and statements, which are really assertions, disguised as objective fact. Given this, and the fact that scientific knowledge is often provisional and changing, the proper attitude when reading scientific papers is one of skepticism; it is the task of the reader to judge whether the author's conclusions are justified. Thus, your take-home quiz and class discussions will be most successful if you apply critical thinking.

**Due date:** *February 5, 2009*

**D. Presentation on a reproductive or perinatal health topic:** 20% of total grade (handout is 10%, presentation is 10%). This is an informal presentation that students will give in a small group of approximately 4-6 people. Its purpose is to give students an opportunity to organize an informal handout that will allow them to succinctly (10 minutes) educate others about one of the following broad areas: (1) a marker of reproductive health (e.g., fertility; STIs—a specific STI is best; abortion; sterilization; maternal mortality)—students may describe either the magnitude of the health condition or how it can best be measured; (2) a program or intervention approach, or a health-care access issue (e.g., treatment of HIV-positive mothers in Africa or urban United States, prenatal care in Northern Europe; contraceptive access in rural America); or (3) a policy or initiative that affects the provision of reproductive services (e.g., major statements from the Beijing or Cairo conferences, the Global Gag Rule, minor consent laws, Title X).

The goal of this project is to share evidence-based information (it is just a step above a coffee chat). For example, a very appropriate presentation would be simply compiling a table of Chlamydia rates in Minnesota. The student could take this table from a report (it does not have to be created by the student) and, in 15 minutes time inform, her or his colleagues about the trends and what the data may mean (e.g., how does the student interpret the data? Does the student trust the data?). If the student wanted to be fancy (and more comprehensive) it would be cool to contrast the Minnesota trend data against trend data in the U.S. The student may also choose to ask other students to respond to provocative questions, such as ‘DOES ANY GOVERNMENT HAVE THE RIGHT TO IMPOSE FERTILITY MEASURES?’ and thus use part of her/his presentation time to stimulate a debate among students (careful, though, stimulating discussion can be rough!). THE AIM HERE IS TO ALLOW YOU TO TEACH AND TO PLAY WITH REPRODUCTIVE HEALTH DATA. STIMULATE A CONVERSATION. EDUCATE. LEARN.

What is the product of this presentation? The student should produce a 1-2 page handout for her/his small group members, Karthik and Wendy. Nice handouts can be a great gift! Also, relevant citations are important—it is necessary to cite reproduced material and it is nice to tell people where to look for further information. A good handout would have a small bibliography with relevant articles and websites. These handouts do not have to be fancy (like factsheets). Think about what you would give a small seminar class if you wanted to teach and stimulate conversation. This is a chance to raise a topic that has not been discussed in class before—or that was discussed inadequately.

***Student-led discussion: February 12, 2009***

**E. One factsheet on a reproductive or perinatal topic:** 25% of the grade (factsheet is 15% and presentation is 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 (approximately 10 minutes) educate others about one of the following broad areas: (1) an outcome or exposure in reproductive or perinatal health (e.g., a specific STI, domestic violence, infertility). Students may describe either the magnitude of the health condition/exposure or how it can best be measured; (2) a program or intervention approach, or a health-care access issue (e.g., prenatal care for incarcerated women; hormone replacement therapy); or (3) a policy or initiative that affects the provision of care or attainment of optimal health (e.g., contraceptive insurance coverage; worksite environmental protection policies).

What is the product of this project? 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 that can be briefly conveyed to the class. These are informal presentation—no PowerPoint. Just sit down, distribute the factsheet, and share information.

***February 26, 2009: E-mail title of presentation to Hellerstedt so she can organize the small groups***

**March 12, 2009 (last day of class): Give presentation in small groups and handout to everyone**

**F. Attendance and participation:** 10% of total grade There are only 16 class periods and it is expected that students attend each class because 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. After two missed classes, 2 points will be subtracted for every subsequent missed class (i.e., you will lose points beginning with the third missed class).

There will be periodic coffee chats, informal small-group gatherings for which students will bring in a piece of information or a challenging question to present to other students. There will also be some in-class small-group exercises, focused on salient measurement, program, or policy questions.

**G. There will be no final exam.**

**H. There will be no opportunity for "extra credit."**

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

**J. Evaluation and Grading**

<u>Assignment</u>	<u>% of Final Grade</u>	<u>Due Date</u>
▪ Reproductive health issue (handout and presentation)	25	2/17/09
▪ Reaction paper	25	2/19/09
▪ Quiz	15	2/05/09
▪ Research topic presentation and handout	25	3/12/09 topic to Hellerstedt: 2/26/09
▪ Attendance & participation	10	

### **K. 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.

#### **NOTES:**

- Grades will not be rounded up. If a student earns a 94.75, the grade will be an A-.
- Because students have been exposed to some grade inflation in some classes, they have been led to believe that any grade less than A is a poor grade. This is not the case. Please read the following description of grades. Grades above C are considered above average. In the interest of fairness, Dr. Hellerstedt will not negotiate grades.

<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.

### **L. 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.

### **M. Incomplete Contracts**

Dr. Hellerstedt will not assign an incomplete unless there are extreme circumstances. The following represents University policy: A grade of incomplete "I" shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an "I" requires that a contract be initiated and completed by the student before the last day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student's college). For more information and to initiate an incomplete contract, students should go to: [www.sph.umn.edu/grades](http://www.sph.umn.edu/grades).

### **N. University of Minnesota Uniform Grading and Transcript Policy**

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

## **O. Course Evaluation**

Beginning in fall 2008 the SPH will collect student course evaluations electronically using a software system called CoursEval. The system will send email notifications to students when they can access and complete their course evaluations. Students who complete their course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade. All students will have access to their final grades two weeks after the last day of the semester regardless of whether they completed their course evaluation or not. Student feedback on course content and faculty teaching skills are important means for improving our work. Please take the time to complete a course evaluation for each of the courses for which you are registered.

## **VIII. Other Course Information and Policies**

### **A. 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 courses) can be found at [onestop.umn.edu](http://onestop.umn.edu).

### **B. 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.

### **C. 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, [www.osai.umn.edu](http://www.osai.umn.edu)).

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.

#### **D. 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).