
School of Public Health**PubH 6607****Adolescent Health: Issues, Programs, and Policies****Spring 2009**

Credits:	2
Meeting Days:	W,F (01/20/2009 - 03/14/2009)
Meeting Time:	1:25 P.M. - 3:20 P.M.
Meeting Place:	2-118 Moos Tower
Instructor:	Wendy Hellerstedt, MPH, PhD
Office Address:	486 WBOB
Office Phone:	612-626-2077
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E-mail:	helle023@umn.edu
Office Hours:	By appointment

I. Course Description

This two-credit course focuses on the major public health issues of adolescents in the United States and the programs and policies that improve the health and well being of this population. The course is designed to examine the prevalence and etiology of health and wellness indicators for youth. This course is designed for graduate students in the health sciences and other health-related areas.

II. Course Prerequisites

Public Health student, graduate student or instructor consent.

III. Course Goals and Objectives

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

1. Delineate the health status of adolescents with regard to the following indicators:
 - major health issues of youth (e.g., obesity, homicide, suicide, sexually transmitted infections, pregnancy);
 - the behaviors associated with adolescent health (e.g., unsafe sexual activity; alcohol, tobacco, and drug use; food choices); and
 - the social and environmental factors that influence the health and well-being of adolescents.
2. Analyze the relationship between and among environmental, social, and personal factors that influence adolescent health.

3. Describe and analyze strategies for preventing public health problems and for improving adolescent health.
4. Synthesize research and theory to develop recommendations to prevent health-related problems and promote the health of adolescents.

IV. Methods of Instruction and Work Expectations

Methods of instruction:

1. Lecture and 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. Active participation in one debate.
4. Preparing a logic model of a program or a policy to address an adolescent health condition.
5. Leading a discussion, and preparing a factsheet on an adolescent health topic.
6. Completing one take-home quiz.

V. Course Readings

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

January 21: Introduction/adolescent development

- 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>

Optional reading: Conceptual Framework for Adolescent Health on:

<http://www.amchp.org/policy/adolescent-conceptual.htm>

- Check out Konopka's website (see WEBSITE LISTINGS)

January 23: Adolescent health indices/Minnesota perspective

- Irwin CE Jr, Burg SJ, Cart CU. America's adolescents: where have we been, where are we going? *J Adolesc Health* 2002;31:91-121.

http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-47C9J1D-4-C&_cdi=5072&_user=616288&_orig=browse&_coverDate=12%2F31%2F2002&_sk=999689993.8998&view=c&wchp=dGLbVzb-zSkzS&md5=117a4dcbe994c1617e38a6932ce20376&ie=/sdarticle.pdf

- Krieger N. Stormy weather: race, gene expression, and the science of health disparities. *Am J Public Health* 2005;95:2155-60.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=19164993&site=ehost-live>

January 28: Developing programs for youth: logic models

- Lohrmann DK. A complementary ecological model of the Coordinated School Health Program. *Public Health Rep* 2008;123:695-703.
- Soleimanpour S, Brindis C, Geierstanger S, Kandawalla S, Kurlaender T. Incorporating youth-led community participatory research into school health center programs and policies. *Public Health Rep* 2008;123:709-16.
- Zimmerman RS, Cupp PK, Donohew L, Sionean CK, Feist-Price S, Helme D. Effects of a school-based, theory-driven HIV and pregnancy prevention curriculum. *Perspect Sex Reprod Health* 2008;40:42-51.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=31166901&site=ehost-live>

January 30: Physical environment

- Cubbin C, Santelli J, Brindis CD, Braveman P. Neighborhood context and sexual behaviors among adolescents: findings from the national longitudinal study of adolescent health. *Perspect Sex Reprod Health* 2005;37(3):125-34.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=18312165&site=ehost-live>
- Thompson SJ, Bender, KA, Lewis CM, Watkins R. Runaway and pregnant: risk factors associated with pregnancy in a national sample of runaway/homeless female adolescents. *J Adolesc Health* 2008;43:125-32.
http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4S8626R-8-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=08%2F31%2F2008&_sk=999569997&view=c&wchp=dGLbVtz-zSkzS&md5=464dfd517f0afca7f971ec97ed3736c6&ie=/sdarticle.pdf
- Jarvie JA, Malone RE. Children's secondhand smoke exposure in private homes and cars: an ethical analysis. *Am J Public Health* 2008;98:2140-5.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=35562927&site=ehost-live>

Optional reading:

- Go to biomed.lib.umn.edu and look at Pediatrics supplement for February 2008
- Elliott MR, Ginsburg KR, Winston FK. Unlicensed teenaged drivers: who are they, and how do they behave when they are behind the wheel? *Pediatrics* 2008;122:e994-e1000.
<http://pediatrics.aappublications.org/cgi/reprint/122/5/e994>

February 4: Youth development

- Catalano RF, Hawkins JD, Berglund ML, Pollard JA, Arthur MW. Prevention science and positive youth development: competitive or cooperative frameworks? *J Adolesc Health* 2002;31(6 Suppl):230-9.
http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-47C9J1D-J-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=12%2F31%2F2002&_sk=999689993.8998&view=c&wchp=dGLbVzb-zSkzS&md5=c9dcd163f0f88bd049acfdc51ad1cc0&ie=/sdarticle.pdf

February 6: Relationships

- Aalsma MC, Fortenberry JD, Sayegh MA, Orr DP. Family and friend closeness to adolescent sexual partners in relationship to condom use. *J Adolesc Health* 2006;38(3):173-8.
http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4J95TPT-3-

[3&_cdi=5072&_user=616288&_orig=browse&_coverDate=03%2F31%2F2006&_sk=999619996&_view=c&wchp=dGLbVtz-zSkzS&md5=945faa7fd65740f5fed41d82bb2765fb&ie=/sdarticle.pdf](http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-47C9J1D-M-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=03%2F31%2F2006&_sk=999619996&_view=c&wchp=dGLbVtz-zSkzS&md5=945faa7fd65740f5fed41d82bb2765fb&ie=/sdarticle.pdf)

- Sipe CL. Mentoring programs for adolescents: a research summary. *J Adolesc Health* 2002;31:251-60.
http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-47C9J1D-M-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=12%2F31%2F2002&_sk=999689993.8998&_view=c&wchp=dGLbVzW-zSkzS&md5=b75a3b666bb7d0acb0511025ede3adc5&ie=/sdarticle.pdf
- Zimmer-Gembeck MJ. The development of romantic relationships and adaptations in the system of peer relationships. *J Adolesc Health* 2002;31:216-225.
http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-47C9J1D-G-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=12%2F31%2F2002&_sk=999689993.8998&_view=c&wchp=dGLbVzW-zSkzS&md5=878b10230af53f92e06a89b05880c8aa&ie=/sdarticle.pdf
- O'Sullivan LF, Cheng MM, Harris KM, Brooks-Gunn J. I Wanna Hold Your Hand: The Progression of Social, Romantic and Sexual Events in Adolescent Relationships. *Perspect Sex Reprod Health* 2007;39(2):100-107.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=25353654&site=ehost-live>

Optional readings:

- Wingood GM, DiClemente RJ, Crosby R, et al. Gang involvement and the health of African American female adolescents. *Pediatrics* 2002;31:216-225.
<http://pediatrics.aappublications.org/cgi/content/abstract/110/5/e57>
- DuBois DL, Silverthorn N. Natural mentoring relationships and adolescent health: evidence from a national study. *Am J Public Health* 2005;95:518-24.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=16260742&site=ehost-live>

February 11: Mental health (lecture) and violence exposure (readings)

- Rew L, Wong YJ. A systematic review of associations among religiosity/spirituality and adolescent health attitudes and behaviors. *J Adol Health* 2006;38:433-42.
http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4JH47CN-M-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=04%2F30%2F2006&_sk=999619995&_view=c&wchp=dGLbVtb-zSkzk&md5=25758627f0d8e7d5e66f6c874c8924e4&ie=/sdarticle.pdf
- Wolitzky-Taylor KB, Ruggiero KJ, Danielson CK, Resnick HS, Hanson RF, Smith DW, et al. Prevalence and correlates of dating violence in a national sample of adolescents. *J Am Acad Child Adolesc Psychiatry* 2008;47:755-62.
<http://ovidsp.tx.ovid.com/spb/ovidweb.cgi?WebLinkFrameset=1&S=LCIGFPOKHKDDBJFINCGLBAJLDCLBAA00&returnUrl=http%3a%2f%2fovidsp.tx.ovid.com%2fspb%2fovidweb.cgi%3f%26Full%2bText%3dL%257cS.sh.15.16.18.40%257c0%257c00004583-200807000-00007%26S%3dLCIGFPOKHKDDBJFINCGLBAJLDCLBAA00&directlink=http%3a%2f%2fgr.aphics.tx.ovid.com%2fovftpdfs%2fFPDDNCJLBAFIHK00%2ffs046%2fovft%2flive%2fgv025%2f00004583%2f00004583-200807000-00007.pdf&filename=Prevalence+and+Correlates+of+Dating+Violence+in+a+National+Sample+of+Adolescents>
- Hussey JM, Chang JJ, Kotch JB. Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences. *Pediatrics* 2006;118:933-42.

<http://pediatrics.aappublications.org/cgi/reprint/118/3/933>

Optional reading:

- Behrman RE, Reich K, Culross PL. Children, youth and gun violence: analysis and recommendations. *The Future of Children* 2002;12(2). Available from: http://www.futureofchildren.org/usr_doc/tfoc_12-2b.pdf
- DiClemente RJ, Wingood GM, Lang DL, Crosby RA, Salazar LF, Harrington K, et al. Adverse health consequences that co-occur with depression: a longitudinal study of black adolescent females. *Pediatrics* 2005;116(1)78-81. <http://pediatrics.aappublications.org/cgi/reprint/116/1/78>
- Morbidity and Mortality Weekly Report. Methods of suicide among persons aged 10-19 years – US, 1992-2001. *MMWR* 2004 (June 11);53:471-74. <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=13424411&site=ehost-live>
- Resnick M, Ireland M, Borowski I. Youth violence perpetuation: what protects? Findings from the National Longitudinal Study of Adolescent Health. *J Adol Health* 2004;35:424e1-10. http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4DK5DTX-C-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=11%2F30%2F2004&_sk=999649994&view=c&wchp=dGLzVtb-zSkzS&md5=1b7ace0a5023359914ea86b437564678&ie=/sdarticle.pdf
- Sawyer AL, Bradshaw CP, O’ Brennan LM. Examining ethnic, gender, and developmental differences in the way children report being a victim of “bullying” on self-report measures. *J Adol Health* 2008;43:106-14. http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4SDNG3V-4-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=08%2F31%2F2008&_sk=999569997&view=c&wchp=dGLbVIW-zSkzS&md5=0e54c356581d18b5af3d20f165622c9e&ie=/sdarticle.pdfhttp://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4SC5PN5-2-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=08%2F31%2F2008&_sk=999569997&view=c&wchp=dGLbVIW-zSkzS&md5=bdf32d33d3a02c8e035e6e377f69ab13&ie=/sdarticle.pdf
- Goodman E, Slap GS, Huang B. The public health impact of socioeconomic status on adolescent depression and obesity. *Am J Public Health* 2003;93:1844-50. <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=11275247&site=ehost-live>
- Smith-Khuri E, Lachan R, Scheidt PC, et al. A cross-national study of violence-related behaviors in adolescents. *Arch Pediatr Adolesc Med* 2004;158:539-44. <http://archpedi.ama-assn.org/cgi/reprint/158/6/539>

February 13: Sexual health

- Manlove J, Ikramullah E, Terry-Humen E. Condom Use and Consistency Among Male Adolescents in the United States. *J Adolesc Health* 2008;43:325-33. http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4SV0SV1-1-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=10%2F31%2F2008&_sk=999569995&view=c&wchp=dGLbVIb-zSkzk&md5=9317ea13c4ac79196e646f4a080f27bf&ie=/sdarticle.pdf
- Marcell AV, Raine T, Eyre SL. Where Does Reproductive Health Fit Into the Lives of Adolescent Males? *Perspect Sex Reprod Health* 2003;35(4):180-86. <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=10542904&site=ehost-live>

- East PL, Reyes BT, Horn EJ. Association Between Adolescent Pregnancy and a Family History of Teenage Births. *Perspect Sex Reprod Health* 2007;39(2):108-115.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=25353653&site=ehost-live>

Optional reading:

- Geronimus AT. Damned if you do: culture, identity, privilege, and teenage childbearing in the United States. *Soc Sci Med* 2003;57:881-93.
http://www.sciencedirect.com/science?_ob=MImg&_imagekey=B6VBF-47T22Y1-4-3&_cdi=5925&_user=616288&_orig=browse&_coverDate=09%2F30%2F2003&_sk=999429994&_view=c&_wchp=dGLbVzb-zSkWz&md5=898730eba08214f6b238627370b7f628&ie=/sdarticle.pdf
- Afaible-Munsuz A, Speizer I, Magnus JH, Kandall C. A positive orientation toward early motherhood is associated with unintended pregnancy among New Orleans youth. *MCH Journal* 2006;10(3) (May):265-275.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=24203793&site=ehost-live>
- Rosenbaum JE. Reborn a virgin: adolescents' retracting of virginity pledges and sexual history. *Am J Public Health* 2006;96(6):1098-1103.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=21290371&site=ehost-live>
- Afaible-Munsuz A, Brindis CD. Acculturation and the sexual and reproductive health of Latino youth in the United States: a literature review. *Perspect Sex Reprod Health* 2006;38(4):208-19.
- Santelli JS, Morrow B, Anderson JE, Duberstein Lindberg L. Contraceptive use and pregnancy risk among US high school students, 1991-2003. *Perspect Sexual Reprod Health* 2006;38(2):106-111.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=21278430&site=ehost-live>
- Weinstock H, Berman S, Cates W Jr. Sexually transmitted diseases among American youth: incidence and prevalence estimates 2000. *Perspect Sexual Reprod Health* 2004;36:6-10.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=12419696&site=ehost-live>
- Kim CR, Free C. Recent Evaluations of the Peer-Led Approach in Adolescent Sexual Health Education: A Systematic Review. *Perspect Sex Reprod Health* 2008;40(3):144-151.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=34137096&site=ehost-live>
- October 2008, *Pediatrics* supplement, is about HPV vaccine and youth

February 18: Sex education curricula (lecture) and minor consent (readings)

- Lindberg LD, Santelli JS, Singh S. Changes in formal sex education: 1995-2002. *Perspect Sex Reprod Health* 2006;38(4):182-89.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=24259112&site=ehost-live>
- Jones RK, Boonstra H. Confidential reproductive health services for minors: the potential impact of mandated parental involvement for contraception. *Perspect Sexual Reprod Health* 2004;36:182-191.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=14912212&site=ehost-live>
- Colman S, Joyce T, Kaestner R. Misclassification bias and the estimated effect of parental involvement laws and adolescents' reproductive outcomes. *Am J Public Health* 2008;98:1881-85.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=34571158&site=ehost-live>

Optional reading:

- Flicker S, Guta A. Ethical approaches to adolescent participation in sexual health research. *J Adolesc Health* 2008;42:3-10.
http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4R8KT4P-4-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=01%2F31%2F2008&_sk=999579998&_view=c&wchp=dGLzVtb-zSkzS&md5=708e5a1432e69cd779b678d4c1b7c082&ie=/sdarticle.pdf

February 20: Substance use

- Masten AS, Faden VB, Zucker RA, Spear LP. Underage drinking: a developmental framework. *Pediatrics* 2008;121:S235-S251.
http://pediatrics.aappublications.org/cgi/reprint/121/Supplement_4/S235
- Spoth R, Greenberg M, Turrise R. Preventive interventions addressing underage drinking: state of the evidence and steps toward public health impact. *Pediatrics* 2008;121:S311-S336.
http://pediatrics.aappublications.org/cgi/reprint/121/Supplement_4/S311

Optional reading:

- Kypri K, Voas RB, Langley JD, Stephenson SCR, Begg DJ, Tippetts AS, Davie GS. Minimum purchasing age for alcohol and traffic crash injuries among 15- to 19-year-olds in New Zealand. *Am J Public Health* 2006;96:126-131.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=19347231&site=ehost-live>
- Landrine H, Klonoff EA. Validity of assessments of youth access to tobacco: the familiarity effect. *Am J Public Health* 2003;93:1883-86.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=11275270&site=ehost-live>
- Herman-Stahl MA, Ashley OS, Penne MA, et al. Moderation and mediation in the relationship between mothers' or fathers' serious psychological distress and adolescent substance use: findings from a national sample. *J Adol Health* 2008;43:141-50.
http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4SDNG3V-3-3&_cdi=5072&_user=616288&_orig=browse&_coverDate=08%2F31%2F2008&_sk=999569997&_view=c&wchp=dGLbVzW-zSkzk&md5=18a913683d94cd5cc0ac04e89cd207f9&ie=/sdarticle.pdf
- McBride DC, Terry-McElrath YM, VanderWaal CJ, Chirqui JF, Myllyluoma J. US Public Health Agency involvement in youth-focused illicit drug policy, planning, and prevention at the local level, 1999-2003. *Am J Public Health* 2008;98:270-77.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=30103023&site=ehost-live>
- The Pediatrics Supplement for April 2008 is entirely devoted to underage drinking.

February 25: Student presentations (no readings)

February 27: Framing messages about adolescent health

- Committee on Communications, American Academy of Pediatrics. Children, adolescents, and advertising. *Pediatrics* 2006;118(6):2563-69.
<http://pediatrics.aappublications.org/cgi/reprint/118/6/2563>
- Hornik R, Jacobsohn L, Orwin R, Piesse A, Kalton G. Effects of the National Youth Anti-drug Media Campaign on youths. *Am J Public Health* 2008;98:2229-36.
<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=35563535&site=ehost-live>
- Chandra A, Martino SC, Collins RL, Elliott MN, Berry SH, Kanouse DE, et al. Does watching sex

on television predict teen pregnancy? Findings from a National Longitudinal Survey of Youth. *Pediatrics* 2008;122:1047-54.

<http://pediatrics.aappublications.org/cgi/reprint/122/5/1047>

- Ybarra ML, Diener-West M, Markow D, Leaf PJ, Hamburger M, Boxer P. Linkages between internet and other media violence with seriously violent behavior by youth. *Pediatrics* 2008;122:929-37.

<http://pediatrics.aappublications.org/cgi/reprint/122/5/929>

March 4: Adolescents with special health care needs

- Lotstein DS, Inkelas M, Hays RD, Halfon N, Brook R. Access to care for youth with special health care needs in the transition to adulthood. *J Adolesc Health* 2008;43:23-9.

http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4SC5PN5-7-3&_cdi=5072&_user=616288&_orig=browse&_coverDate=07%2F31%2F2008&_sk=999569998&_view=c&wchp=dGLbVlb-zSkzS&md5=22164ac26c5f94a23e5da3b01992153a&ie=/sdarticle.pdf

Optional reading:

- Rew L. Sexual health promotion in adolescents with chronic health conditions. *Fam Community Health* 2006;29(1S):61S-69S.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=19435397&site=ehost-live>

March 6: Body image, activity, and nutrition

- Allen ML, Elliott MN, Morales LS, Diamant AL, Hambarsoomian K, Schuster MA. Adolescent participation in preventive health behaviors, physical activity, and nutrition: differences across immigrant generations for Asians and Latinos compared with Whites. *Am J Public Health* 2007;97(2):337-43.

<http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=23944195&site=ehost-live>

- Muise AM, Stein DG, Arbess G. Eating disorders in adolescent boys: a review of the adolescent and young adult literature. *J Adolesc Health* 2003;33:427-435.

http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4B22V18-4-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=12%2F31%2F2003&_sk=999669993&_view=c&wchp=dGLzVtz-zSkWA&md5=4b0210d18d77bfc98b6f82c85c58d962&ie=/sdarticle.pdf

- Olson AL, Starr P. The challenge of intentional tanning in teens and young adults. *Dermatol Clin* 2006;24:131-36.

http://www.sciencedirect.com/mdc?_ob=MIimg&_imagekey=B75J2-4JVXWVH-4-1&_cdi=13138&_user=5040743&_orig=browse&_coverDate=04%2F30%2F2006&_sk=999759997&_view=c&wchp=dGLzVtz-zSkzV&md5=759610bd9d592cef5d807059f95f503a&ie=/sdarticle.pdf

- Zuckerman D, Abraham A. Teenagers and cosmetic surgery: focus on breast augmentation and liposuction. *J Adol Health* 2008;43:318-24.

http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4T3TPWX-2-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=10%2F31%2F2008&_sk=999569995&_view=c&wchp=dGLzVzz-zSkWz&md5=eadd329e5f95f926bd40eb9f11c0cc19&ie=/sdarticle.pdf

Optional reading:

- Mangunkusumo R, Brug J, Duisterhout J, de Koning H, Raat H. Feasibility, acceptability, and quality of Internet-administered adolescent health promotion in a preventive-care setting. Health Educ Res 2007; 22(1):1-13. Epub 2006 May 19.
<http://her.oxfordjournals.org/cgi/reprint/22/1/1>
- Story M, French S. Food advertising and marketing directed at children and adolescents in the US. Int J Behav Nutrition Physical Activity 2004;1:3.
<http://www.ijbnpa.org/content/pdf/1479-5868-1-3.pdf>
- Swallen KC, Reither EN, Haas SA, Meier AM. Overweight, obesity, and health-related quality of life among adolescents: the National Longitudinal Study of Adolescent Health. Pediatrics 2005; 115(2):340-7.
<http://www.bvsde.paho.org/bvsacd/cd63/overweight.pdf>

March 11: Adolescent access to health care and GLBT youth

- Frankowski BL. Sexual orientation and adolescents. Pediatrics 2004;113:1827-32.
<http://pediatrics.aappublications.org/cgi/reprint/113/6/1827>
- Garofalo R, Mustanski B, Donenberg G. Parents know and parents matter. Is it time to develop family-based HIV prevention programs for young men who have sex with men? J Adolesc Health 2008;43:201-4.
http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T80-4SC5PN5-2-1&_cdi=5072&_user=616288&_orig=browse&_coverDate=08%2F31%2F2008&_sk=999569997&_view=c&_wchp=dGLbVIW-zSkzS&md5=bdf32d33d3a02c8e035e6e377f69ab13&ie=/sdarticle.pdf

Websites of interest:

- www.pflag.org
- www.transfamily.org

March 13: No readings, student presentations of their logic models.

Websites:

1. The Konopka Institute has an extensive list of websites about adolescent health:
<http://www.konopka.umn.edu/peds/ahm/konopka/links.html>
2. The Minnesota Department of Health has a good website with information about adolescent health:
<http://www.health.state.mn.us/youth/>
3. The CDC's Youth Risk Behavior Surveillance System site is
<http://www.cdc.gov/HealthyYouth/yrbs/>
4. Sexual health and sexual health policy is covered well (but with a liberal slant) on
<http://www.guttmacher.org>. The National Campaign to Prevent Teen Pregnancy has some data summaries, but I am usually pretty careful when I go through their reports because I have found errors and they seem to be directed to a non-professional audience, <http://www.teenpregnancy.org>
5. The Forum on Child and Family Statistics has some data on adolescents, at
<http://www.childstats.gov>
6. KidsCount, through the Annie E. Casey Foundation, has some data on adolescents, at
<http://www.aecf.org/kidscount/> and Childtrends can be a good source <http://www.childtrends.org>.

7. The American Medical Association has a website with many links to other adolescent health websites, as well as summaries of adolescent health indices, <http://www.ama-assn.org/ama/pub/category/1947.html>
8. The Centers for Disease Control and Prevention has a good adolescent website: <http://www.cdc.gov/node.do/id/0900f3ec801e457a>. For some health indices, evidence-based programs and policies are listed. Also, there is a short list of federally funded adolescent health promotion campaigns on the homepage.
9. The Future of Children website has wonderful summary volumes about child and youth well-being, <http://www.futureofchildren.org>.
10. Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting has some good links, at <http://www.moappp.org>.
11. The Minnesota Student Survey has great state data: http://children.state.mn.us/mde/Learning_Support/Safe_and_Healthy_Learners/Minnesota_Student_Survey/index.html.

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 adolescent health and well-being.

The easiest way to log in to a course site is from the U of MN main web page 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 for your campus.
 - Twin Cities: (612) 301-4357 (1-HELP on campus)

VI. Course Outline/Weekly Schedule

January 21	Course Introduction What is “Adolescence”? Adolescent brain development
January 23	Measures of health and data sources/Minnesota perspective Jennifer O’Brien, MPH, Adolescent Health Coordinator, Minnesota Department of Health
January 28	Logic models

Nancy Leland, PhD, MSW, MPH, Senior Research Associate, Healthy Youth Development Prevention Research Center, University of Minnesota

- January 30** Physical environments of youth
- February 4** Youth development
Julia Johnsen, MPH, Director of Outreach, Center for Leadership Education in Maternal and Child Public Health
- February 6** Relationships: peers, parents, and romantic partners
- February 11** Mental health
Bonnie Klimes-Dougan, PhD, Assistant Professor, Department of Psychiatry, University of Minnesota
- February 13** Sexual health

Debate #1
Topic:
- February 18** Sexual health education
Lynn Bretl, MA
- February 20** Substance use

Debate #2
Topic:
- February 25** **STUDENT PRESENTATIONS**
- February 27** Strategic framing of messages to promote adolescent sexual health
Glynis Shea, BA, Communications Coordinator, Division of General Pediatrics and Adolescent Health, University of Minnesota
- March 4** Adolescents with special health care needs
Peter Scal, MD, MPH, Assistant Professor, Division of General Pediatrics and Adolescent Health, University of Minnesota

*******QUIZ DUE*******

- March 6** Body image, activity and nutrition

Debate #3
Topic:
- March 11** Adolescent health-care access/meeting the needs of GLBT youth

March 13 STUDENT PRESENTATIONS OF LOGIC MODELS TO EXAMINE INTERVENTIONS (POLICY OR PROGRAMMATIC) TO PROMOTE ADOLESCENT HEALTH

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. Class Readings and Participation (10%)

Your active participation in the class is the key to your success. Please read the articles prior to class and come prepared to actively participate in discussions and activities.

B. Debate (30%)

Due: February 13, 20, or March 6

Public health researchers and practitioners are often called on to testify in front of legislative bodies or in other ways publicly state their views on public health issues. When preparing arguments to support your views, it is worthwhile to consider the opposing side's arguments. The goal of this assignment is to develop skills in articulating arguments related to important public health issues. Consider and address such issues as the health, fiscal, administrative, legal, social, and political implications of each option. If relevant, consider the feasibility and expected outcomes of and barriers to achieving each policy option.

Students will be asked on the first day of class to identify three debate topics—and choose one in which they will participate. The following are examples of some debate topics:

1. Should branded fast-food be served in schools?
2. Should schools implement mandatory drug testing as a drug prevention strategy?
3. Should universal screening for depression among youth be implemented as a suicide prevention strategy?
4. Should condom use be promoted among youth as an HIV prevention strategy?
5. Should pregnancy prevention programs be designed—and be targeted to—youth by race or ethnicity?

You do not have to choose any topic listed above; they are provided as examples. Think about an important adolescent health issue and make that your topic. Students will choose one debate topic and will be randomly assigned to the pro or con team. Arguments should be backed up with evidence (data). A search on the Internet will prove very useful in finding relevant information and data regarding the debate topics. It is recommended that you provide references for the data and information that you present.

During class, we will flip a coin to decide which team goes first. After both teams present for 10 minutes, each will then have up to 4 minutes to present a rebuttal. Following the formal presentations,

the non-debating members of the class will determine who the winning team was and the teams will lead a class discussion on the topic. *Thus, think of salient issues to engage the entire class in a discussion after your debate.*

How to conduct the debate

Our debates will not be as formal as debates you may have participated in for formal debate societies. They will be time-limited, though, and will involve the major tasks.

1. Team 1 (pro or con, based on the coin flip): 10 minutes
Establish the pro or con position by providing a data-based discussion of the significance of your position and the harm of the opposite position or advantages of your position. You may want to state how necessary it is to change the status quo (if you are presenting a plan for change). You can describe a specific pro or con proposal, with details, and describe how it will address a problem.
2. Team 2 (pro or con, based on the coin flip): 3 minutes
The purpose of this short period is to cross-examine Team 1's position: ask questions to help you understand their arguments (obviously ask questions to set up your argument against their position).
3. Team 2 (pro or con, based on the coin flip): 10 minutes
It is your turn to present a data-based discussion of your position (see item 1 above).
4. Team 1 (pro or con, based on the coin flip): 3 minutes
Ask questions (see item 2) to cross-examine and set up your rebuttal.
5. Team 2 (pro or con, based on the coin flip): 5 minutes
Challenge the position of Team 1, defend your position (you can introduce new issues, if they are data-based).
6. Team 1 (pro or con, based on the coin flip): 5 minutes
Same as item 5: challenge the position of Team 2, defend your position...
7. Team 2 (pro or con, based on the coin flip): 1 minute
Summarize the strengths of your position, the deficits in the position of Team 1.
8. Team 1 (pro or con, based on the coin flip): 1 minute
Summarize the strengths of your position, the deficits in the position of Team 2.
9. Non-debators have 5 minutes to ask questions of either team.
10. Non-debators will vote and select the winning team.

C. Factsheets: Description of an adolescent health condition or factor associated with health (25%)

Due: February 25

The purpose of this assignment is to examine, in depth, an adolescent health condition or factor associated with health. Examples would be: contraceptive practices of mentally challenged youth; mental health needs of youth with special physical health care problems; health needs of incarcerated youth; the effects of being a parent on the health of adolescent males; or physical activity and self-esteem.

You will prepare a factsheet (2-3 pages) about your topic for all students in the class (n=25) and give a 10-minute informal talk about your topic, in a small group (you do not need to prepare Powerpoints or overheads).

D. Take-home quiz (10%)

Due: March 4

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.

E. Creating a better world for youth: Developing a logic model for a policy or a program (25%)

Due: March 13

Select a public health issue that affects adolescents and that you are interested in learning more about. Ideas for issues include, but are not limited to, the following: teenage pregnancy, motor vehicle crashes, alcohol use, tobacco use, obesity, suicide, HIV/AIDS, and violence. You can choose to narrow down the topic such as: obesity among African American adolescent girls, Asian youth gangs, or alcohol use among Hispanic youth.

Develop the logic model for a policy or a program to prevent a health issue or promote health based on scientific evidence. When reviewing the literature as you develop the model you should:

- Critically review school, family, and community programs and policies designed to prevent the health problem or promote health.
- Assess if the strategies have been evaluated with rigorous research designs.
- Determine the results of these strategies. Were they effective? What doesn't work? The components that work obviously belong in your model.

Based on your critical review of the literature, your logic model for a policy or a program must be evidence-based and supported with research. Develop the model itself and a short paper, formatted like a factsheet (i.e., depend more on item bolts than on paragraphs), which should include:

1. Brief background about the health issue—magnitude, who is affected, severity.
2. Short review of programs and policies that currently address the health issue—approaches, evidence about efficacy, gaps in knowledge.
3. Description of your proposed policy or program: rationale, design, intended audience, implementation, and anticipated outcomes.
4. References. Aim for about 10 references. References need to be cited using AMA style.
5. Your logic model.

Note: You may develop a logic model to address the same health condition you addressed with your factsheet.

Prepare a 10-minute presentation of your policy statement or program to be delivered informally in small groups. Also make a copy of your handout for all students and Dr. Hellerstedt. Following your presentation, your small group will discuss the feasibility of your program or policy.

In summary, grades will be based on the following percent distribution for a total of 100 points:

- | | |
|--|-----|
| 1. Class attendance and participation | 10% |
| 2. Debate (one debate/student) | 30% |
| 3. Factsheet: health indicator or exposure | 25% |
| 4. Quiz | 10% |
| 5. Program logic model | 25% |

F. 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.

Grade Points	Description
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.

Note: Dr. Hellerstedt believes that any grade above C represents work that is above average (see the descriptions of grades in the previous table). A grade of B, then, is not a failing grade and she will not quibble with students who want a grade change.

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.

G. 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.

H. Incomplete contracts

Note that 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.

I. University of Minnesota Uniform Grading and Transcript Policy

A link to the policy can be found at onestop.umn.edu.

J. 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.

B. Course Withdrawal

Students should refer to the Refund and Drop/Add Deadlines for the particular term at 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 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.

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).

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).