

School of Public Health

Syllabus and Course Information



UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

PubH 6634: Children and Families: Public Health Policy & Advocacy Fall 2017

Credits:	2
Meeting Days:	Tuesday
Meeting Time:	4:45-6:40 PM
Meeting Place:	Mayo Building, Room D325
Instructor:	Lauren Gilchrist, MPH
Office Address:	N/A
Office Phone:	612-205-6367
E-mail:	gilc0010@umn.edu
Office Hours:	By appointment

I. Course Description

The purpose of this course is to provide students with an overview of current policy issues affecting children's and family health. The course will focus on how public policies and advocacy efforts can be used as tools to improve the health of children and families. Students develop practical skills to understand, analyze, communicate, and advocate for policy issues with a focus on state-level policy making.

II. Course Prerequisites

Students must be enrolled in the School of Public Health or another graduate program.

III. Course Goals and Objectives

After completion of this course, students will be able to:

1. Identify key current public health issues related to children and families.
2. Understand how state and federal public policies affecting children and families are created.
3. Understand the political context and the key stakeholders who advocate for children's and family health issues.
4. Analyze the risk and benefits of different public policy approaches.
5. Communicate verbally and in writing to advocate for specific policy positions regarding children's and family health.

This course fulfills a requirement for the 7-credit Health Equity Minor. For more information on the concentration and a full list of requirements, please visit <http://www.sph.umn.edu/academics/minors/health-equity/>

IV. Methods of Instruction and Work Expectations

The course will utilize a range of learning techniques including readings, lectures, guest speakers, small group discussions and oral and written presentation. The readings include academic sources, government documents and news media. It is expected that all students will come to class having read the required readings and be prepared to discuss the content.

If there are any questions or concerns regarding the course expectations, please communicate via phone or email. I will aim to respond within 24 hours, Monday through Friday. Emails sent after 5 pm CT on Friday may not be answered until Monday morning.

V. Course Text and Readings

The course requires reading from academic journals, government agencies, non-governmental organizations, advocacy organizations and news media. Readings must be completed prior to each class.

In addition to the articles and resources listed in IX. Weekly Schedule, the course will use the following text:

Smith, C.F. (2016). Writing public policy : a practical guide to communicating in the policy making process (Fourth Edition). Oxford University Press.

VI. Course Outline

Week	Topics	Assignment/Speaker
Week 1-Sept 5	Introduction to policy and advocacy for children and families	
Week 2-Sept 12	Overview of the MN Legislature's resources; Health reform and the current Medicaid debate	Speaker: David Schmidtke, Minnesota Legislative Reference Library
Week 3-Sept 19	Children's oral health & MN's dental therapy model	Speaker: Sharon Oswald, Foundation Program Manager, Delta Dental of Minnesota Foundation
Week 4-Sept 26	Early childhood development priorities	Assignment #1 Due: Problem statement and stakeholder analysis
Week 5-Oct 3	The role of economic assistance programs in children's and family health	
Week 6-Oct 10	Tobacco policy & impact on children	Speaker: Molly Moilanen, Director of Public Affairs, ClearWay Minnesota

Week 7-Oct 17	Discussion with Governor Mark Dayton: state leadership on children's issues	Speaker: Minnesota Governor Mark Dayton Assignment #2 Due: Brief/memo for an an elected official
Week 8-Oct 24	Human trafficking and public health approaches	Speaker: Jeff Bauer, Vice President, The Family Partnership (former)
Week 9-Oct 31	Current issues in adolescent health	
Week 10-Nov 7	Paid leave and family health	Speaker: Jessica Anderson, Legislative and Communications Director, Children's Defense Fund-MN Assignment #3 Due: Outreach and Advocacy Plan
Week 11-Nov 14	Substance abuse issues: Focus on the opioid epidemic	
Week 12-Nov 21 NO CLASS- THANKSGIVING WEEK		
Week 13-Nov 28	Family and youth homelessness	Speaker: Cathy TenBroeke, State Director to Prevent and End Homelessness, State of Minnesota Assignment #4 Due: Op/ed
Week 14-Dec 5	Vaccines for children	
Week 15-Dec 12	Elevator speech presentations and wrap up	Assignment #5 Due: Elevator speech and FAQs

VII. Evaluation and Grading

Grading will be based on the following 1000-point system

- Written/oral assignments 900 points
 - Assignment 1: Problem definition and stakeholder analysis (100 points)
 - Assignment 2: Brief to an elected official (200 points)
 - Assignment 3: Outreach/advocacy plan (200 points)
 - Assignment 4: Op-ed (200 points)
 - Assignment 5: Elevator speech and frequently asked questions (200 points)
- Class participation 100 points
 - Participation points are earned by:
 - Participating in full class and small group discussions and activities (50 points)
 - Submitting questions for guest speakers to me by 5:00 pm CT on Sunday or Monday before class (deadline will be specified on Moodle). (50 points)

The points for late work will be reduced by 10% for each day late unless arrangements have been made beforehand with the instructor.

A 950-1000 - Represents achievement that is outstanding relative to the level necessary to meet course requirements

A- 900-940

B+ 850-890

B 800-840 - Represents achievement that is significantly above the level necessary to meet course requirements

B- 750-790

C+ 700-740

C 650-690 - Represents achievement that meets the course requirements in every respect

C- 600-640

D+ 550-590

D 500-540 - Represents achievement that is worthy of credit even though it fails to meet fully the course requirements

Those choosing an S/N grading option must complete all assignments. S Represents achievement that is satisfactory, which is equivalent to a C- or better.

For additional information, please refer to:

<http://policy.umn.edu/Policies/Education/Education/GRADINGTRANSCRIPTS.html> .

Course Evaluation

The SPH will collect student course evaluations electronically using a software system called CoursEval: www.sph.umn.edu/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 in SPHGrades: www.sph.umn.edu/grades. All students will have access to their final grades through OneStop 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 an 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.

Incomplete Contracts

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 official 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 SPHGrades at: www.sph.umn.edu/grades.

University of Minnesota Uniform Grading and Transcript Policy - A link to the policy can be found at onestop.umn.edu.

VIII. Other Course Information and Policies

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.

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 Office of Admissions and Student Resources at sph-ssc@umn.edu for further information.

Student Conduct Code

The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community.

As a student at the University you are expected adhere to Board of Regents Policy: *Student Conduct Code*. To review the Student Conduct Code, please see: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf.

Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."

Use of Personal Electronic Devices in the Classroom

Using personal electronic devices in the classroom setting can hinder instruction and learning, not only for the student using the device but also for other students in the class. To this end, the University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used in the classroom. For complete information, please reference: <http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

Scholastic Dishonesty

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. (Student Conduct Code:

http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf) If it is determined that a student has cheated, he or she may be given an "F" or an "N" for the course, and may face additional sanctions from the University. For additional information, please see:

<http://policy.umn.edu/Policies/Education/Education/INSTRUCTORRESP.html>.

The Office for Community Standards has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: <http://communitystandards.umn.edu> If you have additional questions, please clarify with your instructor for the course. 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.

Makeup Work for Legitimate Absences

Students will not be penalized for absence during the semester due to unavoidable or legitimate circumstances. Such circumstances include verified illness, participation in intercollegiate athletic events, subpoenas, jury duty, military service, bereavement, and religious observances. Such circumstances do not include voting in local, state, or national elections. For complete information, please see:

<http://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html>.

Appropriate Student Use of Class Notes and Course Materials

Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community. For additional information, please see: <http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

Sexual Harassment

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University activity or program. Such behavior is not acceptable in the University setting. For additional information, please consult Board of Regents Policy:

<http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf>

Equity, Diversity, Equal Opportunity, and Affirmative Action

The University will provide equal access to and opportunity in its programs and facilities, without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. For more information, please consult Board of Regents Policy: http://regents.umn.edu/sites/default/files/policies/Equity_Diversity_EO_AA.pdf.

Disability Accommodations

The University of Minnesota is committed to providing equitable access to learning opportunities for all students. Disability Services (DS) is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact DS at 612-626-1333 to arrange a confidential discussion regarding equitable access and reasonable accommodations.

If you are registered with DS and have a current letter requesting reasonable accommodations, please contact your instructor as early in the semester as possible to discuss how the accommodations will be applied in the course.

For more information, please see the DS website, <https://diversity.umn.edu/disability/>.

Mental Health and Stress Management

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance and may reduce your ability to participate in daily activities. University of Minnesota services are available to assist you. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health Website: <http://www.mentalhealth.umn.edu>.

The Office of Student Affairs at the University of Minnesota

The Office for Student Affairs provides services, programs, and facilities that advance student success, inspire students to make life-long positive contributions to society, promote an inclusive environment, and enrich the University of Minnesota community.

Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development –Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Community Standards, the Office for Student Engagement, the Parent Program, Recreational Sports, Student and Community Relations, the Student Conflict Resolution Center, the Student Parent HELP Center, Student Unions & Activities, University Counseling & Consulting Services, and University Student Legal Service.

For more information, please see the Office of Student Affairs at <http://www.osa.umn.edu>

Academic Freedom and Responsibility: for courses that do not involve students in research

Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.*

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, (Dr. Kristin Anderson, SPH Dean of Student Affairs), or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost.

** Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students".*

Student Academic Success Services (SASS): <http://www.sass.umn.edu>:

Students who wish to improve their academic performance may find assistance from Student Academic Support Services. While tutoring and advising are not offered, SASS provides resources such as individual consultations, workshops, and self-help materials.

IX. Weekly Schedule and Readings

Week	Topics	Readings/resources
Wk 1- Sept 5	Introduction to policy and advocacy for children and families	<p>Two-generation approach to policymaking</p> <ul style="list-style-type: none"> • Annie E. Casey Foundation. (2015). Creating Opportunities for Families: A Two Generation Approach • Smith, S., Ekono, M., & Robbins, T. (2014). State Policies through a Two-Generation Lens. <p>MN Lawmaking process</p> <ul style="list-style-type: none"> • MN Secretary of the Senate Office. (2010). The Lawmaking Process. • Minnesota House Research. (2010). Making Laws, pp 1-45 • Minnesota House of Representatives Public Information Service. (Updated 2014). MN State Law process. <p>Writing Public Policy</p> <ul style="list-style-type: none"> • Smith, C.F. (2016). Writing public policy : a practical guide to communicating in the policy making process (Fourth Edition). Oxford University Press. Read pages 1-35.
Wk 2- Sept 12	Overview of the MN Legislature's resources; Health reform and the current Medicaid debate	<p>Background</p> <ul style="list-style-type: none"> • Cohn, J. (2010, May 20). How They Did It. <i>The New Republic</i>. • Samantha, & Ubri, P. (2017, February 15). Key Issues in Children's Health Coverage. Kaiser Family Foundation. • Strane, D., French, B., Eder, J., Wong, C. A., Noonan, K. G., & Rubin, D. M. (2016). Low-Income Working Families With Employer-Sponsored Insurance Turn To Public Insurance For Their Children. <i>Health Affairs</i>, 35(12), 2302–2309. • Benjamin, D., Sommers, M., Chan, H., & Room, K. (2017). What Is Medicaid? More Than Meets the Eye. <i>JAMA</i>. doi:10.1001/jama.2017.10304 <p>Current debate</p> <ul style="list-style-type: none"> • Rosenbaum, S. (2017). Will Republicans Abandon Child Health? <i>The Milbank Quarterly</i>. • Alonso-Zaldivar, R. (2017, August 14). New life for Medicaid after GOP's health care debacle. <i>Star Tribune</i>. • Dupuy, B. (2017, June 26). Franken tells Burnsville forum: GOP bill isn't about health care. <i>Star Tribune</i>. • Howatt, G. (2017, July 14). Two Minnesota CEOs weigh in against Senate GOP health bill. <i>Star Tribune</i>. <p>Writing Public Policy</p> <ul style="list-style-type: none"> • Smith, C.F. (2016). Writing public policy : a practical guide to communicating in the policy making process (Fourth Edition). Oxford University Press. Read pages 37-61.
Wk 3- Sept 19	Children's oral health & MN's dental therapy model	<p>Background on children's oral health</p> <ul style="list-style-type: none"> • Otto, M. (2017, June 13). The healthcare gap: how can a child die of toothache in the US? <i>The Guardian</i>.

		<ul style="list-style-type: none"> ● O’Neil, M., Sweetland, J., & Fond, M. (2017). Unlocking the Door to New Thinking: Frames for Advancing Oral Health Reform. Frameworks Institute. ● U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General— Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. <p>MN-specific work on dental therapy</p> <ul style="list-style-type: none"> ● American Dental Hygienist Association. (2015). The History of Introducing a New Provider in Minnesota. ● Jess, Lee. (2009, April 15). Lynch’s plan is bad for patients. Star Tribune. ● Dickrell, Stephanie. (2017, April 9). 6 years in, dental therapist experiment is working, experts say. St Cloud Times. ● Koppelman, J., Vitzthum, K., & Simon, L. (2016). Expanding Where Dental Therapists Can Practice Could Increase Americans’ Access To Cost-Efficient Care. Health Affairs, 35(12), 2200–2206.
Wk 4- Sept 26	Early childhood development priorities	<p>Assignment #1 Due: Problem statement and stakeholder analysis</p> <p>Background</p> <ul style="list-style-type: none"> ● WATCH: Raising of America: Early Childhood and the Future of our Nation (documentary). Episode 2, Once Upon a Time (33 mins). You can purchase 48-hour access for \$1.99 at http://vod.raisingofamerica.org/ ● Center on the Developing Child at Harvard University. (2010). The Foundations of Lifelong Health Are Built in Early Childhood. ● Gormley, W. T. (2011). From Science to Policy in Early Childhood Education. Science, 333(6045), 978–981. <p>Two views on early childhood policy options</p> <ul style="list-style-type: none"> ● Potter, H., & Kashen, J. (2015). Together from the State: Expanding Early Childhood Investments for Middle-Class and Low-Income Families. The Century Foundation. ● Stevens, K., & English, E. (2016). What to Do: Policy Recommendations for Early Childhood Education, Does Pre-K Work According to Research? American Enterprise Institute. <p>Minnesota-specific</p> <ul style="list-style-type: none"> ● Children’s Defense Fund-Minnesota (2017). Evaluating Early Childhood Program Access. ● Chase, Ri., Mai, E., Mathison, P., Carlson, E., & Giovanelli, A. (2015). Summary of Key Indicators of Early Childhood Development in Minnesota, County by County.pdf. Wilder Research. ● Richert, C. (2015, January 21). PoliGraph: Minnesota’s child care costs.
Wk 5- Oct 3	The role of economic assistance programs in children’s and family health	<p>Poverty, health, and economic support programs</p> <ul style="list-style-type: none"> ● Minnesota Department of Health. (2014). White Paper on Income and Health. ● The White House. (2015, May 5). Six Examples of the Long-Term Benefits of Anti-Poverty Programs.

		<ul style="list-style-type: none"> Chaudry, A., & Wimer, C. (2016). Poverty is Not Just an Indicator: The Relationship Between Income, Poverty, and Child Well-Being. <i>Academic Pediatrics</i>, 16(3, Supplement), S23–S29. Knowles, M., Rabinowich, J., Ettinger de Cuba, S., Cutts, D. B., & Chilton, M. (2016). “Do You Wanna Breathe or Eat?”: Parent Perspectives on Child Health Consequences of Food Insecurity, Trade-Offs, and Toxic Stress. <i>Maternal and Child Health Journal</i>, 20(1), 25–32. <p>Current debates and organizing</p> <ul style="list-style-type: none"> Brooks, J. (2012, March 30). Rep. Franson apologizes for comparing food stamps to feeding the animals - <i>StarTribune.com</i>. Webster, J. (2016). The Consequence of Doing Nothing: Inflation-Induced Erosion of Minnesota’s Basic Cash Assistance Leaves Low-Income Children in Abject Poverty. <i>Mid-Minnesota Legal Aid</i>. Tevlin, J. (2016, April 27). Former welfare recipient lobbies for more aid to the poor. <i>Star Tribune</i>. Editorial Board. (2017, June 12). No raise for Minnesota’s poorest families — again. <i>Star Tribune</i>. <p>Writing Public Policy</p> <ul style="list-style-type: none"> Smith, C.F. (2016). <i>Writing public policy : a practical guide to communicating in the policy making process (Fourth Edition)</i>. Oxford University Press. Read pages 62-107.
Wk 6- Oct 10	Tobacco policy & impact on children	<p>Background</p> <ul style="list-style-type: none"> Brown, T., Platt, S., & Amos, A. (2014). Equity impact of interventions and policies to reduce smoking in youth: systematic review. <i>Tobacco Control</i>, 23(e2), e98-105. https://doi.org/10.1136/tobaccocontrol-2013-051451 Control, S. on T. (2015). Public Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke. <i>Pediatrics</i>, 136(5), 998–1007. https://doi.org/10.1542/peds.2015-3109 Kreslake, J. M., Wayne, G. F., Alpert, H. R., Koh, H. K., & Connolly, G. N. (2008). Tobacco industry control of menthol in cigarettes and targeting of adolescents and young adults. <i>American Journal of Public Health</i>, 98(9), 1685–1692. https://doi.org/10.2105/AJPH.2007.125542 Institute of Medicine (2015). Report Brief: Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Retrieved from http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2015/TobaccoMinAge/tobacco_minimum_age_report_brief.pdf. <p>Minnesota-specific policy changes</p> <ul style="list-style-type: none"> Minnesota Department of Health, (2017). Tobacco Use Prevention: 2017 Report to the Minnesota Legislature. Mattson, L.R., Chaloupka, F.J., & Boyle, R. (2015). Get the facts: Minnesota’s 2013 tobacco tax increase is improving health. Otarola, M. (2017, May 3). A first in the state: Edina raises tobacco sales age from 18 to 21. <i>Star Tribune</i>. Nelson, E. (2017, August 4). Minneapolis City Council approves menthol tobacco restriction. <i>Star Tribune</i>.

<p>Wk 7- Oct 17</p>	<p>Discussion with Governor Mark Dayton: state leadership on children's issues</p>	<p>Assignment #2 Due: Brief/memo for an an elected official</p> <p>Early childhood debate in MN</p> <ul style="list-style-type: none"> • Kelley, S. (2015, March 13). Dayton's early-education plan is a victory for 4-year-olds. Star Tribune. • Forsberg, F. (2015, March 16). Scholarships for early ed mean choice. Star Tribune. • Lopez, R. (2015, May 28). Early learning experts called in by GOP, Dayton for pre-K discussions. Star Tribune. • Hawkins, B. (2015, May 20). Despite Dayton's angry rhetoric, advocates see a potential roadmap out of the early-ed impasse. MinnPost. • Star Tribune Editorial Board. (2017, April 27). Seeking peace in Minnesota's war over early education. Star Tribune. • Hinrichs, E. (2017, June 23). Minnesota adds a new pre-kindergarten program to an already confusing early-ed landscape. MinnPost. • Read links to 2017 early childhood policy agendas from key MN organizations: http://www.thinksmallblog.org/?p=781
<p>Wk 8- Oct 24</p>	<p>Human trafficking and public health approaches</p>	<p>Human Trafficking-Background</p> <ul style="list-style-type: none"> • US. Department of State. (June 2017). 2017 Trafficking in Persons Report. Read Pages 1-33, 45-46, 54, 414-419 • Polaris Project. (2016). Child Trafficking and the Child Welfare System Fact Sheet. • Optional: Video to watch - Human Trafficking: Rachel Lloyd TedTalk <p>Minnesota response</p> <ul style="list-style-type: none"> • Deer, S. (2012). Garden of Truth. Federal Lawyer, 60(44). • Atella, J. Schauben, L. & Connell, E. (September 2015). Safe Harbor: first year evaluation report. Wilder Research, St Paul, MN. • Smith, K. (2017, August 8). Ahead of Super Bowl, Minnesota fights sex trafficking by cracking down on customers. Star Tribune. • Martin, L., Melander, C., Karnik, H., & Nakamura, C. (2017). Mapping the Demand: Sex Buyers in the State of Minnesota-Executive Summary. University of Minnesota. <p>Racial equity toolkit</p> <ul style="list-style-type: none"> • Nelson, J., & Brooks, L. (2015). Advancing Racial Equity and Transforming Government. Local and Regional Government Alliance on Race & Equity.
<p>Wk 9- Oct 31</p>	<p>Current issues in adolescent health</p>	<p>Youth development</p> <ul style="list-style-type: none"> • Schwarz, S. W., & Aratani, Y. (2011). Improving the Odds for Adolescents: State Policies that Support Adolescent Health and Well-being • Gavin, L. E., Catalano, R. F., David-Ferdon, C., Gloppen, K. M., & Markham, C. M. (2010). A Review of Positive Youth Development Programs That Promote Adolescent Sexual and Reproductive Health. Journal of Adolescent Health, 46(3), S75–S91.

		<p>Confidentiality issues</p> <ul style="list-style-type: none"> • Society for Adolescent Health and Medicine, & American Academy of Pediatrics. (2016). Confidentiality Protections for Adolescents and Young Adults in the Health Care Billing and Insurance Claims Process. <i>The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine</i>, 58(3), 374–377. • Guttmacher Institute. (2017). An Overview of Minors’ Consent Law. • Ford, C. A., Skiles, M. P., English, A., Cai, J., Agans, R. P., Stokley, S., ... Koumans, E. H. (2014). Minor consent and delivery of adolescent vaccines. <i>The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine</i>, 54(2), 183–189. <p>Minnesota-specific</p> <ul style="list-style-type: none"> • Minnesota Adolescent Sexual Health Report 2017. (2017). • Minnesota Department of Health. (2016). Health of Adolescents-2016.
Wk 10- Nov 7	Paid leave and family health	<p>Assignment #3 Due: Outreach and Advocacy Plan</p> <p>Background</p> <ul style="list-style-type: none"> • Glynn, S.J. (2015). Administering Paid Family and Medical Leave: Learning from International and Domestic Examples. Center for American Progress. • C. Miller, (2015, May 26). When Family-Friendly Policies Backfire. [New York Times Blog]. • AEI-Brookings Working Group on Paid Family Leave. (2017). Paid Family and Medical Leave An Issue Whose Time Has Come. AEI-Brookings Institution. • Frothingham, S., & West, R. (2017). Trump’s Paid Parental Leave Plan Won’t Work for Women and Families. Center for American Progress. • Paquette, D. (2017, July 6). Ivanka Trump struggles to find GOP support for her paid leave plan - The Washington Post. The Washington Post. <p>Minnesota specific work</p> <ul style="list-style-type: none"> • Minnesota Department of Health. (2015). White Paper on Paid Leave and Health • Fitzpatrick, D. (2016). Options for a Minnesota Paid Family & Medical Leave Program. University of Minnesota. Read Executive Summary and pages 1-9. • Visit Minnesotans for Paid Family Leave Coalition website: http://paidfamilyleavemn.org/
Wk 11- Nov 14	Substance abuse issues: Focus on the opioid epidemic	<ul style="list-style-type: none"> • Gaither, J. R., Leventhal, J. M., Ryan, S. A., & Camenga, D. R. (2016). National Trends in Hospitalizations for Opioid Poisonings Among Children and Adolescents, 1997 to 2012. <i>JAMA Pediatrics</i>, 170(12), 1195–1201. • 2016 Governors’ Compact to Fight Opioid Addiction: https://www.nga.org/cms/news/2016/opioid-compact • Murphy, K., Becker, M., Locke, J., Kelleher, C., McLeod J., and Isasi, F. (2016), Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States. National Governors Association Center for Best Practices.

		<ul style="list-style-type: none"> • Association of State and Territorial Health Officers. (2014). Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices. • Walters, K. L., Simoni, J. M., & Evans-Campbell, T. (2002). Substance use among American Indians and Alaska natives: incorporating culture in an “indigenist” stress-coping paradigm. Public Health Reports, 117(Suppl 1), S104–S117. • Hoffman, J. (2017, August 24). Hunting a Killer: Sex, Drugs and the Return of Syphilis. New York Times. <p>Minnesota-specific</p> <ul style="list-style-type: none"> • Serres, C. (March 5, 2015). Minnesota comes to the aid of opioid-exposed babies. Star Tribune. • Testimony of Mille Lacs Chief Executive Melanie Benjamin before the US Senate Committee on Indian Affairs (July 25, 2015). • Story to listen to: MPR News Staff. (April 19, 2016). Battling opioid addiction on the reservation. • Minnesota Tribal Leaders & State of Minnesota. (2017). 2016 Tribal-State Opioid Summit. • 2017 Session Law, Chapter 6, Article 10, Section 144: Benson, M. Health and Human Services Omnibus Budget Bill, 2017 First Special Session, Senate File 2. Retrieved from https://www.revisor.mn.gov/laws/?year=2017&type=1&doctype=Chapter&id=6&format=pdf Read legislation on opioids on pages 312-33
Wk 12- Nov 21		NO CLASS
Wk 13- Nov 28	Family and youth homelessness	<p>Assignment #4 Due: Op/ed</p> <p>Background</p> <ul style="list-style-type: none"> • Edidin, J. P., Ganim, Z., et al. (2012). The mental and physical health of homeless youth: a literature review. Child Psychiatry & Human Development, 43(3), 354-375. • Cutts, D. B., Coleman, S., Black, M. M., Chilton, M. M., Cook, J. T., de Cuba, S. E., ... Frank, D. A. (2015). Homelessness during pregnancy: a unique, time-dependent risk factor of birth outcomes. Maternal and Child Health Journal, 19(6), 1276–1283. <p>Minnesota-specific</p> <ul style="list-style-type: none"> • Minnesota Interagency Council to Prevent and End Homelessness. (2016). Heading Home: Minnesota’s Plan to Prevent and End Homelessness 2016-17. • Hang, M., Harpstead, J., & Marx, T. (n.d.). Support vulnerable Minnesotans with full funding of Homeless Youth Act. MinnPost. • Brandt, S. (2016, February 28). Despite decade-long fight, homelessness higher in Mpls., Hennepin County. • Minnesota Department of Human Services. (2017). Homeless Youth Act Biennial Report.

		<ul style="list-style-type: none"> HeadingHome Minnesota Funders Collaborative. (2017). Homework Starts at Home Fact Sheet.
Wk 14- Dec 6	Vaccines for children	<p>Background</p> <ul style="list-style-type: none"> Pediatrics. 2014 Apr;133(4):e835-42. doi: 10.1542/peds.2013-2365. Epub 2014 Mar 3. Effective messages in vaccine promotion: a randomized trial. Nyhan B1, Reifler J, Richey S, Freed GL. Chatterjee, A., & O’Keefe, C. (2010). Current controversies in the USA regarding vaccine safety. <i>Expert Review of Vaccines</i>, 9(5), 497–502. Hendrix, K. S., Sturm, L. A., Zimet, G. D., & Meslin, E. M. (2016). Ethics and Childhood Vaccination Policy in the United States. <i>American Journal of Public Health</i>, 106(2), 273–278. Jacobson, R. M., Van Etta, L., & Bahta, L. (2013). The C.A.S.E. approach: guidance for talking to vaccine-hesitant parents. <i>Minnesota Medicine</i>, 96(4), 49–50. 2017 legislation on vaccine exemption changes (not enacted): Freiberg, M. Immunization exemption procedures modified. <p>2017 Minnesota measles outbreak</p> <ul style="list-style-type: none"> Campos-Outcalt, D. (2017). Measles: Why it’s still a threat. <i>The Journal of Family Practice</i>, 66(7), 446–449. Noor, S. (2017). To Increase Vaccine Rates in the Somali Community, Messenger is More Important than the Message. Minnesota Department of Health. (2017, August 25). News release: Health officials declare end of measles outbreak.
Wk 15- Dec 13	Elevator speech presentations and wrap up	<p>Assignment #5 Due: Elevator speech and FAQs</p>