

School of Public Health

Syllabus and Course Information



UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

PubH 6675
Women's Health
Fall 2017

Credits: 2
Meeting Days: Wednesdays and Fridays (half semester: September 6-October 20)
Meeting Time: 1:25pm-3:30pm
Meeting Place: 2-137 Jackson Hall
Instructor: Susan M. Mason, MPH PhD
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Office Hours: By appointment

I. Course Description

The purpose of this course is to examine topics in women's health in the United States; the programs, services, and policies that affect women's health; and methodological issues in research about women's health. The course content will emphasize the social, economic, environmental, behavioral, and political factors associated with women's health. We will particularly focus on the epidemiology, measurement and interpretation of these factors, and how these factors can be translated into interventions, programs, and policy. Students will be encouraged to think critically about the social context in which women's health is researched and addressed, and to consider how public health and medicine can give appropriate attention to health problems that uniquely burden women without pathologizing women's bodies.

The course is an overview course of a broad topic area. Because this course is only 14 sessions long, some topics will not be covered in depth and some topics may not be covered at all. To satisfy student curiosity, assignments have been developed to encourage students to examine topics that are of particular interest to them that may not otherwise be covered.

Acknowledgments

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

II. Course Prerequisites

The course is appropriate for Public Health or Graduate Schools students. Students are expected to write at a graduate level and be aware of conventional methods of writing in the biomedical or social sciences.

III. Course Goals and Objectives

While the course is available to all graduate students—and in fact, is enhanced by a diversity of learners—the approach will be a public health approach (i.e., assessment, assurance, and advocacy). At the completion of this course, the student should be able to:

- Describe major issues in women's health from a life course perspective.
- Identify major demographic, behavioral and environmental factors that are associated with women's health and how such factors may be addressed in public health interventions, programs, and policies.
- Identify trends in major health conditions that affect women in the United States.
- Identify medical and public health practices that promote women's health.
- Analyze and articulate the public health implications of a women's health problem.
- Define the terminology and vocabulary used in the women's health literature.
- Articulate how data collection and measurement can affect the validity of women's health indicators.
- Describe the value and limitations of various tools that are used to measure and monitor women's health.
- Articulate the ways that the social and historical context shapes the ways that women's health is defined, prioritized, and addressed.

IV. Methods of Instruction and Work Expectations

A. Course Format

Class sessions will include lecture, discussion, and in-class exercises, to accommodate a diversity of learning styles.

B. Expectations of Students

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

1. Assigned readings. It is critical that students read the assigned materials before class so that they can fully understand the lecture material and are prepared to engage in discussion. The readings complement and expand on lectures, and thus attending the lectures alone will not be sufficient to fully understand the material, participate in discussion, or satisfactorily complete assignments.

2. Course assignments. Students are expected to complete the assignments, described in the next section, and to turn them in to Dr. Mason by the stated due date. Extensions due to legitimate extenuating circumstances (serious medical issues, family emergency) will be considered, but only if requested prior to the due date.

5. Attendance. There are only 14 class periods and it is expected that students attend each class. Attendance is not graded, but in-class exercises are. Students are expected to participate in (be in attendance for) at least 8 in-class activities and to be present for the factsheet and final project presentations. This is the minimum expectation for passing the class. Lecture materials are not replicated in the readings and it is important for student learning that they participate in informal and structured student discussions and activities.

6. Timeliness. Students should do their best to arrive to class by the start time of 1:25 pm. Latecomers are disruptive and interrupt the flow of dialogue or lecture. Please make every effort to be on time, as a show of respect for the students and the instructor.

7. Personal computers and telephones in class. Use of personal computers or other electronic devices for any purpose other than classroom activities is not permitted. The use of such devices should be limited to note-taking during lecture and for presenting information during in-class exercises if necessary. Because discussion is an important source of learning, and use of personal electronic devices can be a barrier to such interaction, use of devices should be kept to a minimum. Non-class uses of personal computers or smartphones, such as checking or responding to e-mails, should not occur during class time. Consistent with University policy (<https://policy.umn.edu/education/studentresp>), Dr. Mason reserves the right to ask students to turn off devices if they are being used inappropriately. Students who fail to comply with such requests may be asked to leave the classroom.

8. Public health writing conventions. Students are expected to write at a graduate level and to conform to conventions in public health scientific writing. This includes the use of Vancouver style for all references. The Vancouver reference style is described at <http://guides.lib.monash.edu/citing-referencing/vancouver> and used in most medical and public health journals. *Points will be deducted* from writing assignments if Vancouver style is not used. It is essential that students learn how to cite the literature following the norms of their chosen field of public health.

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

C. Assignments

1. Factsheet preparation and presentation (40% of final grade; see Appendix A for detailed instructions).

The largest project for this course is to prepare and present a factsheet on a topic relevant to women's health (disease, exposure, program, or policy) that is of interest to you. This involves (1) researching a topic and summarizing findings into a factsheet that will be shared with everyone in the class; (2) presenting the factsheet findings informally in small groups of 3 people; and (3) evaluating the factsheets of 3 students as assigned by Dr. Mason.

The factsheet will allow students to educate others about any one of the following broad areas: (1) an *outcome or exposure* in women's health (e.g., a type of STI, an occupational exposure, a specific chronic disease, morbidity associated with accidents, a specific substance of abuse). Students may describe the magnitude and impact of the health condition/exposure and/or issues with its measurement/monitoring; (2) a *program or intervention approach* (e.g., prenatal care for incarcerated women; hormone replacement therapy); or (3) a *policy* or initiative that affects care or attainment of optimal health (e.g., contraceptive insurance coverage; worksite protection policies).

There are two major aims of this project: (1) allow students to explore a single question or topic in women's health of interest to them and share it with other students; and (2) give students a chance to practice synthesizing and summarizing complex information for a professional audience. Evaluating the factsheets of other students, in addition to creating their own sheet, will help students understand what works and what does not work in factsheets.

Basic instructions for the factsheet:

- Fact sheets should be ~2 pages in length.
- One prototype for a factsheet would be: an overview of the topic in one paragraph (e.g., definitions); a description of its epidemiology (e.g., the number and types of women affected) in text or table format (cite sources of information included); bullet points that identify key issues; a

concluding statement reiterating the importance of the topic or identifying next steps in treatment, research, or policy; a short (< 10 citations) reference list for further information in Vancouver style.

- The presentation involves the student providing an overview of his/her factsheet. A rich presentation would include the student's discussion of the process of finding information to create the factsheet and perceived gaps or uncertainties in knowledge. The student should give a 10-15 minute presentation and leave 5 minutes for questions. The presentation is intended to give students experience in preparing information for an audience and sharing it succinctly and clearly. Students should prepare their presentations to highlight about 5 major points (almost like bullet-points) that can be briefly conveyed in the small group. These are informal presentations—no PowerPoint.
- Appendix A provides additional details including an evaluation rubric that will help you design your factsheet and evaluate other students' factsheets. For the peer evaluation, the student will assign a numeric score and provide comments assessing the quality of the work using the evaluation form.
- On the day of the presentation, students must upload the factsheet to the course website and bring 4 hard copies for their small group and Dr. Mason (4 copies total: 2 for small group members, 1 for student, and 1 for Dr. Mason).
- *Plagiarism will result in the student receiving a grade of 0 points for the assignment.*

2. Proposal outline describing an idea for a policy, program, or research project that would create a better world for women (20% of final grade; see Appendix B for details).

Select a public health issue that affects women and that you are interested in learning more about. Our readings and class lectures provide some ideas, but feel free to identify a topic that we have not had the opportunity to examine. Develop a model for a *policy* or a *program* to prevent a health issue or promote health based on scientific evidence. Or, if you feel there is an important gap in the literature, identify a *research question* for an etiologic, descriptive, or qualitative research project. This is an informal project, presented as an outline and described to a small group of students.

3. In-class activities (40% of final grade; see descriptions in course schedule).

In-class activities are intended to introduce students to women's health data and resources and to encourage critical thinking about women's health. These are informal, small group exercises that will take about ~45 minutes of class time. Students will need to prepare for these activities prior to class. There will be 10 in-class activities over the course. Students are expected to participate in all 10, as these activities are an important part of student learning. Students *must* be present in class for 8 or more in-class activities to earn the full 40 points toward their final grade.

Activity sheets will be available on the website prior to class. Students are expected to complete the activity sheets *before class* and turn them into Dr. Mason at the beginning of the class in which the activity occurs. Dr. Mason will document the completion of activity sheets and return them before the activity begins. Students will receive full points for the activity if the activity sheet is appropriately completed and the student participates in the activity. If the sheet is poorly completed, points will be deducted.

V. Course Text and Readings

The course website will have links to course readings, a copy of the syllabus, copies of assignments, and course lecture slides. Dr. Mason will post readings at least one week in advance of the class period for which they are assigned. Lecture slides will be posted shortly before the class period. To get to the course site, log in to the myU portal (<https://www.myu.umn.edu/>). Locate the link for your course site under MY COURSES AND TEACHING. Use your University of Minnesota Internet ID and password to log in. This is the same ID and password you use to get your e-mail at the University. If you are a new student and have never used your Internet ID, go to <https://www.umn.edu/initiate> to initiate your account. If you are a staff member at the University of Minnesota, use your student Internet ID, not your

staff Internet ID. If you do not know your Internet ID and password or have other problems, contact the Technology Helpline at (612) 301-4357.

VI. Course Outline/Weekly Schedule

Part I: Concepts and overview

Wednesday, September 6, 2017

Class 1 / Introduction: Women's health and its historical, social, and political context

Topics:

- Student and instructor introductions
- Review of syllabus
- Women's health: where we are and where we came from
- The life course model as a framework for women's health research and practice (if time)

Required readings:

- pp. 1-45 of: Ehrenreich & English. *Complaints & Disorders*. New York: Feminist Press, 1973 (2nd Ed. 2011)
- Kuh D, Ben-Shlomo Y, Lynch J, Hallqvist J, Power C. Life course epidemiology. *Journal of Epidemiology & Community Health*. 2003 Oct 1;57(10):778-83.
- Fine A, Kotelchuck M. Rethinking MCH: the life course model as an organizing framework. A concept paper prepared for the MCH Bureau, 2010.

Optional reading:

- Halfon N, Larson K, Lu M, Tullis E, Russ S. Lifecourse health development: past, present and future. *Matern Child Health* 2014;18(2):344-365.

Friday, September 8, 2017

Class 2 / Overview of women's health in the U.S.

Topics:

- How do we prioritize women's health without pathologizing women?
- Major health conditions and exposures: assessing magnitude and impact
- Policies that affect women's health, with a focus on the ACA
- How to read a public health journal article

In-class activity #1 (complete activity sheet before class):

Discuss your understanding of the life course approach in understanding health outcomes/disease risk. Think about how you would approach studying or intervening on a health outcome (e.g., obesity).

Required readings:

- Remainder of: Ehrenreich & English. *Complaints & Disorders*. New York: Feminist Press, 1973 (2nd Ed. 2011)
- James SA, Fowler-Brown A, Raghunathan TE, Van Hoewyk J. Life-course socioeconomic position and obesity in African American women: the Pitt County Study. *Am J Public Health* 2006;96(3):554-560.
- Lantz PM. The Affordable Care Act and clinical preventive services for women: achievements and caveats. *Women's Health* 2013;9(2):121-123.
- Stolp H, Fox J. Increasing Receipt of Women's Preventive Services. *Journal of Women's Health*. 2015 Nov 1;24(11):875-81.

Optional reading:

- Gustafsson PE, Persson M, Hammarström A. Socio-economic disadvantage and body

mass over the life course in women and men: results from the Northern Swedish Cohort. Eur J Public Health 2012; 22(3):322-327.

Wednesday, September 13, 2017

Class 3 / Health by sex, gender, and sexual orientation

Topics:

- How do major indicators of health vary between women and men?
- What is gender? What is sex? How do they affect health?
- Sexual orientation and health

In-class activity #2 (complete activity sheet before class):

Identify health issues related to gender, to sex, and to both

Required readings:

- Park E. Gender as a moderator in the association of body weight to smoking and mental health. Am J Public Health 2009;99(1):146-151.
- Wetherill RR, Franklin TR, Allen SS. Ovarian hormones, menstrual cycle phase, and smoking: a review with recommendations for future studies. Current addiction reports. 2016 Mar 1;3(1):1-8.
- Wilson HW, Widom CS. Sexually transmitted diseases among adults who had been abused and neglected as children: a 30-year prospective study. Am J Public Health 2009;99(S1):S197-S203.
- Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: what we know and what needs to be done. Am J Public Health 2008;98(6):989-995.
- Fredriksen-Goldsen KI, Kim HJ, Barkan SE, et al. Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study. Am J Public Health 2013;103(10): 1802-1809.
- Everett BG. Sexual orientation disparities in sexually transmitted infections: examining the intersection between sexual identity and sexual behavior. Archives of Sexual Behavior. 2013 Feb 1;42(2):225-36.

Optional readings:

- Geller SE, Koch A, Pellettieri B, Crnes M. Inclusion, analysis, and reporting of sex and race/ethnicity in clinical trials: have we made progress? J Womens Health 2011;20(3):315-320.
- Smith HA, Markovic N, Danielson ME, Matthews A, Youk A, Talbott EO, et al. Sexual abuse, sexual orientation, and obesity in women. J Womens Health 2010;19(6):1525-1532

Friday, September 15, 2017

Class 4 / Women are not a class: race, socioeconomic status (SES), disparities, and stigma

Topics:

- What do we mean by “race” and “socioeconomic status”?
- What are the major differences in major women’s health outcomes in the U.S. across race and SES? How does SES over the life course affect risk for disease?
- How do assumptions about race, SES, and “otherness” influence public health interventions, policies, and medical practice?
- What is stigma?

In-class activity #3 (complete activity sheet before class):

Discuss Bayer article. Is it possible to do effective and culturally-responsive public health?

Required readings:

- Revisit Ehrenreich & English. *Complaints & Disorders*. New York: Feminist Press, 1973 (2nd Ed. 2011)
- Bayer R. AIDS prevention and cultural sensitivity: are they compatible? *Am J Public Health* 1994;84:895-8.
- Link BG, Phelan JC. Understanding sociodemographic differences in health--the role of fundamental social causes. *American journal of public health*. 1996 Apr;86(4):471-3.
- Gee GC, Walsemann KM, Brondolo E. A life course perspective on how racism may be related to health inequities. *Am J Public Health* 2012;102:967-74.
- Lauderdale DS. Birth outcomes for Arabic-named women in California before and after September 11. *Demography*. 2006 Feb 1;43(1):185-201.
- Read ONE of the following:
 - Braveman P. What is health equity: and how does a life-course approach take us further toward it? *Matern Child Health J* 2014;18(2): 366-372.
 - Krieger N. Stormy weather: race, gene expression, and the science of health disparities. *Am J Public Health* 2005;95:2155-2160.
 - Geronimus AT, James SA, Destin M, Graham LF, Hatzenbuehler ML, Murphy MC, Pearson JA, Omari A, Thompson JP. Jedi public health: Co-creating an identity-safe culture to promote health equity. *SSM-population health*. 2016 Dec 31;2:105-16.

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

Wednesday, September 20, 2017

Class 5 / Women's environmental and toxic occupational exposures

Topics:

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

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

1. *About 20 minutes of class time: Spend some time on the Office of Women's Health page (<https://www.womenshealth.gov/>), CDC Women's health FastStats page (<https://www.cdc.gov/nchs/fastats/womens-health.htm>), and HRSA's Women's Health USA 2013 page (<https://mchb.hrsa.gov/whusa13/index.html>) and get a sense of what kind of data are available on women's health from these government agencies. Look through the Women's Health 2015 Chartbook State Profiles found here http://52.207.219.3/chartbook/ChartBookData_search.asp (or go directly: http://52.207.219.3/chartbook/images/StateProfiles_Chartbook2015Edition.pdf). Think about why there may be geographic and/or race differences in risk for some women's health issues. To do so, you may want to (1) examine the profile of women's health for Minnesota. Bring the information to class (or have it as a PDF on your computer). Discuss MN disparities, by race. (2) Look at another states and compare specific data to Minnesota. Consider the possible reasons for differences.*
2. *About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.*

Required readings:

- Goldin LJ, Ansher L, Berlin A, Cheng J, Kanopkin D, Khazan A, Kisivuli M, Lortie M,

Peterson EB, Pohl L, Porter S. Indoor air quality survey of nail salons in Boston. *Journal of immigrant and minority health*. 2014 Jun 1;16(3):508-14.

- Page II RL, Slejko JF, Libby AM. A citywide smoking ban reduced maternal smoking and risk for preterm births: A Colorado natural experiment. *J Women's Health* 2012;21(6):621-627.
- McMichael AJ. Globalization, climate change, and human health. *New Engl J Med* 2013; 368(14):1335-1343.
- Sutton P, Giudice LC, Woodruff TJ. Reproductive environmental health. *Curr Opin Obstet Gyn* 2010;22:517-524.
- Parks CG, Walitt BT, Pettinger M, Chen J-C, De Roos AJ, Hung J, et al. Insecticide use and risk of rheumatoid arthritis and systemic lupus erythematosus in the Women's Health Initiative Observational Study. *Arthritis Care & Research* 2011;63(2):184-194.
- Payne S, Doyal L. Older women, work and health. *Occupational Medicine* 2010;60:172-177.
- Weuve J, Puett RC, Schwartz J, et al. Exposure to particulate air pollution and cognitive decline in older women. *Arch Int Med* 2012;172(3):219.

Optional reading:

- Woodruff TJ, Schwartz J, Giudice LC. Research agenda for environmental reproductive health in the 21st century. *J Epidemiol Community Health* 2010;64:307-310.

Thursday, September 22, 2017

Class 6 / Women's social and psychological exposures

*****Due today: EMAIL FACTSHEET TOPIC TO DR. MASON*****

Topics:

- Familial and intimate-partner violence: measurement, associations with health
- How are social networks defined? What are their implications for health?
- What is the influence of women as caregivers on health care, health status, and stress?

In-class activity #5 (complete activity sheet before class):

1. *About 20 minutes of time: Go to CDC's Health, United States, 2016 at <https://www.cdc.gov/nchs/data/hus/hus16.pdf>. Find one table or graph of interest to you and make copies to share in a small group. Be prepared to discuss why there may be age or race disparities in a health outcome among women or why there are differences in the outcome between men and women (think about gender and sex).*
2. *About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.*

Required readings:

- Breiding MJ, Basile KC, Kleven J, Smith SG. Economic insecurity and intimate partner and sexual violence victimization. *American Journal of Preventive Medicine* 2017. Epub May 10.
- Beatty Moody DL, Brown C, Matthews KA, Bromberger JT. Everyday discrimination prospectively predicts inflammation across 7 years in racially diverse midlife women: Study of Women's Health across the Nation. *J Social Issues* 2014; 70(2):298-314.
- Berkman LF, Zheng Y, Glymour MM, et al. Mothering alone: cross-national comparisons of later-life disability and health among women who were single mothers. *J Epidemiol Comm Health* 2015; 0:1–8. doi:10.1136/jech-2014-205149.
- Cook J, Dinnen S, O'Donnell C. Older women survivors of physical and sexual violence: a systemic review of the quantitative literature. *J Womens Health* 2011;20(7):1075-1081.
- Lanza di Scalea T, Matthews KA, Avis NE, et al. Role stress, role reward, and mental

health in a multiethnic sample of midlife women: results from the Study of Women's Health Across the Nation (SWAN). *J Women's Health* 2012; 21(5):481-489.

- Wrzus C, Hänel M, Wagner J, Neyer FJ. Social network changes and life events across the life span: a meta-analysis. *Psychol Bull* 2013;139(1):53-80.
- Sabbath EL, Guevara IM, Glymour MM, Berkman LF. Use of life course work-family profiles to predict mortality risk among US women. *Am J Public Health* 2015;105(4): e96-e102.

Optional readings:

- Cable N, Bartley M, Chandola T, Sacker, A. Friends are equally important to men and women, but family matters more for men's well-being. *J Epidemiol Community Health* 2013; 67(2):166-171.
- Chandola T, Brunner E, Marmot M. Chronic stress at work and the metabolic syndrome: a prospective study. *BMJ* 2006;332:521-525.
- Slopen N, Glynn RJ, Buring JE, et al. Job strain, job insecurity, and incident cardiovascular disease in the Women's Health Study: results from a 10-year prospective study. *PLoS One* 2012;7(7):e40512.

Part III: Major health conditions in women

Wednesday, September 27, 2017

Class 7 / Sexual and reproductive health

Topics:

- What conditions and outcomes fall under the reproductive health umbrella?
- Reproductive health indicators
- Differences in reproductive risk across populations
- Prevalence and risk factors for key reproductive health outcomes in the US

In-class activity #6 (two activities; complete activity sheet before class):

1. *About 20 minutes of class time: Go to CDC's page for National Survey of Family Growth (NSFG) data, http://www.cdc.gov/nchs/nsfg/key_statistics.htm. Select one topic of interest, click on it and bring one table or graph for you and 3 other students to discuss. You will note that, depending on the topic, some data are as old as 2002 (the most current data are from the 2011-2015 cycle of the survey). Go to the general page for NSFG, <http://www.cdc.gov/nchs/nsfg.htm>, to get a sense of the most recent publications (feel free to select your table/topic from one of them).*
- OR -
Go to the Guttmacher Institute, <http://www.guttmacher.org/>, and find data on a topic of interest to you. Print a table or graph for you and 3 other students to discuss.
2. *About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.*

Required readings:

- Denny CH, Floyd RL, Green PP, Hayes DK. Racial and ethnic disparities in preconception risk factors and preconception care. *J Women's Health* 2012;21(7):720-729.
- Finer LB, Zolna MR. Shifts in intended and unintended pregnancies in the United States, 2001–2008. *Am J Public Health* 2014;104(S1):S43-S48.
- Finer LB, Philbin JM. Trends in ages at key reproductive transitions in the United States, 1951–2010. *Wom Health Iss* 2014; 24(3): e271-e279.
- McCree DH. Changes in the Disparity of HIV Diagnosis Rates Among Black Women—United States, 2010–2014. *MMWR. Morbidity and Mortality Weekly Report*. 2017;66.
- Higgins JA, Mullinax M, Trussel J, Davidson JK Sr, Moore NB. Sexual satisfaction and sexual health among university students in the United States. *Am J Public Health*

2011;101(9):1643-1654.

- Mayhew A, Mullins TLK, Ding L, et al. Risk perceptions and subsequent sexual behaviors after HPV vaccination in adolescents. *Pediatrics* 2014;133(3):404-411.
- Winner B, Peipert JF, Zhao Q, Buckel C, Madden T, Allsworth JE, Secura GM. Effectiveness of long-acting reversible contraception. *N Engl J Med* 2012;366:1998-2007.

Optional readings:

- Higgins JA, Hirsch JS. Pleasure, power, and inequality: incorporating sexuality into research on contraceptive use. *Am J Public Health* 2008;98(10):1803-1813.
- Higgins JA, Fennell JL. Including Women's Pleasure in "The Next Generation of Condoms". *The journal of sexual medicine*. 2013 Dec;10(12):3151.
- Ricketts S, Klingler G, Schwalberg R. Game Change in Colorado: Widespread Use Of Long-Acting Reversible Contraceptives and Rapid Decline in Births Among Young, Low-Income Women. *Perspectives on Sexual and Reproductive Health*. 2014 Sep 1;46(3):125-32.
- Hall KS, Dalton V, Johnson TR. Social disparities in women's health service use in the United States: a population-based analysis. *Annals of epidemiology*. 2014 Feb 28;24(2):135-43.

Friday, September 29, 2017

Class 8 / Conditions affecting young and middle-aged women with a focus on autoimmune and idiopathic conditions

Topics:

- Health conditions of young and middle-adulthood in women
- Autoimmune, symptom-based, and idiopathic conditions disproportionately affecting women

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

1. *About 20 minutes of class time: Find some data via one or more the following websites that interests you about the health of young and middle-aged women. Bring copies to class.*

Option 1: National Health Interview Survey

<https://www.cdc.gov/nchs/nhis/SHS/tables.htm>

- OR -

Option 2: Behavioral Risk Factor Surveillance System

http://www.cdc.gov/brfss/data_tools.htm, or its prevalence and trends data page,

<http://www.cdc.gov/brfss/brfssprevalence/index.html>.

- OR -

Option 3: Simply Google and see if you come up with some interesting and relevant data about young/middle-aged women. E.g., the NIDDK site about obesity and overweight,

<http://www.niddk.nih.gov/health-information/health-statistics/Pages/overweight-obesity-statistics.aspx>.

Make sure that, whatever your source of data, you know what the sample was, when it was drawn, how things were defined, etc.

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

Required readings:

- Andrews P, Steultjens M, Riskowski J. Chronic widespread pain prevalence in the general population: A systematic review. *European Journal of Pain*. 2017. Epub Aug 17.
- Pukall CF, Goldstein AT, Bergeron S, Foster D, Stein A, Kellogg-Spadt S, Bachmann G. Vulvodynia: definition, prevalence, impact, and pathophysiological factors. *The journal of sexual medicine*. 2016 Mar 1;13(3):291-304.

- Jacoby VL, Fujimoto VY, Giudice LC, Kuppermann M, Washington AE. Racial and ethnic disparities in benign gynecologic conditions and associated surgeries. *American journal of obstetrics and gynecology*. 2010 Jun 30;202(6):514-21.
- Singh-Manoux A, Gueguen A, Ferrie J, Shipley M, Martikainen P, Bonenfant S, et al. Gender differences in the association between morbidity and mortality among middle-aged men and women. *Am J Public Health* 2008;98(12):2251-2257.
- Zajacova A, Walsemann KM, Dowd JB. The long arm of adolescent health among men and women: does attained status explain its association with mid-adulthood health? *Pop Res Policy Rev* 2015; 34(1):19-48.

Wednesday, October 4, 2017

Class 9 / Mental health/substance use

Topics:

- Health conditions of young and middle-adulthood in women

In-class activity #8 (complete activity sheet before class):

Critical thinking activity: mental health, substance use and pregnancy. Is it appropriate (i.e., is there a rationale) to have a public health policy encouraging directive counseling about contraception to women who may not be prepared to parent because of mental illness and/or substance abuse? If not, why not? If so, how do we identify women for directive counseling (and how do we provide it, monitor it, and evaluate its effects?).

Required readings:

- Introduction and Chapter 1 of: Judith Herman. *Trauma & Recovery*. New York: Basic Books, 1997.
- Krans EE, Patrick SW. Opioid use disorder in pregnancy: health policy and practice in the midst of an epidemic. *Obstetrics & Gynecology*. 2016 Jul 1;128(1):4-10.
- Borba CPC, DePadilla L, Druss BG, McCarty FA, von Esenwein SA, Sterk CE. A day in the life of women with serious mental illness: a qualitative investigation. *Womens Health Issues* 2011;21(4):286-292.
- Sullivan KA, Messer LC, Quinlivan EB. Substance abuse, violence, and HIV/AIDS (SAVA) syndemic effects on viral suppression among HIV positive women of color. *AIDS patient care and STDs*. 2015 Jan 1;29(S1):S42-8.
- Cannuscio CC, Jones C, Kawachi I, Colditz GA, Berkman L, Rimm E. Reverberations of family illness: a longitudinal assessment of informal caregiving and mental health status in the Nurses' Health Study. *Am J Public Health* 2002;92:1305-11.

Optional readings:

- Tarasuk V, Mitchell A, McLaren L, McIntyre L. Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *J Nutrition* 2013;143(11):1785-93.

Friday, October 6, 2017

Class 10 / Cancer

Topics

- Definition of cancer
- Types of cancer
- Unique risks for women
- Epidemiology of cancer in US women

In-class activity #9 (two activities; complete activity sheet before class):

1. *About 20 minutes: Go to CDC's site for cancer data at <http://www.cdc.gov/cancer/dcpc/data/>. Find one table or graph of interest to you and make copies to share in a small group. Be prepared to discuss why there may be age, sex, or race disparities in cancer incidence, prevalence, or mortality. Also play around with other cancer data sites (e.g., <http://www.cdc.gov/nchs/fastats/cancer.htm>) to expand your knowledge about cancer data resources.*
2. *About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.*

Required readings:

- Agénor M, Krieger N, Austin SB, et al. Sexual orientation disparities in Papanicolaou test use among US women: the role of sexual and reproductive health services. *Am J Public Health* 2014;104(2):e68-e73.
- Chawla N, Breen N, Liu B, et al. Asian American Women in California: a pooled analysis of predictors for breast and cervical cancer screening. *Am J Public Health* 2015;(0), e1-e12.
- Nagler RH, Lueck JA, Gray LS. Awareness of and reactions to mammography controversy among immigrant women. *Health Expectations*. 2017 Aug 1;20(4):638-47.
- Dougan MM, Hankinson SE, Vivo ID, et al. Prospective study of body size throughout the life-course and the incidence of endometrial cancer among premenopausal and postmenopausal women. *Int J Cancer* 2015;137(3):625-637.
- Mays D, Tercyak, KP. Framing indoor tanning warning messages to reduce skin cancer risks among young women: implications for research and policy. *Am J Public Health* 2015;105(8):e70-e76.

Wednesday, October 11, 2017

Class 11 / FACTSHEET PRESENTATIONS

Friday, October 13, 2017

Class 12 / Cardiovascular disease

Topics:

- Definition of cardiovascular disease
- Shared risk factors with cancer
- Epidemiology of CVD in US women
- Prevention and treatment

In-class activity #10 (two activities; complete activity sheet before class):

1. *About 20 minutes: Go to CDC's site for CVD maps and data at https://www.cdc.gov/heartdisease/maps_data.htm. Find a map, table, or figure of interest to you and make copies to share in a small group. Be prepared to discuss why there may be age, sex, or race disparities in CVD incidence, prevalence, or mortality. Also play around with other CVD data sites (e.g., <http://www.kff.org/state-category/health-status/heart-disease/>) to expand your knowledge about CVD data resources.*
2. *About 15 minutes of class time: Select one of the readings for today and pose questions or express comments about it.*

Required readings:

- Sands-Lincoln M, Loucks EB, Lu B, et al. Sleep duration, insomnia, and coronary heart disease among postmenopausal women in the Women's Health Initiative. *J Women's Health* 2013; online.
- Taylor HS, Manson JE. Update in hormone therapy use in menopause. *The Journal of Clinical Endocrinology & Metabolism*. 2011 Feb 1;96(2):255-64.

- Hormone Replacement Study A Shock to the Medical System. NYTimes, July 10 2002. <http://www.nytimes.com/2002/07/10/us/hormone-replacement-study-a-shock-to-the-medical-system.html>
- Cirillo PM, Cohn BA. Pregnancy Complications and Cardiovascular Disease Death: Fifty-Year Follow-Up of the Child Health and Development Studies Pregnancy Cohort. *Circulation*. 2015; 132(13):1234-42.
- Davis SK, Gebreab S, Quarells R, Gibbons GH. Social determinants of cardiovascular health among black and white women residing in Stroke Belt and Buckle regions of the South. *Ethnicity & disease*. 2014;24(2):133.

Wednesday, October 18, 2017

Class 13 / Aging

*****Due today: EVALUATIONS FOR 3 STUDENT FACTSHEETS *****

Topics:

- How do we define aging?
- Women's unique aging experience
- Conditions of aging
- Social changes of aging

Required readings:

- van Dijk GM, Kavousi M, Troup J, Franco OH. Health issues for menopausal women: the top 11 conditions have common solutions. *Maturitas* 2015; 80(1), 24-30.
- Fugate Woods N, Cochrane BB, LaCroix AZ, et al. Toward a positive aging phenotype for older women: observations from the women's health initiative. *J Gerontol A Biol Sci Med Sci* 2012;67(11), 1191-1196.
- Lynch CP, et al. Excess weight and physical health-related quality of life in postmenopausal women of diverse racial-ethnic backgrounds. *J Women's Health* 2010;19(8): 1449-58.

Friday, October 20, 2017

Class 14 / PROJECT PRESENTATIONS

VII. Evaluation and Grading

See Section IV.B, Expectations of Students, for information on how student performance will be evaluated.

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

Assignment	% of Final Grade	Due Date
Factsheet		
E-mail topic to Dr. Mason	0%	9/22
Factsheet turned in and copied for small group	25%	10/11
Presentation	5%	10/11
Factsheet evaluation of peer work	10%	10/18
In-class activity participation (5% x 8)	40%	see schedule
Final project (written)	15%	10/20
Presentation of final project to small group	5%	10/20

This is a 2-credit class. One graduate credit is generally defined (e.g., by the Higher Learning Commission) as requiring 1 in-class hour and a *minimum* of 2 out-of-class hours of learning for every class meeting (i.e., a 2-credit class = 2 in-class hours + a *minimum* of 4 hours outside of class for every

meeting). Because we have 14 sessions, 4 hours x 14 = a *minimum* of 56 hours of work outside of class is expected for the entire course.

B. There will be no final exam. The final project is due the last day of class.

C. There will be no opportunity for "extra credit."

D. Grading Criteria

University grading policies are on

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

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.

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		
A	=	95-100 (4.0)
A-	=	90-94 (3.67)
B+	=	87-89 (3.33)
B	=	83-86 (3.0)
B-	=	80-82 (2.67)
C+	=	77-79 (2.33)
C	=	73-76 (2.0)
C-	=	70-72 (1.67)
D+	=	65-69 (1.33)
D	=	55-64 (1.0)
F	=	<55

NOTES:

1. Grades will not be rounded up. If a student earns a 94.75, the grade will be an A-.
2. In the interest of fairness, Dr. Mason will not negotiate grades.

The University utilizes plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following:

- A 4.000 - Represents achievement that is outstanding relative to the level necessary to meet course requirements
- A- 3.667
- B+ 3.333
- B 3.000 - Represents achievement that is significantly above the level necessary to meet course requirements
- B- 2.667
- C+ 2.333
- C 2.000 - Represents achievement that meets the course requirements in every respect
- C- 1.667

D+ 1.333

D 1.000 - Represents achievement that is worthy of credit even though it fails to meet fully the course requirements

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 Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty:

<http://www1.umn.edu/oscai/integrity/student/index.html>. 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. The Disability Resource Center Student Services 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 DRC at 612-626-1333 or drc@umn.edu 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 Student Conduct and Academic Integrity, 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/index.html>.

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.

Template update 9/2014

Appendix A: Factsheet Instructions

Due 10/11/17

The purpose of the factsheet project is to (1) allow students to explore a targeted question or topic in women's health that they find particularly interesting, and (2) gain experience finding, summarizing, and presenting information on women's health.

The project involves development of a ~2-page factsheet for everyone in the class and an informal presentation of the factsheet findings in small groups of 3 people. The factsheet will allow students to succinctly (approximately 15 minutes) educate others about one of the following broad areas: (1) the magnitude or impact of an outcome or exposure in women's health (e.g., a specific cancer, domestic violence, infertility), or strategies for its measurement/monitoring; (2) a program, intervention approach, or 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).

Students will share the factsheet with everyone online, and in hard copy form with 3 other students in small groups. The presentation of the factsheet should be well-organized and not be more than 15-20 minutes total (i.e., a 10- or 15-minute presentation plus 5 minutes for questions). I suggest that you prepare to highlight 5 major points. The presentation is intended to give students experience in preparing information for brief dissemination and an opportunity to share findings with others. These are informal presentations—no PowerPoint.

FAQs

A. What is a factsheet?

It is an "at-a-glance" tool. In public health, factsheets are often used to convey health information to the public or to providers (or, in our case, to other students). They are also used to educate key stakeholders and legislators about policy or program needs.

The best factsheet summarizes a topic using evidence-based resources (e.g., peer-reviewed journals, government reports) and gives the reader an idea of where to look for further information.

B. Who is the target audience?

The audience is graduate students who have some background in public health. Students will prepare their factsheets for an audience of educated and informed individuals who understand the basic language of public health, but may not know anything about the factsheet topic.

C. What needs to be included in the factsheet?

- Student name and month/year on the top line (i.e., Jane Jones/October 2013)
- Title: The title should be in a large font, centered, and boldface at the top of the factsheet.
- Summary paragraph: A 3-4 sentence overview of the factsheet topic that contains the main points of the factsheet.
 - Short and simple description of the topic (e.g., endometriosis is a condition that affects xxx million women...)
 - One or two clarifying sentences (e.g., an outline of symptoms, who is affected, health effects)
 - A concluding statement that will encourage the reader to read the factsheet.
- Body of the factsheet: provides key information about the factsheet topic in an organized fashion. This should include several subheads and, for best effect, one or two graphics, boxes, or figures with data. Bullet points are an efficient and concise way to convey information.
- References for all statements of fact: Students must use legitimate references (e.g., journal articles, recognized national or state database websites. DO NOT USE data from advocacy

organizations—it is often wrong and often incomplete). To conserve space, use numbered references in the text (i.e., the Vancouver method). If more than one author, list Jones, et al., (2002). REMEMBER TO PROVIDE CITATIONS FOR GRAPHS, FIGURES, AND PHOTOS, TOO. The Vancouver reference style is described at <http://www.lib.monash.edu.au/tutorials/citing/vancouver.html>

- Conclusion: A strong factsheet will have a 3-6 sentence conclusion, summarizing major points and perhaps encouraging the reader to seek further information (the student will provide guidance about that!) or to simply take the topic seriously. It is often easiest to write the conclusion (and summary paragraph) last.
- A resources list for further information. In addition to references (reflecting citations in the text), factsheets often have a concluding section called *For Further Information*. This is a short bullet-pointed list of articles or legitimate resources for further information. It may be placed before (preferable) or after the reference list. The student may or may not want to include this.
- Formatting guidance:
 - Text should be 12-point single-spaced in a conventional font.
 - Bullet points are encouraged, as they are an effective way of communicating a lot of information succinctly.
 - If the student includes one or two graphics, some white space, or even some text in a box, s/he will have a more visually engaging handout.
 - The text must stand on its own, i.e., not refer to other resources or documents and assume that the reader is familiar with them.
 - Subheadings help the reader follow the logic of the factsheet and find information quickly. Subheads should be in bold face and be descriptive, allowing the reader to get a good sense of the outline for the factsheet. Students should not use general subhead titles like, “Adding it All Up” or “What’s It All About.” These subheads are generic and say nothing. Descriptive (and longer) subheads will help the reader (e.g., “Long-acting Contraceptive Use Results in Fewer Unintended Pregnancies”).
- Additional important guidelines:
 - The factsheet must be written in the student’s own words. Evidence of plagiarism will result in a grade of 0 for this assignment.
 - Data used the factsheet should come only from legitimate sources such as peer-reviewed articles and government websites. Advocacy organizations, Wikipedia, blogs, and newspapers are not appropriate sources of information for a factsheet.
 - Other factsheets can be used as resources, but they also must come from legitimate sources such as the CDC.
 - Factsheets must be proofread for grammar, spelling, and syntax. Typographical errors may seem minor, but they can make the reader distrust the information you are providing.
 - The writing style must be professional and formal: third person, no jargon, no contractions. Please, no hyperbolic statements.

D. Examples

Factsheets often involve fancy graphics and formatting, but these are not expected for this assignment. Students should avoid spending too much time fussing with photos and fancy styling. These are not expected to be professionally-produced. What is relevant about factsheets is how they cover topics and provide information. Students are encouraged to incorporate simple graphs, tables, and figures either created from data or copied (and cited) from other sources. Students should think about the elements of a factsheet that makes them useful and include these elements when producing their own factsheets.

The following are some agencies that produce good factsheets (unfortunately, some “good” sheets don’t have all of the essential elements of a great factsheet. For example, they may have nice construction and great information, but no references!):

1. Kaiser Family Foundation Medicaid factsheets: <http://www.kff.org/interactive/medicaid-state-fact-sheets/> (click on the US or a state to generate a 2-page factsheet).
2. The Guttmacher Institute, <http://www.guttmacher.org>. If you choose one of the topics at the top of the page and scroll down you will see a link to a factsheet. For example: <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>.
3. The Centers for Disease Control and Prevention has good factsheets (and they can be used as sources for student factsheets because CDC produces most of the data it uses).

E. Evaluation

Students will receive up to 25 points for their factsheet, depending on evaluation of its quality. Students will receive 5 points for bringing copies to class and discussing it in a small group and 10 points for evaluating factsheets the factsheets of 3 other students.

In evaluating factsheets, Dr. Mason and student evaluators will award 0-5 points for each of the following 5 items (for up to 25 points total):

- Organization. Does the information flow well? Is the sheet organized in a logical manner? Is the sheet visually appealing?
- Details. Does the factsheet have an introduction, statements of fact, and a conclusion?
- Comprehensiveness. Does the factsheet appear to contain relevant information about the topic? Are there important gaps in information?
- Writing. Is the sheet well written (grammar, spelling, syntax)? It is very important to consider whether information may have been taken from another source without attribution (i.e., plagiarism). It is fine to use materials—including graphs and figures—*with* attribution.
- Accuracy and relevance. Is the information accurate and current? Are the data sources appropriate (e.g., information should not be taken from other factsheets—unless they are government-sponsored or legitimate, like Guttmacher—or entirely taken from websites)?

Appendix B

Creating a better world for women: Developing an idea for a policy, program or research study Outline and Presentation Due: 10/20/17

Students will develop a model for a policy or a program to prevent a health issue or otherwise promote health based on scientific evidence. Or, if a student feels that there is an important gap in the literature, s/he may identify a research question for an etiologic, descriptive, or qualitative research project. Students will receive 20 points for preparing a 5-8 page outline and presenting it to a small group. (Page limits can be somewhat flexible, but no more than 5-8 pages should be required.)

Students should select a public health issue that affects women and that they are interested in learning more about. Class readings and lectures are a great place to look for ideas; for example, many of the course readings conclude with comments about research needed to address knowledge gaps and/or implications for program/policy development. (Be aware, however, that some readings are older and thus their recommendations and conclusions may be outdated. It is up to you to determine if this is the case.) It is also fine to identify a women's health topic that has not been covered in class. You may choose to focus on the same topic you chose for your factsheet, but the emphasis should be different; for example, you may discuss the incidence and prevalence of cervical cancer in a factsheet and develop a proposal for a cervical cancer primary prevention program.

When reviewing the literature to develop the intervention (program)/policy model and/or research question, students should:

- Critically review programs and policies designed to prevent the health problem or promote health OR the research literature that supports the proposed project
- Assess the rigor of the strategies that have been used to evaluate relevant programs or policies and/or the quality of evidence that supports the research question
- *For programs or policies, ask the following questions:* Are existing programs/policies effective? What improvements are needed? What components do and do not work? How can the components that have been shown to work be integrated into your program/policy? What does the literature say about key sample, measure, and/or analytic considerations when evaluating programs or policies?
- *For research projects, ask the following questions:* What is known on this topic? What is not known on this topic? What information will we gain if you conduct your proposed research project? How will that information allow us to improve women's health? What does the literature say about key sample, measure, and/or analytic considerations for your proposed research project?

Outline: Based on a critical review of the literature, you will develop: (a) an outline for a policy or a program that addresses policy/program gaps and is evidence-based/supported by research, OR (b) an outline for a research project that addresses demonstrable gaps in the existing literature. The outline should be 5-8 single-spaced pages. Students should generally follow an outline with the following major headings:

- a. BACKGROUND. Brief background about the health issue and why it is important—magnitude, who is affected, severity (~2 paragraphs).
- b. GAPS IN EXISTING PROGRAMS/POLICIES/RESEARCH. *For program/policy outlines:* Short review of programs/policies that currently address the health issue—approaches, evidence about efficacy, gaps in knowledge/effectiveness. *For research projects:* Short review of what we know to date and what gap the proposal aim or research question will fill. (~2-3 paragraphs).

- c. **AIMS AND METHODS.** Description of the proposed policy, program, or research question. Subheads might include: (1) *Aims*: In 1-3 sentences describe the aim or aims of the program/policy/research. Distinguish between the short-term aim of the specific project (e.g., “The aim of this research is to gain insight into women’s experiences of work-place violence through a series of qualitative interviews”) and the long-term goals of the broader effort that your program/policy/research is contributing to (e.g., “Accomplishment of this research aim will inform development of work-place anti-harrassment policies”). (2) *Rationale*: In 1-2 sentences, describe how accomplishing the project aims will address gaps in existing programs/policies/research that you identified in sections a-b. (3) *Design*: Briefly and concisely describe how the program/policy/or research project is structured (e.g., a longitudinal study, a series of structured interviews). (4) *Intended audience (for program/policy) or sample (for research)*: Describe who your program will target and why, or who your research results will be relevant to. (5) *Implementation*: Describe the steps in developing your program/policy, or data collection and analytic strategy for your research project. (6) *Anticipated outcomes*: What are the desired outcomes or main effects you anticipate seeing? (7) *Evaluation/assessment methods*: How will you know if you have achieved your anticipated outcomes? Think about what “the product” of the work will be—e.g., if the aim is to assess the association between x and y, what methods must be used to validly do that? Obviously all of these subheads are related (e.g., data collection and analytic strategy are tied to evaluation/assessment). This section may be 2-4 pages, with separate headings for rationale, design, audience, etc.
- d. **REFERENCES.** Aim for about 10 references, but the student should use discretion and have the number of references that makes sense to him/her. References need to be cited using Vancouver style.
- e. **MODEL.** Including a logic model and/or theoretical model (i.e., a graphic representation of the rationale for the project activities) is a plus. The model need not be perfect—this is just a graphic tool that will help them explain (and think through) the proposed project. It is most easily readable if on a separate sheet.

Note: Required readings are often great examples of building an argument for a program, policy, or research project. Examine how authors provide a background on the health issue and identify gaps in prior work in the introduction, describe their methods, and properly reference their statements. Note also when and how authors include a theoretical model describing their hypotheses and/or research methods.

Presentation: Students should prepare a 15-minute presentation of their proposal to be delivered informally in small groups. They should make a copy of their handout for 3-4 students and Dr. Mason. Following each presentation, the small group will discuss for at least 10 minutes the feasibility and strengths and weaknesses of the research question, program or policy. Students should bring questions to their group: ask them to help you think through the right sample or the right measure. Allow your group discussions to really challenge central ideas and create creative new ideas. If you find that discussions with your group make you want to start over from scratch—great! The best ideas often come from dynamic interactions, hard questions, and wild brainstorming. Have fun!

This is a learning exercise, NOT a dissertation proposal. Every research paper started with an idea about a research question or a potential intervention (policy or program). Students should NOT worry that they do not have all of the answers—the goal of this project is to encourage students to think about how they would design a project from start to finish. The project may be as large (e.g., multi-site intervention) or as small (e.g., formative work to see if you can get compliance with a screening program) as the student wishes. Take this as an opportunity to think creatively about a topic of interest to you. Have fun! Think about questions like: How would you like to change this health issue? What do you think would work, based on what others have done? What would you like to know about this issue that you could learn by conducting a research project?

Evaluation: The intention of this project is for you to get excited about a women's health topic, dig into the literature, articulate new and creative ideas, and use your group to refine your ideas. Thus, the project is not graded on the feasibility or quality of the idea, but rather on whether the student did what was expected and demonstrates an effort to engage with the material. *A student will not earn full points on this assignment if s/he: (a) does not hand the outline in on time (note there are no extensions as this is the final project due on the final day of class); (b) hands in something of inferior quality that indicates little time investment or a hasty last-minute effort; or (c) does not present the proposal.*