

# PUBH 6606

Child Health: Life Course and Equity Perspectives  
 Spring, 2019

## COURSE & CONTACT INFORMATION

**Credits:** 2

**Meeting Day(s), Time, and Place:** This course is entirely web-based, delivered via [Moodle at <http://moodle.umn.edu>] [Canvas at <http://canvas.umn.edu>].

Contact Type	Contact Information	Role	When to Contact
Instructor	Ellen Demerath, PhD ewd@umn.edu 612-624-8231	Primary instructor for this course assigns grades and provides individual feedback on assignments	Contact by email at any time
Teaching Assistant	Christopher Campbell <a href="mailto:campb781@umn.edu">campb781@umn.edu</a>	Assigns grades and provides individual feedback on discussion forum posts and on selected assignments	Questions or concerns about the class, assignments, deadlines, etc. Your TA will respond promptly and is your first line of contact.
Technical Support	Technical support options are available on the SPH website. <a href="https://z.umn.edu/sphquickhelp">https://z.umn.edu/sphquickhelp</a>	Troubleshoots technical issues related to the course site or course content.	Technical issues with the course site, media, quizzes or assignments.

Please save this contact information to your computer or print it. That way, you can still contact us in the event that you have difficulty connecting to the Internet or accessing the syllabus.

### Communication in Online Courses

Communication is especially important in an online course. The course site announcement forums/discussions and email will be used to communicate with students. You are responsible for reading all course-related emails sent to your University email account and contacting us in a timely manner with any questions you may have. We strongly recommend that you check your U of M email daily. Our goal is to respond to emails within 36 hours, 7 days per week.

## COURSE DESCRIPTION

This course will provide a survey of the major causes of child morbidity and mortality in the United States and around the world, and current strategies for intervention. The course has two major conceptual foci. First, while child mortality has declined greatly over the past 50 years, profound social and economic inequalities in child health remain; this course will examine their social determinants (including poverty, lack of education, place of residence, and various forms of discrimination). A second emphasis in the course is on a developmental and life course perspective, highlighting that numerous environmental exposures (nutrition, pollutants, stress, parenting styles) have particularly large and lasting effects when those exposures occur at critical periods of development. Following the introduction of these concepts, the course will be structured around phases of child development (fetal life, infancy, childhood, adolescence), highlighting some specific health conditions and environmental factors relevant to those phases, including maternal tobacco and alcohol use during pregnancy, neonatal mortality, breastfeeding, child cognitive development, autism and ADHD, early puberty, adolescent risk-taking behavior, immigration, and others.

This course is a Maternal-Child Health MPH program Core Course. The course therefore is shaped by the learning needs of MCH students. Assessments include 1) training to identify high quality sources of information and new research on child health prevalence, disparities, determinants, and evidence-based programs and interventions; 2) training to extract relevant information from research

papers and high quality reports on child health; 3) training to summarize, synthesize, and communicate scientific information on child health in written and verbal forms; and 4) training to produce a conceptual model linking child health determinants with child health outcomes using a developmental and life course epidemiological framework.

### **Acknowledgments**

PubH 6606 was developed by the current instructor with significant assistance of the SPH Office of E-Learning Services, and the current and past teaching assistants.

## **COURSE PREREQUISITES**

There are no prerequisites for this course. It is a graduate course designed for Maternal-Child Health MPH students. Other graduate degree students are also welcome. Undergraduate and non-degree students must contact the Instructor to discuss suitability of the course prior to registration.

## **COURSE GOALS & OBJECTIVES**

At the end of this course, you will:

- Know the prevalence, disparities, determinants and consequences of the major pediatric diseases and health concerns in the United States and in the world
- Know the major health issues pertinent to each stage of child growth and development from conception through adolescence
- Identify high quality sources of information on a child health topic (data sources and research literature)
- Read and extract pertinent information from the child health literature and data sources
- Summarize and synthesize research evidence on a child health topic in written form
- Apply a life course framework for child health using a conceptual model linking child health determinants and outcomes
- Identify evidence-based public health programs, policies, and interventions to improve child health
- Communicate the public health significance, prevalence, disparities, determinants and life course epidemiological implications for a child health condition using standard visual and audio presentation methods (Slide Show with VoiceThread)

## **METHODS OF INSTRUCTION AND WORK EXPECTATIONS**

### **Course Workload Expectations**

PubH 6606s a 2 credit course. The University expects that for each credit, you will spend a minimum of three hours per week attending class or comparable online activity, reading, studying, completing assignments, etc. over the course of a 15-week term. Thus, this course requires approximately 6 hours of effort each week in order to earn an average grade.

This course is entirely online. Therefore, time you would otherwise be in class will be incorporated into work for the course in the form of online discussions, lectures, etc.

### **Technology**

VoiceThread is web-based tool (accessed through Moodle) used to create online presentations that can include a variety of media such as PowerPoint slides, audio narration, images, video from your webcam, etc. You can share a link to your presentations with others. VoiceThread will be used for two assignments in this course:

- Assignment 7: Conceptual Model
- Assignment 8: Final Project Presentation

You will create a VoiceThread presentation, copy the link to it, and then paste the link into a discussion forum on the Moodle site (that is how you will share it with your classmates). To use VoiceThread you will need a computer with a microphone or an iOS device with the VoiceThread App. All of the instructions you need are in the VoiceThread Instruction Guide provided on the Moodle site. It is recommended that you get up to speed with VoiceThread as soon as possible.

### **Learning Community**

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

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

In group discussion, this can mean:

- Respecting the identities and experiences of your classmates.

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

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

## COURSE TEXT & READINGS

- **Kuo et al. *Child Health: A Population Perspective***. Oxford University Press, 2015. ISBN: 780199309375
  - This textbook is available on **eReserves**
- **Berk and Meyers (2015) *Infants, Children, and Adolescents***, 8th Edition. ISBN:100134130146 (selected chapters)
  - This textbook is available for purchase at the University of Minnesota Bookstore and on Amazon. Consider sharing a copy with another student to reduce cost.
- **Links to other assigned readings are available on the Moodle site via the Library eReserves links.**

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

## COURSE OUTLINE/WEEKLY SCHEDULE

**This course has specific deadlines.** All coursework must be submitted via the course site before the date and time specified on the site. **Note: assignments are due by 11:55pm CST unless indicated otherwise.**

Week	Lectures	Readings	Assignments & Due Dates
1 Jan 22 - 27  <b>Lesson 1 -</b> Course Orientation and the History of Child Health	<ul style="list-style-type: none"> <li>What is Child Health? (~12 minutes)</li> <li>Historical Perspectives on Children, Child Health, and Child Health Policy (~40 minutes)</li> </ul>	Textbooks <ul style="list-style-type: none"> <li>Kuo: Child Health: A Population Perspective - Introduction, Chapter 1</li> <li>Berk and Meyers: Infants, Children, and Adolescents, 8th Ed. - Chapter 1</li> </ul>	<ul style="list-style-type: none"> <li><b>Discussion 1: Small Group Introductions</b> (initial post due Thurs 1/24 and responses due Sun 1/27)</li> <li><b>Assignment 1: “Parenting Advice from Uncle Sam”</b> (due Sun 1/27)</li> <li>Review all course assignments and requirements</li> <li>Begin exploring VoiceThread</li> </ul>
2 Jan 28 – Feb 3  <b>Lesson 2</b> Child Health Issues: United States and Global	<ul style="list-style-type: none"> <li>Child Health Status: United States (~21 minutes)</li> <li>Child Health Status: Global (~19 minutes)</li> </ul>	Textbook <ul style="list-style-type: none"> <li>Kuo: Child Health: A Population Perspective - Chapter 2, Chapter 7</li> </ul> Library eReserves <ul style="list-style-type: none"> <li>Child Health USA 2014 (pages 4-17): U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2014. Rockville, Maryland: U.S. Department of Health and Human Services, 2015.</li> <li>WHO Fact Sheets:               <ul style="list-style-type: none"> <li><a href="#">Child Mortality</a></li> <li><a href="#">Diarrhea</a></li> <li><a href="#">Pneumonia</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Assignment 2: Choose a Child Health Condition to Focus On This Semester</b> (due Sun 2/3)</li> </ul>
3 Feb 4 - 10  <b>Lesson 3-Social</b> Determinants Child Health and Child Health Equity	<ul style="list-style-type: none"> <li>Social/Environmental Determinants I (Child Poverty and the Measurement of Inequality) (~16 minutes)</li> <li>Social/Environmental Determinants II (Effects on Child Health) (~28 minutes)</li> </ul>	Textbook <ul style="list-style-type: none"> <li>Kuo: Child Health: A Population Perspective - Chapter 4</li> </ul> Library eReserves <ul style="list-style-type: none"> <li>WHO (2015) Monitoring Inequality: An Essential Step for Achieving Health Equity.</li> <li>E. Bendavid. Changes in Child Mortality Over Time Across the Wealth Gradient in Less-Developed Countries. Pediatrics 2014;134:e1551–e1559.</li> <li>Jiang et al. (2017) Basic Facts about Low-Income Children: Children under 18 years, 2015. National Center for Children in Poverty.</li> </ul>	<ul style="list-style-type: none"> <li><b>Assignment 3: Identify Patterns of Prevalence and Disparities for Your Child Health Topic</b> (due Sun 2/10)</li> </ul>

<p>4 Feb 11 - 17</p> <p><b>Lesson 4 -</b> Child Health within a Developmental Perspective</p>	<ul style="list-style-type: none"> <li>• Child Development I: Nature and Nurture (~25 minutes)</li> <li>• Child Development II: The Microsystem (Parents and School) (~23 minutes)</li> </ul>	<p>Textbooks</p> <ul style="list-style-type: none"> <li>• Kuo: Child Health: A Population Perspective - Chapter 3</li> <li>• Berk &amp; Meyers: Infants, Children, and Adolescents, 8th Ed. - Chapter 2</li> </ul> <p>Library eReserves</p> <ul style="list-style-type: none"> <li>• Groom A Elliott HR, Embleton ND, and Relton CL. Epigenetics and child health: Basic concepts. Arch Dis Child 2011 96: 863-869.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Discussion 2: Health Across the Life Course: Nature and Nurture</b> (initial post due Thurs 2/14, responses due Sun 2/17) <ul style="list-style-type: none"> <li>• <i>Small groups</i></li> </ul> </li> </ul>
<p>5 Feb 18 – 24</p> <p><b>Lesson 5 -</b> Child Health within a Life Course Perspective</p>	<ul style="list-style-type: none"> <li>• The Life Course Perspective I: Key Concepts (~26 minutes)</li> <li>• The Life Course Perspective II: Examples and Challenges for Maternal Child Health (~27 minutes)</li> </ul>	<p>Textbook</p> <ul style="list-style-type: none"> <li>• Kuo: Child Health: A Population Perspective - Chapter 5, Chapter 9</li> </ul> <p>Library eReserves</p> <ul style="list-style-type: none"> <li>• Kuh et al. (2003). Life course epidemiology D Kuh, Y Ben-Shlomo, J Lynch, J Hallqvist, C Power. J Epidemiol Community Health; 57:778–783</li> <li>• Roseboom TJ, van der Meulen JH, Ravelli AC, Osmond C, Barker DJ, Bleker OP. Effects of prenatal exposure to the Dutch famine on adult disease in later life: an overview. Twin Res. 2001 Oct;4(5):293-8.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Quiz 1: Life Course Epidemiology Concepts</b> (due Sun 2/24)</li> </ul>
<p>6 Feb 25 – Mar 3</p> <p><b>Lesson 6 -</b> Prenatal Development and Key Health Issues</p>	<ul style="list-style-type: none"> <li>• Prenatal Development and Teratogenic Exposures (~24 minutes)</li> <li>• Prenatal Chemical Exposures and Protective Factors (~14 minutes)</li> <li>• <b>From the Field:</b> Examining In-utero Exposures (audio, 6:31) by Wendy Hellerstedt, MPH, PhD</li> </ul>	<p>Textbook</p> <p>Berk &amp; Meyers: Infants, Children, and Adolescents, 8th Ed. - Chapter 3 (pp. 95-117)</p> <p>Library eReserves</p> <ul style="list-style-type: none"> <li>• Bellinger, D. (2013). Prenatal Exposures to Environmental Chemicals and Children’s Neurodevelopment: An Update David C Bellinger, Boston Children’s Hospital, Harvard Medical School, Harvard School of Public Health, Boston, MA, USA. Saf Health Work 2013;4:1-11.</li> <li>• Annas GJ and Alias S (1999) Thalidomide and the Titanic: Reconstructing the Technology Tragedies of the Twentieth Century Am J Pub Health 89:98-101.</li> <li>• <a href="https://www.cdc.gov/ncbddd/folicacid/recommendations.html">https://www.cdc.gov/ncbddd/folicacid/recommendations.html</a></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Discussion 3: Thalidomide, Folic Acid, and the Prevention of Birth Defects</b> (initial post due Thurs 2/28, responses due Sun 3/3) <ul style="list-style-type: none"> <li>• <i>Small groups</i></li> </ul> </li> </ul>
<p>7 Mar 4 – 10</p> <p><b>Lesson 7 –</b> Neonatal and Early Postnatal</p>	<ul style="list-style-type: none"> <li>• Neonatal and Early Postnatal Outcomes (~19 minutes)</li> <li>• Interventions to Prevent Neonatal and Infant Morbidity and</li> </ul>	<p>Textbook</p> <ul style="list-style-type: none"> <li>• Berk &amp; Meyers: Infants, Children, and Adolescents, 8th Ed. - Chapter 4 (pp. 134-155)</li> </ul> <p>Library eReserves</p> <ul style="list-style-type: none"> <li>• Child Health USA 2014 (pages 18-40): U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Assignment 4: Discuss the Social and Biological/Etiology Determinants of Your Child Health Topic</b> (due Sun 3/7)</li> </ul>

<p>Health Outcomes and Prevention Strategies</p>	<p>Mortality (~27 minutes)</p> <ul style="list-style-type: none"> <li>• <b>From the Field:</b> Preterm Birth and Low Birth Weight (audio, 2:54) by Mark Bergeron, MD, MPH</li> </ul>	<p>Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2014. Rockville, Maryland: U.S. Department of Health and Human Services, 2015.</p> <ul style="list-style-type: none"> <li>• (Recommended) March of Dimes, PMNCH, Save the Children, WHO. Born Too Soon: The Global Action Report on Preterm Birth. Eds CP Howson, MV Kinney, JE Lawn. World Health Organization. Geneva, 2012. (Focus on the Executive Summary pp 13-19) <a href="http://apps.who.int/iris/bitstream/10665/44864/1/9789241503433_eng.pdf?ua=1">http://apps.who.int/iris/bitstream/10665/44864/1/9789241503433_eng.pdf?ua=1</a></li> </ul>	
<p>8 Mar 11 – 17</p> <p><b>Lesson 8 -</b> Infant Development : The Brain and the Environment</p>	<ul style="list-style-type: none"> <li>• Infant Growth and Brain Development and Their Measurement (~24 minutes)</li> <li>• The Importance of Environmental Influences on Infant Development (~29 minutes)</li> </ul>	<p>Textbook</p> <ul style="list-style-type: none"> <li>• Berk &amp; Meyers: Infants, Children, and Adolescents, 8th Ed. - Chapter 5 (pp. 158-176), Chapter 6 (pp. 222-230), and Chapter 7 (pp. 261-275)</li> </ul> <p>Library eReserves</p> <ul style="list-style-type: none"> <li>• Child Health USA 2014 (pages 44-49): U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2014. Rockville, Maryland: U.S. Department of Health and Human Services, 2015.</li> <li>• MIECHV Program Brief <a href="https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf">https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf</a></li> </ul> <p>Video: Video: Experience, the developing brain, and toxic stress. <a href="https://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/">https://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/</a></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Assignment 5: MIECHV: A Key Federally-Funded MCH Program</b> (due Sun 3/17)</li> </ul>
<p>Mar 18 – 24</p> <p><b>SPRING BREAK</b></p>			
<p>9 Mar 25 – 31</p> <p><b>Lesson 9 –</b> Enhancing Infant and Early Childhood Health: Breastfeeding and</p>	<ul style="list-style-type: none"> <li>• Infant and Early Childhood Immunizations (~30 minutes)</li> <li>• Breastfeeding and the Transgenerational Cycle of Obesity (~31 minutes)</li> <li>• <b>From the Field:</b> Challenges Facing</li> </ul>	<p>Library eReserves</p> <ul style="list-style-type: none"> <li>• Maglione MA, Das L, Raaen L, Smith A, Chari R, Newberry S, Shanman R, Perry T, Goetz MB, Gidengil C. Safety of vaccines used for routine immunization of U.S. children: a systematic review. Pediatrics. 2014 Aug;134(2):325-37.</li> <li>• Child Health USA 2014 (pages 78-83): U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2014.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Discussion 4: Universal Immunization and Breastfeeding Promotion</b> (initial post due Thurs 3/28, responses due Sun 3/31) <ul style="list-style-type: none"> <li>• <i>Small groups</i></li> </ul> </li> </ul>

<p>Immunization Promotion</p>	<p>Vaccine-Preventable Diseases in the 21st Century (audio, 4:10) by Nicole Basta, PhD, MPhil</p>	<p>Rockville, Maryland: U.S. Department of Health and Human Services, 2015.</p> <ul style="list-style-type: none"> <li>Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Atlanta: U.S. Department of Health and Human Services; 2013. (<u>Read Executive Summary and look at specific programs that work</u>)</li> </ul>	
<p>10 Apr 1 – 7</p> <p><b>Lesson 10 - Early Childhood Development and Key Health Issues</b></p>	<ul style="list-style-type: none"> <li>Early Childhood Development: Physical, Cognitive, and Emotional (~37 minutes)</li> <li>Adverse Childhood Experiences, Toxic Stress, and Health: Prevalence, Health Effects, and Prevention (~24 minutes)</li> <li><b>From the Field:</b> Adverse Childhood Experiences (audio, 2:26) by Susan Mason, PhD, MPH</li> </ul>	<p>Textbook</p> <ul style="list-style-type: none"> <li>Berk &amp; Meyers: Infants, Children, and Adolescents, 8th Ed. - Chapter 8 (pp. 284-301), Chapter 10 (pp. 392-399)</li> </ul> <p>Library eReserves</p> <ul style="list-style-type: none"> <li>Child Health USA 2014 (read pages 97-110): U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2014. Rockville, Maryland: U.S. Department of Health and Human Services, 2015.</li> <li>Shonkoff JP. 2012. Leveraging the biology of adversity to address the roots of disparities in health and development. Proc. Natl. Acad. Sci. USA 109(Suppl. 2):17302–7.</li> <li>CDC/National Center for Injury Prevention and Control. <i>Essentials for Childhood. Steps to Create Safe, Stable, Nurturing Relationships and Environments</i>. 2013. (example of evidence based programs and policies to enhance child resilience and reduce child maltreatment)</li> </ul>	<ul style="list-style-type: none"> <li><b>Discussion 5: Early Life Adversity and Resilience: Public Health Approaches</b> (initial post due Thurs 4/4, responses due Sun 4/7) <ul style="list-style-type: none"> <li><i>Small groups</i></li> </ul> </li> </ul>
<p>11 Apr 8 - 14</p> <p><b>Lesson 11 - School-age Child Development and Key Health Issues</b></p>	<ul style="list-style-type: none"> <li>Developmental Disabilities Diagnosed in Early Childhood: CYSHCN Including ADHD and Autism (~30 minutes)</li> <li>Childhood Obesity: Definitions, Health Effects, and Prevalence (~11 minutes)</li> <li><b>From the Field:</b> Child Obesity and Nutrition (audio, 6:02) by Claudia Fox, MD, MPH, FAAP</li> </ul>	<p>Textbook</p> <ul style="list-style-type: none"> <li>Berk &amp; Meyers: Infants, Children, and Adolescents, 8th Ed. - Chapter 11 (pp. 404-419), Chapter 13 (pp. 507-513)</li> </ul> <p>Video</p> <p><i>Building Evidence in Practice</i>. Elaine A. Borawski, PhD, Director, Prevention Research Center, Case Western University.  <a href="http://www.prchn.org/protected/SearchResults.aspx?q=evidence-based&amp;cx=007453407350074022131:t3izhzjs5hk&amp;cof=F&amp;ORID:10&amp;ie=UTF-8">http://www.prchn.org/protected/SearchResults.aspx?q=evidence-based&amp;cx=007453407350074022131:t3izhzjs5hk&amp;cof=F&amp;ORID:10&amp;ie=UTF-8</a></p> <p>Library eReserves</p> <ul style="list-style-type: none"> <li>Child Health USA 2014 (read pages 41-43): U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2014.</li> </ul>	<ul style="list-style-type: none"> <li><b>Assignment 6: Identify an Evidence-Based Intervention Program for Your Child Health Project</b> (due Sun 4/14)</li> </ul>

		<p>Rockville, Maryland: U.S. Department of Health and Human Services, 2015.</p> <ul style="list-style-type: none"> <li>Wong, C., Odom, S. L., Hume, K. Cox, A. W., Fettig, A., Kucharczyk, S., ... Schultz, T. R. (2014). <i>Evidence-based practices for children, youth, and young adults with Autism Spectrum Disorder</i>. Chapel Hill: The University of North Carolina, Frank Porter Graham Child Development Institute, Autism Evidence-Based Practice Review Group. (skim: this is an <u>example of resource for evidence based interventions and programs</u>)</li> </ul>	
<p>12 Apr 15 - 21</p> <p><b>Lesson 12 - Adolescent Development and Key Health Issues</b></p>	<ul style="list-style-type: none"> <li>Adolescent Development, Judgment, Risk Behaviors, and Injury (~16 minutes)</li> <li><b>From the Field:</b> Adolescent Sleep (audio, 4:06) by Rachel Widome, PhD, MHS</li> <li><b>From the Field:</b> Youth Violence Prevention (audio, 5:13) by Iris Borowsky, MD, PhD</li> <li><b>From the Field:</b> Adolescent Sexual Health, Risk Taking (audio, 3:35 by Sonya Brady, PhD)</li> <li><b>From the field:</b> DeAnn Lazovitch; Tanning Bed Usage and Melanoma Risk</li> </ul>	<p>Textbook</p> <ul style="list-style-type: none"> <li>Berk &amp; Meyers: Infants, Children, and Adolescents, 8th Ed. - Chapter 14 (pp. 518-551), Chapter 16 (pp. 617-625)</li> </ul> <p>Library eReserves</p> <ul style="list-style-type: none"> <li>Child Health USA 2014 (read pages 50-72): U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2014. Rockville, Maryland: U.S. Department of Health and Human Services, 2015.</li> <li><u>Recommended:</u> Minnesota Center for Health Statistics. Minnesota Student Survey 1992-2013 Trends. Minnesota Department of Health, 2015.</li> </ul>	<ul style="list-style-type: none"> <li><b>Assignment 7: Create a Conceptual / Causal Model using VoiceThread for Your Child Health Project</b> (due Sun 4/21)</li> <li>Instruction guide is on the Moodle site, copy the link to your presentation, and post the link to the Discussion Forum on the Moodle site. Provide constructive feedback on four of your classmates' presentations (2 in your small groups and 2 outside of your small groups).</li> </ul>
<p>13 Apr 22 – 28</p> <p><b>Lesson 13 – Immigration, Migration, and Child Health; Course Summary</b></p>	<ul style="list-style-type: none"> <li>Immigrant, Migrant, and Refugee Child Health, and Course Summary (~34 minutes)</li> </ul>	<p>Textbook</p> <ul style="list-style-type: none"> <li>Kuo: Child Health: A Population Perspective - Chapter 6</li> </ul> <p>eLibrary Reserves</p> <ul style="list-style-type: none"> <li>Abubakar I. The UCL–Lancet Commission on Migration and Health: the health of a world on the move. Lancet 2018; 392: 2606–54. Published Online December 5, 2018. <a href="http://dx.doi.org/10.1016/S0140-6736(18)32114-7">http://dx.doi.org/10.1016/S0140-6736(18)32114-7</a>.</li> <li>Devakumara D, Russell N, Murphy L, Wickramaged K, Sawyer S , Abubakara M. Children and adolescents on the move: what</li> </ul>	<ul style="list-style-type: none"> <li><b>Discussion 6: Intergenerational Impact of US Immigration Policy Discussion</b> (initial post due Thurs 4/25; responses due Sun 4/28) Small groups</li> </ul>



		<p>does the Global Compact for Migration mean for their health? Lancet Child Adolesc Health 2018. Published Online December 5, 2018 (in Press) <a href="https://doi.org/10.1016/S2352-4642(18)30376-6">https://doi.org/10.1016/S2352-4642(18)30376-6</a></p>	
<p>14 Apr 29 – May 5</p> <p><b>Lesson 14:-</b> MCH Practice and the Life Course Model</p>	No Lecture	<p>Library eReserves</p> <ul style="list-style-type: none"> <li>Rethinking MCH: The Life Course Model as an Organizing Framework Concept Paper U.S. Department of Health and Human Services Health Resources and Services Administration Maternal and Child Health Bureau November, 2010 Version 1.1</li> </ul> <p>Video</p> <ul style="list-style-type: none"> <li>Association of Maternal and Child Health Programs (AMCHP). Life Course Metrics and Indicators Project. <a href="https://www.youtube.com/watch?v=SWfBt7APy_s">https://www.youtube.com/watch?v=SWfBt7APy_s</a></li> </ul>	<ul style="list-style-type: none"> <li><b>Discussion 7: Using Life Course Indicators in Your Work Discussion</b> (initial post due Thur 5/2; responses due Sun 5/5) Small groups</li> </ul>
<p>15 May 6 -12</p> <p><b>Finals Week: Project Presentations</b></p>			<ul style="list-style-type: none"> <li><b>Final Project Presentation (using VoiceThread)</b> (post due Fri 5/10; Responses due Sun 5/12)</li> <li>Instruction guide is on the Moodle site, copy the link to your presentation, and post the link to the Discussion Forum on the Moodle site. Provide constructive feedback on four of your classmates' presentations (2 in your small groups and 2 outside of your small groups).</li> </ul>

## SPH AND UNIVERSITY POLICIES & RESOURCES

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

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

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

Resources available for students include:

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

## EVALUATION & GRADING

I. **Course Assignments – Brief description and due dates** are listed in the Course Schedule above. Complete description and requirements for each assignment (with grading rubrics) are found in the Moodle site under each Assignment link.

### II. Evaluation and Grading

Assessments	Point Values
<b>Discussion Forums</b>	<b>100 total</b>
• Discussion 1: Small Group Introductions	10
• Discussion 2: Nature and Nurture	15
• Discussion 3: Thalidomide and Folic Acid	15
• Discussion 4: Immunization and Breastfeeding	15
• Discussion 5: Childhood Adversity	15
• Discussion 6: Migration and Child Health	15
• Discussion 7: Life Course Framework and Indicators	15
<b>Quizzes</b>	<b>20 total</b>
• Quiz 1: Lesson 5: Life Course and Epidemiology Concepts	20
<b>Assessments/Assignments</b>	<b>200 total</b>
• Assignment 1: Uncle Sam's Parenting Advice	5
• Assignment 2: Choose a Research Topic	15
• Assignment 3: Prevalence and Disparities in Child Health	20
• Assignment 4: Social and Biological Determinants	30
• Assignment 5: Family Home Visiting Program	30
• Assignment 6: Evidence Based Child Health Program	30
• Assignment 7: Conceptual/Causal Model	30
• Assignment 8: Final Project Presentation	40
<b>TOTAL POINTS</b>	<b>320 points</b>

## Grading Scale

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

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

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

Evaluation/Grading Policy	Evaluation/Grading Policy Description
<b>Scholastic Dishonesty, Plagiarism, Cheating, etc.</b>	<p>You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis (As defined in the Student Conduct Code). For additional information, please see <a href="https://z.umn.edu/dishonesty">https://z.umn.edu/dishonesty</a></p> <p>The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: <a href="https://z.umn.edu/integrity">https://z.umn.edu/integrity</a>.</p> <p>If you have additional questions, please clarify with your instructor. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.</p> <p>Indiana University offers a clear description of plagiarism and an online quiz to check your understanding (<a href="http://z.umn.edu/iuplagiarism">http://z.umn.edu/iuplagiarism</a>).</p>

<b>Late Assignments</b>	Points are deducted for late assignments (10% reduced each day they are late)
<b>Attendance Requirements</b>	NA
<b>Makeup Work for Legitimate Reasons</b>	<p>If you experience an extraordinary event that prevents you from completing coursework on time and you would like to make arrangements to make up your work, contact your instructor within 24 hours of the missed deadline if an event could not have been anticipated and at least 48 hours prior if it is anticipated. University policy recognizes that there are a variety of legitimate circumstances in which students will miss coursework, and that accommodations for makeup work will be made. This policy applies to all course requirements, including any final examination. Students are responsible for planning their schedules to avoid excessive conflicts with course requirements.</p> <ol style="list-style-type: none"> <li>1. Instructors may not penalize students for absence during the academic term due to the following unavoidable or legitimate circumstances: illness, physical or mental, of the student or a student's dependent; medical conditions related to pregnancy; participation in intercollegiate athletic events; subpoenas; jury duty; military service; bereavement, including travel related to bereavement; religious observances; participation in formal University system governance, including the University Senate, Student Senate, and Board of Regents meetings, by students selected as representatives to those bodies; and activities sponsored by the University if identified by the senior academic officer for the campus or the officer's designee as the basis for excused absences.</li> <li>2. Voting in a regional, state, or national election is not an unavoidable or legitimate absence.</li> <li>3. Instructors are expected to accommodate students who wish to participate in party caucuses, pursuant to Board of Regents resolution (see December 2005 Board of Regents Minutes, p 147.)</li> <li>4. For circumstances not listed in (1), the instructor has primary responsibility to decide on a case-by-case basis if an absence is due to unavoidable or legitimate circumstances and grant a request for makeup work.</li> </ol> <p>Because this course is entirely online and all materials are available to students from the first day of the term, we expect students to plan accordingly if travels or access to internet will cause them to miss a deadline. Note that our deadlines are generally set for 11:55 p.m. CST, so traveling to a different time zone will require additional planning. Further, circumstances that qualify for making up missed work will be handled by the instructor on a case-by-case basis; they will always be considered but not always granted. For complete information, view the U of M's policy on Makeup Work for Legitimate Absences (<a href="http://z.umn.edu/sphmakeupwork">http://z.umn.edu/sphmakeupwork</a>).</p>
<b>Extra Credit</b>	Extra Credit options may be offered at the discretion of the instructor
<b>Saving &amp; Submitting Coursework</b>	<b>Documents that students submit are considered final;</b> students may not submit more than one version or draft of each assignment.
<b>Technical Issues with Course Materials</b>	<p>You are expected to submit all coursework on time and it is your responsibility to ensure that your work is submitted properly before the deadline.</p> <p>If you experience technical difficulties while navigating through the course site or attempting to submit coursework:</p> <ul style="list-style-type: none"> <li>• Go to Quick Help: <a href="http://z.umn.edu/sphquickhelp">http://z.umn.edu/sphquickhelp</a>.</li> <li>• Connect with the appropriate person or office within 30 minutes of the problem's occurrence. <ul style="list-style-type: none"> <li>○ Provide as much information as possible, so the tech team can best help you as soon as possible.</li> <li>○ You can expect a response within 1-2 business days to help resolve the problem.</li> </ul> </li> </ul>

## CEPH COMPETENCIES

Competency	Learning Objectives	Assessment Strategies
F4: Interpret results of data analysis for public health research, policy or practice.	Accurately describe child health disparities between sociodemographic groups (race/ethnicity, sex, age, poverty status, educational attainment) and over time using published national or state-level prevalence statistics, both quantitatively (by constructing tables) and in written form.	Assignment 3
F6: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	Identify social determinants of child health conditions and their role in creating health inequality	Assignment 3 and 4
F14. Advocate for political, social or economic policies and programs that will improve health in diverse populations.	Argue for the public health significance of a given child health problem, its prevalence, its impact on the child and the broader society, and describe a specific evidence-based program or policy that would appropriately address this child health problem	Assignments 2, 3, 6, and 8
F19: Communicate audience-appropriate public health content, both in writing and through oral presentation	Communicate new child health information to peers in writing, in slides, and in audio recordings.	All Assignments and Discussion Forum posts
F22: Apply systems thinking tools to a public health issue	<p>Compare current approaches to major child health initiatives: universal immunization, universal breastfeeding promotion, universal folic acid supplementation, and universal FDA warnings on pharmaceuticals for pregnant women, as well as targeted interventions in high-risk groups (e.g., Family Home Visiting Program)</p> <p>Apply a conceptual model to a child health problem, considering social and biological determinants at different levels of the Bronfenbrenner Socioecological Framework, across different periods of the Life Course, and how public health and community programs and policies could prevent or reduce the prevalence of the child health problem at the population level.</p>	<p>Discussion Forums 2 and 3 Assignment 5</p> <p>Assignments 6, 7, and 8</p>