

School of Public Health

Syllabus and Course Information



UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

PubH 6000 (one section)
Sex, sexuality, and sexual health
Fall Semester 2016

Credits: 2 credits
Meeting Days: 1st half of the semester, Mondays, Friday
Meeting Time: Monday 12-20-2:15pm; Friday 1:25pm-3:20pm
Meeting Place: Mayo Bldg. & Additions D199
Instructor: Prof. B. R. Simon Rosser, PhD, MPH, LP
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I. Course Description

This course is a graduate-level class for students preparing for careers in public health research and practice where sex, sexuality, and sexual health are key components. It is a highly applied, highly interactive course focused on developing skills needed in sex research and sexual health practice. For much of the course, the teaching pedagogical approach is a “flipped classroom” approach. Students are expected to learn the content from the assigned podcasts, movies and readings, and to come to class ready to participate in exercises, discuss case studies, complete assignments and immerse themselves in public health practice and research focused on sex, sexuality, and sexual health. The purpose of this graduate level course is to prepare health professionals for a professional career addressing community and population sexual health concerns by deepening their knowledge of and exposure to research practice in the field, increasing comfort familiarity and ability to speak on sexual health topics, and by practicing their skills. The assignments focus on “hot topics” in sex and sexual health, and are designed to increase knowledge of the field of sexual health, while developing skills in conceptualization, measurement, intervention design, and evaluation.

Please note this course addresses the greatest challenges in sexual health facing our world, including such “hot” topics as the Zika virus and HIV prevention, clergy sexual abuse, campus rape, LGBT health disparities, contraception, abortion, women’s rights, teen sex and unplanned pregnancy. Students

uncomfortable with such topics should contact the course instructor to discuss any concerns prior to taking the course.

II. Course Prerequisites

Graduate student in a public health or health related degree, or permission of the instructor.

III. Course Goals and Objectives

Learning objectives for this course include:

1. Understanding the history, ethics, and professional considerations in undertaking public health practice and research in sex, sexuality, and sexual health
2. Develop skills in how to measure sex, sexuality, and sexual health constructs
3. Learn how to propose a program of sexual health investigation from writing the grant application through formative research, to designing and testing an intervention; and practice this by proposing a course of study.
4. Gain familiarity in a range of sexual health interventions, both offline and online.
5. Undertake a course of concentrated readings in sex, sexuality, and sexual health

IV. Methods of Instruction and Work Expectations

Methods of instruction include background readings, lectures, in-class discussion, and exercises. Attendance and participation in this class are included in the grading criteria.

There are five main components of instruction, each tied to the five objectives in the course.

1. *Understanding the history, ethics, and professional considerations in undertaking public health practice and research in sex, sexuality, and sexual health*

The course opens by inviting students to reflect on the multiple roles a public health professional from research to practice to advocate, while addressing our personal and professional challenges, specific interests, strengths, opinions and biases. This part of the course will challenge students to become familiar with the history of sexual health research and interventions, to confront common challenges inherent to the field, and to examine and identify the extrinsic (e.g., social, cultural, and historical) and intrinsic (identity, experience, motivations, biases) factors contributing to their interest in sex, sexuality, and sexual health research and practice.

2. *Develop skills in how to measure sex, sexuality, and sexual health constructs*

A particular challenge in the field is how to talk about and measure sex, sexuality, and sexual health constructs. Students will review challenges in sexual health measurement, including use of language, reliability and validity considerations, cross-cultural considerations, and trade-offs in using tailored versus universal measures, biologically oriented outcomes versus self-report behavioral measures, and validated scales versus created items. Since this aspect of the course is designed to develop skills, practicing skills through in class assignments is prioritized.

3. *Learn how to propose a program of sexual health investigation from writing the grant application through formative research, to designing and testing an intervention.*

Students will learn in an extended small group assignment, the steps involved in designing and developing an evidence-based sexual health intervention. Using a recent study as a model, students will propose a course of study including writing an outline of the research (in a specific aims format), conducting formative research, conducting preliminary studies to establish the acceptability, feasibility and preliminary efficacy of the intervention, and outline the intervention itself.

4. *Gain familiarity in a range of sexual health interventions both offline and online.*

Students will have the opportunity to review a range of sexual health interventions while listening to leading practitioners and researchers working in the field.

5. *Undertake a course of concentrated readings in sex, sexuality, and sexual health.*

By taking this course, students will undertake a rigorous course of study of recent studies in sexual health. Student knowledge is assessed through a final exam.

V. Course Text and Readings

There is no course text. Readings and lectures/podcasts are as assigned.

VI. Course Outline/Weekly Schedule

TOPIC 1: OVERVIEW AND DEFINITIONS

Fri September 9. Overview of curriculum and requirements; Defining sexual health (Rosser)

Week 1a. Overview of the curriculum

- *Description: The first hour of this class will review the class syllabus, pedagogical approach (flipped classroom), assignments and assessment for this course, then cover introductions.*

Week 1b. Interactive lecture and small group: What is sex, sexuality, sexual health?

- This class explores personal definitions of sex, sexuality, and sexual health, then reviews the WHO definition and Surgeon General's definitions of sex, sexuality, sexual health. Class identifies strengths and weaknesses of each working definition.
- Required Assignments due next week:
Each student presents an historical figure(s) to teach in the class on history. The assignment requires the student to present a 1 minute key point summary powerpoint that details (1) the person's key contribution(s) to sex, sexuality, and sexual health; (2) A picture of the key model/contribution the person made, and (3) one fun fact about the individual. 1 min high points.
- Required Viewing: "*Spotlight*" (2015). This film, which one best picture for 2015, details the Pulitzer Prize-winning journalistic investigation into clergy sex abuse in the Boston Archdiocese. Please watch the film prior to class so you can complete the in-class exercises about it.
- Required Podcast: Epidemiology of sexual health
- Required Readings:
 - Office of the Surgeon General Satcher (2001). The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior. Rockville, MD: Office of the Surgeon General. <http://www.ncbi.nlm.nih.gov/books/NBK44216/>
 - World Health Organization. Defining Sexual Health. At: http://www.who.int/topics/sexual_health/en/
 - World Health Organization, Department of Reproductive Health and Research. (2010) Developing sexual health programmes: A framework for action. Geneva WHO.

TOPIC 2: APPLYING PUBLIC HEALTH TOOLS TO SEXUAL HEALTH: HISTORY, EPIDEMIOLOGY

Monday September 12 Sexual History, Epidemiology and Ethics

Week 2a. Introduction to key persons in the history of advancing sexual health.

In last class, students picked a name(s) famous clinicians and researchers in the history of sexual health. In this collective presentation, each student will present on the contribution(s) of the person named. In this way we will rapidly overview the contributions of Richard von Krafft-Ebbing, Charles Darwin, Ettie Rout, John B. Watson, Sigmund Freud, Margaret Sange, John Snow, Alfred Kinsey, Margaret Mead, Michael Callen, Ed Laumann, George Weinberg, Michael Foucault, Nancy Friday, Simon LeVay, Jessie Helms, William Masters and Virginia Johnson, Dr. Ruth, Michael Savage, and David Satcher. Following this, the class will identify the themes sexological history, and critique who has framed the history of sexual health, and examined what this means in terms of potential biases in the field, and who likely feels drawn to or rejected by this field. This class challenges students to ask, “What can we learn from our history in order to (or not to) repeat it?”

Optional Movie(s) on this topic:

View “Kinsey” (2004). *Kinsey* is an Oscar nominated film starring Liam Neeson as Alfred Kinsey, which dramatizes his life and contributions to sexual science.

If you happen to like learning through drama, consider watching the television series, “Masters of Sex” which dramatizes the contributions of William Masters and Virginia Johnson, especially the first series. *Note: These movies are optional* – and detail some of the challenges of these early sex researchers.

Week 2b. Sexual Epidemiology: Boston Archdiocesan Clergy Sexual Abuse Case Study

In this class, we apply the language of epidemiology to Sexual Health using the film, “Spotlight” as a case example. The first part of this class will involve working in small groups on the case study. In the second part, student will explore the strengths and limitations of using a public health/epi framework to explore sex abuse at the public health level.

Required Assignments Due Next Class:

Podcast: How to take a sexual history, and the PLISSIT model

Readings on sexual history taking:

Ross, M.W. (2000) How to take a sexual history. In Ross, M.W., Channon-Little, L.D., Rosser, B. R.S. *Sexual Health Concerns: Interviewing and History Taking for Health Practitioners* [2nd Edition]. Philadelphia: F. A. Davis.

Readings on defining populations:

Bauer, G. R., & Jairam, J. A. (2008). Are lesbians really women who have sex with women (WSW)? Methodological concerns in measuring sexual orientation in health research. *Women & Health, 48*(4), 383-408.

Young, R. M., & Meyer, I. H. (2005). The trouble with “MSM” and “WSW”: Erasure of the sexual-minority person in public health discourse. *American Journal of Public Health, 95*(7), 1144-1149.

Matthews, D. D., Smith, J. C., Brown, A. L., & Malebranche, D. J. (2016). Reconciling Epidemiology and Social Justice in the Public Health Discourse Around the Sexual Networks of Black Men Who Have Sex With Men. *American Journal of Public Health, (0)*, e1-e7.

Readings on characteristics of effective interventions

Friedman, A. L., Kachur, R. E., Noar, S. M., & McFarlane, M. (2016). Health communication and social marketing campaigns for sexually transmitted disease prevention and control: What is the evidence of their effectiveness? *Sexually transmitted diseases, 43*(2S), S83-S101.

Marcell, A. V., Gibbs, S., & Lehmann, H. P. (2016). Brief condom interventions targeting males in clinical settings: a meta-analysis. *Contraception*, 93(2), 153-163.

Mangone, E. R., Lebrun, V., & Muessig, K. E. (2016). Mobile phone apps for the prevention of unintended pregnancy: A systematic review and content analysis. *JMIR mHealth and uHealth*, 4(1), e6.

Friday September 16

Week 2c. Sexual Language and Communication (interactive lecture)

This interactive lecture focuses on issues of sexual language and sexual visual communication in public health. It involves participation in a series of exercises examining sexual language, working in small groups on designing an HIV prevention pamphlet, and selecting imagery.

Week 2d. Defining the population (small group work)

This class examines who do we target and why? Informed by the required readings on sexual orientation, students will engage in an exercise to precisely define populations by intervention or study. The class is designed to test students skills in defining populations, while balancing practical, political, community, ethical, empirical dimensions.

In research, we often define a population by inclusion, exclusion and conditional criteria. In community health, we may also frame population as primary, secondary and tertiary audiences.

In-class example uses unintended teen pregnancy to help the class think through, inclusion, exclusion and conditional criteria; also primary, secondary and tertiary audiences.

Required Assignments for next class:

CDC "How to take a sexual history."

WEEK 3: QUALITATIVE METHODS IN SEXUAL HEALTH

Monday September 19

Week 3a. How to take a sexual history (lab)

In this lab, students work in dyads getting practice on taking sexual histories. There are 6 exercises, focused on sexual history taking and operationalizing PLISSIT.

Week 3b. Disease notification (guest presenter: Mr. Jared Shenk (from MDH))

In the second hour, a guest lecturer will outline a protocol for conducting a partner notification interview, how to undertake interviewing when using a structured format, and review training programs for developing skills in sexual interviewing.

Required online module (to be completed prior to next class)

Haven plus (at: <http://everfi.com/higher-education-old/haven-plus/>)

Required Readings on how to conduct an online focus group

Wilkerson, J.M., Iantaffi, A., Grey, J.A., Bockting, W.O. & Rosser, B.R.S. (2014). Recommendations for Internet-based qualitative health research with hard-to-reach populations. *Qualitative Health Research* 24(4):561-74. (NIHMSID:590270)

Friday September 23

Week 3c. Offline focus groups (1 hour lab): Case study on sexual assault

This class focuses on learning and applying focus group methods to address sexual health concerns. In the first hour, 8 volunteers will participate in an offline focus group. Facilitated by one of the graduate students to explore topics for her doctoral research, students will participate in a 40-minute focus group discussing sexual violence education initiatives at the University of Minnesota. Dr. Zobeida Bonilla is a guest visiting expert in offline focus group methods, who will attend the class to monitor the focus group, assist the student and to answer any questions about offline focus groups.

Week 3d. Online focus groups (1 hour lab):

Next, 8 other students will participate in an online focus group facilitated remotely by Dr. Michael Wilkerson at the University of Texas (Houston). In 2015, the State of Minnesota passed Minnesota Statute 135A.15 requiring all postsecondary institutions (including the University of Minnesota) to provide comprehensive sexual assault training to all students. From 2016 on, students are required to have completed "Haven Plus" to pursue postgraduate studies (and takes 30-45 minutes to complete). This online focus group will assess student attitudes towards (1) Haven Plus as a module and (2) a legislative initiative making this compulsory for all graduate students.

Time management: Estimated 10 minutes set up time; 30 min to run the first group, 10 min set up time, 30 min for the second group; then 40 minutes discussion. After both focus groups have been completed, students will discuss what they like and dislike about focus group methods, differences they observed between the online and offline formats, and sensitivities about discussing sexual health topics in a focus group format.

Required Readings

Students will be provided with a battery of sex, sexuality, and sexual health measures to have been completed by next class. In this assignment, you will complete a battery of sexual health focused measures, and then to assess what you like or dislike about each measure. You will notice that not all measures may be relevant or appropriate to you. This is an area where some measures may be specific to a person's gender, orientation, age, or relationship status. For the purpose of this exercise, feel free to adjust to examine all the measures, adjusting your gender, orientation, sexual functioning status, and relationship status so you can answer the questions.

The purpose of this assignment is (1) to increase your familiarity to some common measures; (2) to increase your familiarity with the strengths and weaknesses of sexual measurement; and (3) ethically, to place you in the role of patient, participant or client assessing and addressing sexual health issues.

Podcast: This podcast, "Introduction to Sexual Measures" provides an overview of the types of sexual health measures and measurement considerations: From behavioral measures, functional measures, internal states, KAB surveys, biological outcomes, physiologic measures (including the stamp test), proxy measures, dyadic measures, intervention process measures, to national indicators. Students will learn what to look for in a well constructed scale, discussing such issues as using an item versus scales, reliability considerations, types of validity, how scales are normed, short-term, medium term and longer term outcomes, and strengths and weaknesses of each measure.

Small group assignment: In groups of 3, students will review the literature on one of the following sexual measure topics and prepare a 5 minute presentation in class comparing two measures, overviewing the research on each, identify the trade-offs between each measure, and make a recommendation on which measure they prefer. Topics are: (1) Comparison of the Kalichman and Coleman sexual compulsivity scales. Which scale is better clinically? Which scale is better for research purposes? (2) Comparing a 1-item versus a multi-item scale to measure sexual orientation disclosure. Which scale is better? (3) Comparing a one item

assessment of sexual health versus using the Derogatis sexual satisfaction item? Which item measures sexual health better (and for which audiences)? (4) Biological versus behavioral self-report measures of vaginal microbicide use? (5) Measuring adolescent sexual behavior.

Reference Readings

DiClemente, R. J. (2016). Validity of self-reported sexual behavior among adolescents: Where do we go from here?. *AIDS and Behavior*, 20(1), 215-217

Marrazzo, J. M., Ramjee, G., Richardson, B. A., Gomez, K., Mgodhi, N., Nair, G., ... & Hendrix, C. W. (2015). Tenofovir-based preexposure prophylaxis for HIV infection among African women. *New England Journal of Medicine*, 372(6), 509-518.

Mark, K. P., Janssen, E., & Milhausen, R. R. (2011). Infidelity in heterosexual couples: Demographic, interpersonal, and personality-related predictors of extradyadic sex. *Archives of sexual behavior*, 40(5), 971-982

Wilkerson, J. M., Noor, S. W., Galos, D. L., & Rosser, B. S. (2015). Correlates of a single-item indicator versus a multi-item scale of outness about same-sex attraction. *Archives of Sexual Behavior*, 1-9.

World Health Organization. (2010). Measuring sexual health: Conceptual and practical considerations and related indicators.

WEEK 4: QUANTITATIVE MEASURES IN SEXUAL HEALTH

Monday Sept 26. How to choose and compare sexual measures

Week 4a. Class discussion (Processing sexual measures exercise).

In this class, students will review each scale they completed by answering three questions: What they liked about the scale, what they disliked about the scale, and overall rating (How good is the scale).

Week 4b. Small Group Presentations to the class on choosing sexuality measures. Based on

the small group assignment, each group of students will present a 5 minute presentation on their assignment. A 1-page summary of which measure they prefer is also due at end of class.

Friday Sept. 30: Other quantitative approaches: Designing your own measure (Rosser).

Week 4c. Assignment: Design your own instrument. In the first part of this class, students will break into small groups of 4 to design a sex, sexuality and/or sexual health instrument. Ideally, they will choose an area of sex, sexuality, and/or sexual health that has not been well measured, or where measures have a specific flaw (e.g., atheoretical; culturally bound; sexist assumptions) and design a better measure of it. The key deliverable will be a brief scale (e.g., that would ultimately be 4-10 items). This class hour is spent working on the assignment.

Assignment: Each group should have a 4 page small group assignment detailing (up to one page each) the background literature, how reliability would be assessed, how internal and external validity would be assessed, and append a pdf of the measure in qualtrics.

Assignment.

This will require four group members per scale. Person A is charged with doing the lit review to provide the background justification, a theoretical model, and to write a 1 page summary answering the question, "Why do we need a scale for this". Person B is charged with writing up a one-page summary of how the group would test the measure's reliability. Person C is charged with writing up a one page summary of how they would assess internal and external

validity. Person D is in charge of critiquing the new scale to identify its strengths and weaknesses. All are responsible for developing the initial 4-10 items and response set, and for programming it in Qualtrics. In addition, each group will elect one person to be the project manager, who becomes responsible for driving the project to completion.

Readings for skill development:

Clark, L. A., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological assessment*, 7(3), 309.

Reading for sexual health

Lee, D. M., Nazroo, J., O'Connor, D. B., Blake, M., & Pendleton, N. (2016). sexual health and well-being among older men and women in England: findings from the English Longitudinal Study of Ageing. *Archives of sexual behavior*, 45(1), 133-144.

Gravel, E. E., Pelletier, L. G., & Reissing, E. D. (2016). "Doing it" for the right reasons: Validation of a measurement of intrinsic motivation, extrinsic motivation, and motivation for sexual relationships. *Personality and Individual Differences*, 92, 164-173.

Required assignments for next class:

Go online and find a sexual health intervention or website you like. Come to class ready to discuss what you liked about it. Alternatively, choose an offline sexual health program you like.

Week 4d: Designing effective interventions

This class uses individual and group assignments to identify what is an effective sexual health intervention. In class, students in small groups will share with their group the intervention website and what they liked about it. Then, as a group they will write down up to 10 characteristics of what is a good sexual health intervention.

Required Reading for Next Week

NIH requirements for a specific aims page

National Institutes of Health (2012). PA-12-113: Research on the Health of LGBTI populations (R21).

Readings from the Restore Study

Rosser B.R.S. (2014). 1 R1 CA182041-01A1. Understanding the effects of prostate cancer on gay and bisexual men. Proposal to the National Cancer Institute, National Institutes of Health. (proposal and Appendix)

Reading

- a. Rosser, B.R.S., Merengwa, E., Capistrant, B.D., Iantaffi, A., Killian, G., Kohli, N., Konety, B.R., Mitteldorf, D., West, W. (2016) Prostate cancer in gay, bisexual, and other men who have sex with men: A review. *LGBT Health*, 3(1):32-41
- b. Restore study: Qualitative interview protocol.
- c. Restore study: Quantitative survey
- d. Rosser, B.R.S., Capistrant, B.D., Torres, B., Konety, B.R., Merengwa, E., Mitteldorf, D. West, W. (2016). The effects of radical prostatectomy on gay and bisexual men's sexual functioning and behavior: Qualitative results from the *Restore* study. *Sex & Relationship Therapy*, in press.
- e. Rosser, B.R.S., Capistrant, B.D., Torres, B., Konety, B.R., Merengwa, E., Mitteldorf, D. West, W. (2016). The effects of radical prostatectomy on gay and bisexual men's mental

health, sexual identity and relationships: Qualitative results from the *Restore* study. *Sex & Relationship Therapy, in review.*

WEEK 5: HOW TO DESIGN AND IDENTIFY AN EFFECTIVE SEXUAL HEALTH INTERVENTION

Monday October 3

Week 5: A 4-step approach to designing evidence-based sexual health interventions.

This week, using the *Restore* study as a model, students will work in small groups on their major assignment. Students will divide into groups of four around a topic of their choice. Working in small groups of four, each small group will select a public health issue of their choice (e.g., unplanned pregnancy, HIV/STIs, sex education in schools, cancer and sexuality, obesity and sexuality, how to use a condom, normal sexual development, LGBT health disparities, Zika, Peyronie's disease, how to breastfeed).

They will use an in-depth case study of the *Restore* study conducted in 2015-2016 as a model of how to approach a sexual health issue and develop their own line of research or intervention development. *Restore* is an NIH-funded R21 study of the sexual effects of prostate cancer treatment in gay and bisexual men from formative research to intervention development.

Week 5a. Writing an effective application.

This class overviews the first two steps in designing effective sexual health interventions: Step 1. Writing an effective application to study the problem, and Step 2: Conducting formative research. The in-class assignment is a small group project where students will draft a research idea on sex, sexuality and/or sexual health of their choice to write up as an NIH specific aims page. The deliverable for the first hour is a draft of the research objective and up to three specific aims.

Week 5b. Formative research

In the second hour, students in small groups will design a formative phase of research: There are two deliverables: (a) a one paragraph statement detailing the procedures they will use to conduct formative research in this area, and (b) a list of questions (and probes) they will use to study the sexual health issue

Friday October 7

Week 5c. Establishing acceptability, feasibility and preliminary efficacy.

Week 5d. Pilot intervention design and evaluation.

In this class the students practice the third and fourth steps in designing effective interventions: Step 3. Establishing acceptability, feasibility and preliminary efficacy of an intervention; and Step 4. Intervention design and evaluation. In class, using the *Restore* study as a model, each small group will (1) define the target population for the study with inclusion and exclusion criteria, (2) outline a plan to address questions of acceptability to the target population (and how they will assess that), feasibility (will the intervention be implementable), and to outline a design to gather data on preliminary efficacy, and (3) provide sample questions (or scales) they will use as their primary measures (step 3). The second hour focuses on Step 4. Here, the deliverables are: (1) a description (up to two pages) of the proposed intervention and (2) an outline of a design to evaluate the intervention that includes a design of each phase of development and testing and a list of key measures.

Note: The deliverables for this week are due in two weeks' time as a powerpoint presentation and a group assignment.

Required Viewing and readings for Next Class:

Watch "Power Erotic" as a case study.

Read: Jaspers, L., Feys, F., Bramer, W. M., Franco, O. H., Leusink, P., & Laan, E. T. (2016). Efficacy and safety of flibanserin for the treatment of hypoactive sexual desire disorder in women: A systematic review and meta-analysis. *JAMA internal medicine*, 176(4), 453-462.

Readings on applying ethics to sexual health challenges

Ellsberg, M., Heise, L., Pena, R., Agurto, S., & Winkvist, A. (2001). Researching domestic violence against women: methodological and ethical considerations. *Studies in family planning*, 32(1), 1-16.

The Denver Principles (1983). At: data.unaids.org

Week 6. SEXUAL HEALTH ETHICS AND THE LAW

Lab Studies: Balancing the Feasible with the Ethical: What can we do and what should we do?

Monday October 10.

This week comprises four lab sessions exploring ethics in sexual health research and practice.

Week 6a. Case Study 1: Power Erotic: Working through the ethics of sex research

The history of sex research includes lots of stigmatized minorities or minority interests reporting feeling misunderstood and invisible. One way to combat that is through research (including videography). But sex research must be conducted in ways that are ethical, which at a broad level emphasizes three principles: 1. Respect for persons (especially protecting the autonomy of all people); 2. Beneficence (maximizing the good and minimizing risk) and 3. Justice (ensuring reasonable, non-exploitative, well considered procedures). Review the video "Power Erotic" and come to class reading to discuss the video in light of these ethical principles.

Week 6b. Case Study 2: Flibanserin: Translating results to a public health level

Read the seminal paper on "Flibanserin" also known as "Viagra for women" Come to class ready to discuss the practical and ethical challenges in translating research findings into public health policy.

Friday October 14

Week 6c. Case Study 3: Zika Virus: Ethics at the level of Public Policy

Recently, CDC published guidelines for Americans traveling to such countries and for parts of the US where zika is becoming established. They include recommendations for women not to become pregnant for several months after visiting an endemic area. Come to class ready to discuss when should a government attempt to regulate sex and pregnancy in a population. When can/should public health professionals impose a legal framework?

Week 6d. Case study 4: The ethics of coming out, empowerment, and activism interventions in community health promotion

Since Stonewall, activists in the LGBT community have touted the importance of coming out, empowerment and activism for sexual minorities - as a way to improve mental health and community health. This model has been so successful that it has been adopted, globally, and by other minority and stigmatized groups as a strategy to build a movement and advance human rights. Cross-sectional comparative studies support coming out, empowerment, and activism as

associated with improved mental health. But studies also show that certain vulnerable groups (e.g., young adolescents, mentally ill persons) who come out early are at increased risk for suicide. Some community empowerment interventions have had the opposite effect of causing communities to in-fight for (perceived) power and positions. And as T.S. Elliot quipped, “The last act is the greatest treason. To do the right deed for the wrong reason.” Using activism to address one’s personal concerns or to advance a personal agenda has a long history of back-firing. When is it ethical and/or professional to use activism as an intervention?

Week 7: SEXUAL HEALTH HOT TOPICS AND INTERVENTIONS FROM THE FIELD

Monday October 17

Week 7b. Controversies in Sex, Sexuality, and Sexual Health

Sex, sexuality and sexual health are all interesting areas. But how do we decide which issues are a public health concern, and which are not. In this class we will examine 9 hot topics and decide whether or not they meet criteria as a public sexual health concern.

Week 7b. Planned Parenthood: Designing Mobile Interventions for Teens.

Dr. Leslie Kantor is the Vice President of Education of Planned Parenthood. In 2015, they developed and piloted a new mobile intervention to help teens access sexual health services. Prior to class students will receive an overview of the intervention and evaluation plan. In class, students will have the chance to bring their questions to Dr. Kantor about the challenges in developing a national mobile based intervention for teens.

Friday October 21.

Week 7c. Surveillance to fight STIs.

To assist students gain experience in thinking through interventions, in the first hour, Candy Hadsall, RN, will present on the Minnesota Chlamydia Prevention Program and what it is like to work in state government on prevention STIs.

Week 7d. Sex education for girls in Kenya (Maticke-Tyndale)[†]

Dr. Maticke-Tyndale is an award winning sociologist who for twenty years has pioneered sex education for girls as an HIV prevention initiative in Africa. Her curricula have been adopted as a national model across Kenya and considered responsible for lowering HIV transmission in that country. Rather than ask Dr. Maticke-Tyndale to present on her studies, students will read her papers. In class, students will discuss with Dr. Maticke-Tyndale, her steps in developing the curriculum, her approach to evaluation, tips for making a curriculum successful and scalable nationally, any mistakes made along the way and lessons learned, and recommendations for students entering public health.

Reading:

Maticka-Tyndale, E., Mungwete, R., & Jayeoba, O. (2014). Replicating impact of a primary school HIV prevention programme: primary school action for better health, Kenya. *Health education research*, 29(4), 611-623.

Week 8: PRESENTATIONS AND EVALUATION

Monday October 24 Presentations

Week 8a. Presentations. In this class, in small groups, students will present their main assignment

Week 8b Presentations and wrap-up

VII. Evaluation and Grading

Activities by which students will be graded and their assigned weights are as follows:

Specific details on the class assignments are as follows:

Assignments

- a. History assignment: Famous persons from sexual health (in class presentation) 5%[†]

Each student presents an historical figure(s) to teach in the class on history of sexual health. The assignment requires the student to present a 1 minute key “talking points” summary (aka “elevator pitch”) powerpoint that details: (1) the person’s key contribution(s) to sex, sexuality, and sexual health; (2) A picture of the key model/contribution/impact the person made, and (3) one fun fact about the individual. The presentation can have up to 5 slides but should take no more than 90 seconds. Points may be deducted for longer presentations. Content wise, this assignment is to provide students with an overview of key contributors to the field; process wise, it is designed to teach short, focused and fun presentations to grab the audience. Due: In class, week 2a.

- b. Is the clergy sexual abuse in the Roman Catholic church an epidemic? Why or why not? 5%*

After attending the class in week 2b, each small group will write up a short paragraph detailing the key arguments why public health should consider clergy sexual abuse in the Roman Catholic church an epidemic. This should be followed by a short paragraph detailing why public health should not consider clergy sexual abuse in the Roman Catholic church an epidemic. In the third final paragraph, the group will provides an “on balance” argument(s) which states “why on balance” it should, should not, both should and should not, or neither should nor should not, be considered or framed as an epidemic. Content wise, this assignment requires students to apply the definitions, tools and language of epidemiology to a specific sexual health issue. Process wise, it is designed to have students experience the strengths and limitations of applying biologically-based concepts and models to behavior. Length of assignment should be approximately 1-2 pages. Due: 1 week following the class case study, i.e., week 3b.

- c. Comparison of two sexual health two measures identifying which one is preferred 10%*

In this assignment, each dyad will compare two different approaches to measuring a sexual health construct, then make a recommendation on which measure is preferred (or preferred for a specific purpose – e.g., diagnosis or public health surveillance) and why. The assignment should reference both issues of reliability and validity. 2 –pages max. Content wise, this assignment will focus students on sexual health content and articulating measurement considerations in public health. Process wise, it is designed to give students experience in considering the limitations of quantitative approaches to measuring sexual health phenomena. 1-2 pages. Due: 1 week following the class, i.e., week 5b.

- e. Design your own instrument assignment. 25%*

Each small group should submit an assignment summarizing a new measure in the area of sex, sexuality, and sexual health. The group should choose an area that has not been well measured, or where measures have a specific flaw (e.g., atheoretical; culturally bound; sexist assumptions) and design a better measure of it. This 4-page assignment should include a) a summary of the rationale and background literature; b) how reliability would be assessed; c) how internal and external validity would be assessed; d) a pdf of the proposed 4-10 items and response sets programmed in qualtrics; and e) a critique identifying both the strengths and weaknesses of the new measure. Content-wise: this assignment requires students to develop a new measure in sexual health. Process-wise: This assignment is designed to provide experience in how to think through and design a sexual health construct.

- f. Identify the characteristics of an effective sexual health intervention 10%[†]

Following the class on characteristics of a good sexual health intervention, each student will identify 10-15 characteristics of a “good” sexual health intervention. Note: The term “good” here has been deliberately chosen as a vague term often used in community health practice to describe a desirable intervention. From this list, the student will identify what kind(s) of intervention s/he most prefers (a) to

propose for others, and (b) to attend for themselves as a participant. Content-wise, this assignment reinforces characteristics of effective sexual health interventions. Process-wise, this reflective exercises is designed to help students identify their own personal biases and to separate these from professional preferences on what is best for a specific population.

f. Designing an effective sexual health intervention presentation (in class presentation) 30%*

At the end of the course, each small group will present a powerpoint presentation of approximately 15 minutes duration on a sexual health topic. The group will choose the topic in consultation with the instructor. The presentation will summarize and build upon the work covered in week 5 of the course. This presentation will have four key aspects: (a) A one-sentence high level statement of the objective of this line of intervention study and up to three specific aims; (b) An outline of proposed formative work needed to inform intervention development; (c) a plan to assess the acceptability, feasibility and preliminary efficacy of the intervention; and (d) a description of what the initial intervention would look like and how it would be evaluated. Content: This assignment allows students to focus on a sexual health topic of their choice and to plan a program of research to design and develop an evidence-based sexual health intervention. Process-wise, this assignment provides a structure to allow students to design and develop effective interventions.

g. Ethical and pragmatic decisions in sexual health 10%†

Each student can choose either one of the case studies or any intervention in sexual health. The student is required to prepare an ethical analysis where they identify (1) risks associated with this intervention (how and whom it might harm); (2) strategies they would take to reduce that risk; (3) identified benefits from the intervention; and (4) a risk-benefit analysis. 3 pages max. Content: This assignment requires students to apply ethical principles to a sexual health concern. Process: The assignment is designed to develop skills in thinking through potential interventions.

In-class discussion and participation 5%†

In class participation: As a seminar based discussion class, students are expected to come to class prepared to discuss the assigned readings and to engage the researcher or fellow student in each topic. As a “hot topics” course, students can expect to be exposed to the latest research in human sexuality by leading researchers; and may elect to study controversial topics in this area. Given some topics may be sensitive to some students, in class participation is required to remain professional, scholarly, and respectful.

* This 60% of the grade is based on small group assignments

† This 40% of the grade is based on individual work

Grading

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. Disability Services (DS) is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

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

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

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

Mental Health and Stress Management

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

The Office of Student Affairs at the University of Minnesota

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

Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development –Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for 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, or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost.

OR:

Academic Freedom and Responsibility, for courses that 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 and conduct relevant research. 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.*

When conducting research, pertinent institutional approvals must be obtained and the research must be consistent with University policies.

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, 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".