

# PUBH 6655, SECTION 320

Principles and Programs in Maternal and Child Health  
 Summer 2019

## COURSE & CONTACT INFORMATION

**Credits:** 2 credits

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

Contact Type	Contact Information	Role	When to Contact
Instructor	Zobeida Bonilla, PhD, MPH zbonilla@umn.edu Office phone: 612-626-1733 Fax: 612-624-0315	Primary instructor for this course	Contact your instructor with course-related questions via the Course Q&A/Announcements Forum on the Canvas site or email. Your instructor will be checking forums at least once a day and returning emails within 48 hours M-F. You can also contact the instructor directly via email. Please use email for private matters.
Teaching Assistant	N/A		
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. My goal is to respond to emails within 24 to 36 hours during the week.

## COURSE DESCRIPTION

This course provides a public health perspective for assessing and meeting the health needs of women, children, adolescents and families in the United States. Historical and current principles, programs, policies, and practices related to MCH populations are examined. Historically, the field of MCH has been concerned with the health of pregnant women and their children. Today MCH emphasizes not only children's health but also women's health beyond their reproductive and parenting roles and families as the critical social and cultural environment influencing children's health and development, and the well-being of all family members.

### Acknowledgments

The contents of PubH 6655 have been developed with the contributions of numerous instructors. Dr. Zobeida Bonilla, the current instructor, has been involved with the majority of recent content and modifications. Former faculty/instructors include Dr. Joan Patterson who had roles in either the conceptual development or actual content of the current course, and is acknowledged for her contributions.

## COURSE PREREQUISITES

This course is designed specifically for MCH majors enrolled in the online MPH program. Other students may be admitted with instructor's approval.

## COURSE GOALS & OBJECTIVES

At the end of this course student will be able to:

1. Explain the principles of maternal and child public health programs in the U.S., the legislative and historical basis of these programs, and the core public health functions and essential services needed to ensure the health of MCH populations.
2. Understand and be able to apply both a human development-life course perspective and an ecosystems perspective to defining and addressing health problems of MCH populations.
3. Describe the health status of MCH populations, including use of key indicators identified by the US. Public Health Service in *Healthy People 2020* and by the MCH Bureau.
4. Assess the psychological, social, cultural, economic and political factors that affect the health status of MCH populations.
5. Describe and critically analyze past and existing public health programs and policies that have been used to address health needs of MCH populations.
6. Understand how the political/social context can undermine or facilitate application of social strategies for addressing MCH health needs.

### MCH Competencies addressed in this course

THERE ARE 12 MCH LEADERSHIP COMPETENCIES; THIS CLASS COVERS SOME DIMENSIONS OF #1, #2, #4, #5, #7, AND #12 THROUGHOUT THE COURSE (SEE CHART AT END OF SYLLABUS FOR ADDITIONAL INFORMATION)

## METHODS OF INSTRUCTION AND WORK EXPECTATIONS

### Course Workload Expectations

Principles and Programs in Maternal and Child Health is 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 10-week term. Thus, this course requires approximately [2 \* 45] hours of effort spread over the course of the term 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. Active class participation is a central component of this course and is achieved through online forum discussions guided by key questions and/or case studies. The course is organized in weekly modules that contain a description of the weekly objectives, assignments, instructions for forum discussions, and expectations for each week. Students are expected to engage actively in class discussion and to complete assigned work by the indicated deadline.

### Technology

You will use the following technology tools in this course. Please make yourself familiar with them.

- **Voicethread:** All UMN students have access to VoiceThread, information is available in your course site.

### Overview of Assignments (see the Canvas site for more detailed instructions)

- **Lesson discussion questions:**
  - For each question in the course, write your own response and then comment on at least one other student's posting. The deadline for posting your first response to the weekly readings and discussion question is on Thursdays by 11:55 PM CST; responses are due the following Sunday by 11:55 pm.
  - I invite you to draw from your background and expertise when responding to the weekly discussion. Your diverse backgrounds are a tremendous asset, enrich the learning experience, and bring enormous strength to the weekly dialogue.
  - Refer to the readings and/or share other resources.
  - To receive FULL credit you need to write your own response and comment on at least one other student's posting. Postings to the discussion forum received after the discussion deadline will receive partial credit (50% of total points for the week).
- **MCH skills exercises**
  - Theories in MCH and MCH Indicators
    - Two-application assignment using the book Enrique's journey to apply the principles and concepts learned through readings, lectures, and class discussions.
  - Monitoring and Evaluation Exercise
  - Data profile using the National Survey of Children's Health
- **Final project: Presentation using VoiceThread**
  - Ten minute online presentation on a topic related to school-age children's health or adolescent health.

### 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

### Required Books

- Nazario, Sonia. (2007). *Enrique's Journey*. New York: Random House Trade Paperbacks. (*Enrique's Journey* is the case study that you will read in this class for the application of theoretical approaches in MCH and the development of indicators of child health)

### Articles

- 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>.

### Supplemental

- Links to supplemental materials or readings may be added throughout the course.
- For a reference textbook in Maternal and Child Health you may consult the book by Kotch, Jonathan, (2012). *Maternal and Child Health: Programs, Problems, and Policy in Public Health, 3rd Edition*. Jones & Bartlett Publishers, Inc. ISBN 0763731714.

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## 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	Topic	Readings	Activities/Assignments
<b>Week 1</b> <b>Jun 10 - 16</b>	Course Orientation and Introduction to the Field of Maternal and Child Public Health	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>• Fraser, Michael R. (2013). Bringing it all together: effective maternal and child health practice as a means to improve public health.</li> <li>• Guyer, Bernard. (2001). Commentary: "The Embarrassment of Riches;" An Historical Theme for a Children's Health Agenda in 21st Century America.</li> <li>• US Department of Health and Human Services. "Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau." Understanding Title V of the Social Security Act (2000).</li> </ul> <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• Ettinger, A. S. (2004). Children's Health, The Nation's Wealth: Assessing and Improving Child Health. <i>Environmental Health Perspectives</i>, 112(14), A844.</li> <li>• Goodlee, F. (2011). What is health? <i>BMJ</i>, 343.</li> <li>• Huber (2011). How should we define health? <i>BMJ</i>, 343.</li> <li>• Petersen, D.J. Leading Maternal and Child Health (MCH): Past, Present and Future. <i>Matern Child Health J</i> (2015) 19:244-246</li> </ul>	<ul style="list-style-type: none"> <li>• Post an introduction to the Introductions Forum (due Wed 6/12)</li> <li>• Complete Lesson 1 Discussion: Intro to the Field of Maternal and Child Public Health (initial post due Thurs 6/13, responses due Sun 6/16)</li> <li>• Review all course assignments, especially the Final Project, for which you will use VoiceThread, an online presentation tool</li> <li>• Start reading book <i>Enrique's Journey</i>. We are using this book as a case study to apply the</li> </ul>

			principles of the theoretical perspectives (lesson 2 on week 2) and indicators of child health (lesson 7 on week 7)
<b>Week 2 Jun 17 - 23</b>	Theoretical Perspectives	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>Bronfenbrenner, U. (1994). Ecological Models of Human Development. In: International Encyclopedia of Education, Vol. 3, 2nd Ed. Oxford: Elsevier.</li> <li>Earls, Felton, and Mary Carlson. "The social ecology of child health and well-being." Annual review of public health 22.1 (2001): 143-166.</li> <li>Halfon, Larson, K., Lu, M., Tullis, E., and Russ, S. Lifecourse Health Development: Past, Present and Future. Matern Child Health J (2014) 18:344-365.</li> <li>Rohan, Angela M., et al. "Turning the ship: Making the shift to a lifecourse framework." Maternal and child health journal 18.2 (2014): 423-430.</li> </ul> <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>Barker, D. P. (1990). The Fetal and Infant Origins of Adult Disease. BMJ, 301:1111.</li> <li>Braveman, P. &amp; Barclay, C. (2009). Health Disparities Begin in Early Childhood. Pediatrics.</li> <li>CDC-Kaiser ACE Study</li> <li>Costello, E. J. et al. (2005). 10-Year Research Update Review: The Epidemiology of Child and Adolescent Psychiatric Disorders: I. Methods and Public Health Burden. Journal of the American Academy of Child &amp; Adolescent Psychiatry, 44(10) , 972 - 986.</li> <li>Committee on Integrating the Science of Early Childhood Development (2000). From Neurons to Neighborhoods: The Science of Early Childhood Development. Shonkoff, J.P. &amp; Phillips, D. A. (Eds). Board on Children, Youth, and Families.</li> <li>Elder, G. H. (1998). The Life Course as Developmental Theory. Child Dev, Feb; 69(1): 1-12.</li> <li>Gee, G. C., Walsemann, K. M. &amp; Brondolo, E. (2012). A Life Course Perspective on How Racism May Be Related to Health Inequities. Am J Public Health, 102(5), 967-974.</li> <li>Geronimus, A. T. (1992). The Weathering Hypothesis and the Health of African-American women and infants: Evidence and Speculations.</li> <li>Krieger, N. (2001). Theories for Social Epidemiology in the 21st century: An Ecosocial Perspective. International Journal of Epidemiology. 30:668-677</li> <li>Wallack, L., &amp; Thornburg, K. (2016). Developmental Origins, Epigenetics, and Equity: Moving Upstream. Maternal and Child Health Journal 20:935-940</li> <li>Yellow Horse Braveheart, M. Historical Trauma and Unresolved Grief: Implications for Clinical Research and Practice with Indigenous Peoples of the Americas.</li> </ul>	<ul style="list-style-type: none"> <li>Complete Lesson 2 Discussion: Theories of MCH (initial post due Thurs 6/20, responses due Sun 6/23)</li> <li>Continue becoming familiar with VoiceThread</li> <li>Start working on application exercise Mapping Context using book Enrique's Journey</li> </ul>
<b>Week 3 Jun 24 - 30</b>	History and Structure of MCH in the United States	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>Lesser, Arthur J. (1985). The origin and development of maternal and child health programs in the United States.</li> <li>Lu, M., Lauver, C., Dykton, C., Kogan, M., Lawler, M., Raskin-Ramos, L., Waters, K., Wilson, L. Transformation of the Title V Maternal and Child Health Services Block Grant. Matern Child Health J (2015) 19:927-931.</li> <li>Robin L. Harwood, R., Yu, S., &amp; Kavanagh, L. The Creation of the Federal MCH Extramural Research Program, 1950-1969: Lessons for Today. Matern Child Health J (2013) 17:391-398.</li> </ul>	<ul style="list-style-type: none"> <li>Complete Lesson 3 Discussion: History and Structure of MCH (initial post due Thurs 6/27, responses due Sun 6/30)</li> </ul>

		<ul style="list-style-type: none"> <li>van Dyck, Peter C. "Celebrating 75 years of Title V (Maternal and Child Health) and re-exploring our roots." Maternal and child health journal 14.6 (2010): 817-821.</li> </ul> <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>Alexander, Greg R. "Our legacy for leadership in MCH." Maternal and child health journal 7.3 (2003): 145-150.</li> <li>CDC. Pregnancy Mortality Surveillance System</li> <li>De Brouwere, Vincent, René Tonglet, and Wim Van Lerberghe. "Strategies for reducing maternal mortality in developing countries: what can we learn from the history of the industrialized West?" Tropical medicine &amp; international health 3.10 (1998): 771-782.</li> <li>Georgetown University's National Center for Education in Maternal and Child Health: <a href="http://www.ncemch.org/">http://www.ncemch.org/</a></li> <li>MCH Timeline</li> <li>Performance Measures for the MCH Block Grant</li> <li>Rodems, Elizabeth Sammons, H. Luke Shaefer, and Marci Ybarra. "The Children's Bureau and passage of the Sheppard-Towner Act of 1921: Early social work macro practice in action." Families in Society: The Journal of Contemporary Social Services 92.4 (2011):</li> <li>Schmidt, William M. (1973). The development of health services for mothers and children in the United States</li> </ul>	
<b>Week 4</b> <b>Jul 1 - 7</b>	Program Planning and Evaluation	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>Peoples-Sheps MD, Farel A, Rogers MM. (2001). Program planning and monitoring instructional manuals. Cecil G. Sheps Center. <ul style="list-style-type: none"> <li>Assessment of Health Status Problems (pp 1-22) <ul style="list-style-type: none"> <li>In this manual, the foundation step of the planning process is explored in detail. Problem assessment involves examination of the dimensions and magnitude of a health problem as well as analysis of corresponding precursors and consequences.</li> </ul> </li> <li>Health Services Needs Assessment (pp 5-26) <ul style="list-style-type: none"> <li>This assessment examines the adequacy of existing services to address a health problem by preventing its precursors or compensating for their effects. Where existing services fall short, unmet needs for service can be identified.</li> </ul> </li> <li>Development and Selection of Interventions (pp 5-26) <ul style="list-style-type: none"> <li>This manual focuses on developing a small number of intervention options to address the unmet needs identified in the previous manual. It also presents an approach to selecting the most appropriate intervention for implementation.</li> </ul> </li> <li>Setting Objectives (pp 5-22) <ul style="list-style-type: none"> <li>Having selected an intervention, a program hypothesis and objectives that include activities or indicators and measurable targets comprise this next step in the planning process.</li> </ul> </li> </ul> </li> </ul> <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>A Framework for Program Evaluation</li> <li>A Guide for Monitoring and Evaluating Child Health Programs</li> <li>Compendium of Indicators for Evaluating Reproductive Health Programs</li> <li>Institutionalizing Impact Evaluation within the Framework of a Monitoring and Evaluation System</li> <li>Program Performance &amp; Evaluation Office</li> </ul>	<ul style="list-style-type: none"> <li>Complete the Monitoring and Evaluation Fundamentals Course and submit your certificate (due Sun 7/7)</li> </ul>
<b>Week 5</b> <b>Jul 8 - 14</b>	Policy Development and Advocacy	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>Declercq, Eugene. "Making US maternal and child health policy: from "early discharge" to "drive through deliveries" to a national law." Maternal and child health journal 3.1 (1999): 5-17.</li> </ul>	<ul style="list-style-type: none"> <li>Complete Lesson 5 Discussion: Advocacy and Leadership in MCH (initial post due Thurs 7/11,</li> </ul>

		<ul style="list-style-type: none"> <li>• Fine, A., et al. "Policy brief. A new agenda for MCH policy and programs: Integrating a life course perspective." Martinez (CA): Contra Costa Health Services (2009).</li> <li>• Romero, D., Kwan, A., &amp; Chavkin, W. (2013). Application of Empirical Research Findings in Public Health Advocacy: Focus on Maternal, Child, and Reproductive Health. Journal of Social Issues, Vol. 69, No. 4, 2013, pp. 633-644.</li> <li>• Chapter 30: Principles of Advocacy in Community Toolbox</li> </ul> <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• Bassett, Mary T. "Advocacy: A Leadership Role for Public Health." American journal of public health 101.2 (2011): 202.</li> <li>• Christoffel, Katherine Kaufer. "Public health advocacy: process and product." American journal of public health 90.5 (2000): 722.</li> <li>• Johnson, Kay A. "Harnessing Our Energy: A Counterpoint to "Breaking Away"." Maternal and child health journal 3.1 (1999): 57-60.</li> <li>• Margolis, Lewis H., and Mark Coin. "Breaking Away: Advocacy, Education, and the Relationship Between Maternal and Child Health Professionals and the American Public Health Association." Maternal and child health journal 3.1 (1999): 53-56</li> <li>• Policy &amp; Advocacy Home by the Association of Maternal &amp; Child Health Programs (AMCHP)</li> <li>• Vernick, Jon S. "Lobbying and advocacy for the public's health: what are the limits for nonprofit organizations?." American journal of public health 89.9 (1999): 1425-1429</li> </ul>	<p>responses due Sun 7/14)</p> <ul style="list-style-type: none"> <li>• Submit your Mapping Context exercise applying the ecological model and life course perspective to case study <i>Enrique's Journey</i> (due Sun 7/14)</li> </ul>
<b>Week 6 Jul 15 - 21</b>	Family Health	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>• Garrett, Jeremy R., and John D. Lantos. "Marriage and the well-being of children." Pediatrics 131.3 (2013): 559-563.</li> <li>• Haskins, Ron, Sara McLanahan, and Elisabeth Donahue. The decline in marriage: What to do. Brookings Institution, 2005</li> <li>• Musick, Kelly, and Larry Bumpass. "Reexamining the Case for Marriage: Union Formation and Changes in Well-being." Journal of Marriage and Family 74.1 (2012): 1-18.</li> <li>• Patterson, Joan M., et al. "Healthy American families in a postmodern society: an ecological perspective." Health and Welfare for Families in the 21st Century. Boston, Mass: Jones &amp; Bartlett Publishers (1998): 31-52.</li> <li>• Tumin, D. &amp; Zheng, H. (2018). Do the Health Benefits of Marriage Depend on the Likelihood of Marriage? Journal of Marriage and Family.</li> </ul> <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• Brotherson, Sean E., and William C. Duncan. "Rebinding the ties that bind: Government efforts to preserve and promote marriage*." Family Relations 53.5 (2004): 459-468.</li> <li>• Freeman, L. et al. (2017). Family Diversity and Child Health: Where Do Same-Sex Couple Families Fit? Journal of Marriage and Family.</li> <li>• Hawkins, Alan J., Paul R. Amato, and Andrea Kinghorn. "Are Government-Supported Healthy Marriage Initiatives Affecting Family Demographics? A State-Level Analysis." Family Relations 62.3 (2013): 501-513.</li> <li>• Pew Research: Changing American Family</li> <li>• Pew Research: The Decline of Marriage and Rise of New Families</li> <li>• Pew Research: Five Decades of Marriage Trends</li> <li>• Ross, Catherine E., John Mirowsky, and Karen Goldsteen. "The impact of the family on health: The decade in review." Journal of Marriage and the Family 52.4 (1990): 1059-1078.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete Lesson 6 Discussion: Family Health (initial post due Thurs 7/18, responses due Sun 7/21).</li> </ul>
<b>Week 7 Jul 22 - 28</b>	Health of Infants and Young Children	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>• Ettinger, Adrienne S. "Children's Health, The Nation's Wealth: Assessing and Improving Child Health." Environmental health perspectives 112.14 (2004): A844-A844</li> </ul>	<ul style="list-style-type: none"> <li>• Complete and submit exercise on indicators of child health applying principles to case</li> </ul>

		<ul style="list-style-type: none"> <li>Goldstein, Melissa M., and Sara Rosenbaum. "From EPSDT to EHBS: The Future of Pediatric Coverage Design Under Government Financed Health Insurance." <i>Pediatrics</i> 131.Supplement 2 (2013): S142-S148.</li> <li>Schneider, William J., et al. "Promoting Young Children's Health and Development: Taking Stock of State Policies." (2010).</li> <li>March of Dimes Data Book. <i>Maternal, Infant, and Child Health in the United States</i> (2016)</li> </ul> <p><b>Optional</b> none</p>	<p>study <i>Enrique's Journey</i> (due Sun 7/28)</p>
<p><b>Week 8</b> <b>Jul 29 -</b> <b>Aug 4</b></p>	<p>Children and Youth with Special Health Care Needs</p>	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>McPherson, M, Arango P, Fox H, et al. A new definition of children with special healthcare needs. <i>Pediatrics</i>.1998;102 :137- 140</li> <li>Musumeci, M. B. &amp; Foutz, J. (2018). <i>Medicaid's Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending</i>. Henry J. Kaiser Kaiser Family Foundation.</li> <li>Who Are Children with Special Health Care Needs</li> <li>AMCHP (March, 2014). <i>Standards for Systems of Care for Children and Youth with Special Health Care Needs. A Product of the National Consensus Framework for Systems of Care for Children and Youth with Special Health Care Needs Project.</i></li> </ul> <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>Bethell, Christina D., et al. "What is the prevalence of children with special health care needs? Toward an understanding of variations in findings and methods across three national surveys." <i>Maternal and child health journal</i> 12.1 (2008): 1-14.</li> <li>Boyle, Coleen A., et al. "Trends in the prevalence of developmental disabilities in US children, 1997-2008." <i>Pediatrics</i> 127.6 (2011): 1034-1042.</li> <li>Children and Youth with Special Healthcare Needs in Health People 2020: A Consumer Perspective</li> <li>Family Voices website</li> <li>Perrin, James M., et al. "A family-centered, community-based system of services for children and youth with special health care needs." <i>Archives of pediatrics &amp; adolescent medicine</i> 161.10 (2007): 933.</li> <li>Strickland, Bonnie B. et al. Assessing and ensuring a comprehensive system of services for children with special health care needs: a public health approach. <i>The American Journal of Public Health</i>, Feb, 2011, Vol.101(2), p.224(8).</li> <li>van Dyck, Peter C., et al. "Prevalence and characteristics of children with special health care needs." <i>Archives of pediatrics &amp; adolescent medicine</i> 158.9 (2004): 884</li> </ul>	<ul style="list-style-type: none"> <li>Complete data exploration exercise on CYSHCN using the National Survey of Children's Health (due Sun 8/4)</li> </ul>
<p><b>Week 9</b> <b>Aug 5 - 11</b></p>	<p>Family Planning and Reproductive Health</p>	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>Alkema, Leontine, et al. "National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis." <i>The Lancet</i> 381.9878 (2013): 1642-1652.</li> <li>Lu MC. Reducing Maternal Mortality in the United States. <i>JAMA</i>. 2018;320(12):1237–1238. doi:10.1001/jama.2018.11652</li> <li>MacDorman, M. F., Declercq, E., Cabral, H., &amp; Morton, C. (2016). Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends From Measurement Issues. <i>Obstetrics and gynecology</i>, 128(3), 447–455. doi:10.1097/AOG.0000000000001556</li> <li>Four Big Threats To The Title X Family Planning Program: Examining The Administration's New Funding Opportunity Announcement, <i>Health Affairs Blog</i>, March 5, 2018.DOI: 10.1377/hblog20180302.621189</li> <li>Shiffman, Jeremy, and Kathryn Quissell. "Family planning: a political issue." <i>The Lancet</i> 380.9837 (2012):181-185.</li> </ul>	<ul style="list-style-type: none"> <li>Complete Lesson 9 Discussion: Current state of family planning and reproductive health (initial post due Thurs 8/8, responses due Sun 8/11)</li> <li>Finish your VoiceThread presentation and post the link in next week's Final Project Forum by Sun 8/11</li> </ul>

		<ul style="list-style-type: none"> <li>• White et al. (2015). The impact of reproductive health legislation on family planning clinic services in Texas. <i>Am J Public Health</i>. 2015 May;105(5):851-8.</li> </ul> <p><b>Optional</b></p> <ul style="list-style-type: none"> <li>• Agénor, M., et al. (2017). Sexual orientation and sexual health services utilization among women in the United States <i>Preventive Medicine</i> 95. 74–81.</li> <li>• Canning, David, and T. Paul Schultz. "The economic consequences of reproductive health and family planning." <i>The Lancet</i> 380.9837 (2012): 165-171.</li> <li>• Langer, Ana. "Cairo after 12 years: successes, setbacks, and challenges." <i>The Lancet</i> 368.9547 (2006):1552-1554.</li> <li>• Frost, J. et al. (2002-2015). Trends in Receipt of Contraceptive Services: Young Women in the U.S., 2002–2015. <i>American Journal of Preventive Medicine</i>, Volume 56, Issue 3, 343 - 351</li> <li>• Reproductive Justice Briefing Book: A Primer on Reproductive Justice and Social Change. <a href="https://www.law.berkeley.edu/php-programs/courses/fileDL.php?fID=4051">https://www.law.berkeley.edu/php-programs/courses/fileDL.php?fID=4051</a></li> <li>• U.S. Selected Practice Recommendations for Contraceptive Use, 2016, <i>MMWR</i></li> <li>• U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 , <i>MMWR</i></li> <li>• Who Decides? The Status of Women's Reproductive Rights in the United States (Feb, 2018, 27th Ed.), NARAL.</li> <li>• <a href="https://www.prochoiceamerica.org/wp-content/uploads/2018/02/WhoDecides2018-withCover-2.pdf">https://www.prochoiceamerica.org/wp-content/uploads/2018/02/WhoDecides2018-withCover-2.pdf</a></li> <li>• Interactive Map: How State Policies Shape Access to Abortion Coverage (2017). <i>Women's Health Policy</i>. KFF, Henry J. Kaiser Family Foundation. <a href="https://www.kff.org/interactive/abortion-coverage/">https://www.kff.org/interactive/abortion-coverage/</a></li> <li>• Manlove, J. et al. (2014). Male Involvement in Family Planning: The Estimated Influence of Improvements in Condom Use and Efficacy on Nonmarital Births among Teens and Young Adults. <i>Child Trends</i>, Brookings. Working Paper #2014-36.</li> </ul> <p><b>Websites</b></p> <ul style="list-style-type: none"> <li>• DHS Survey Indicators - Family Planning: <a href="http://dhsprogram.com/data/DHS-Survey-Indicators-Family-Planning.cfm">http://dhsprogram.com/data/DHS-Survey-Indicators-Family-Planning.cfm</a></li> <li>• National Survey of Family Growth: <a href="http://www.cdc.gov/nchs/nsfg.htm">http://www.cdc.gov/nchs/nsfg.htm</a></li> <li>• CDC: What is the Pregnancy Risk Assessment Monitoring System (PRAMS)? <a href="http://www.cdc.gov/prams/">http://www.cdc.gov/prams/</a></li> <li>• Office of Population Affairs: <a href="http://www.hhs.gov/opa/index.html">http://www.hhs.gov/opa/index.html</a></li> <li>• CDC: Reproductive Health: <a href="http://www.cdc.gov/reproductivehealth">http://www.cdc.gov/reproductivehealth</a></li> </ul>	
<p><b>Week 10</b> <b>Aug 12 - 16</b></p>	<p>Health of School-Aged Children and Adolescents</p>	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>• No required readings</li> </ul> <p><b>Optional Readings</b></p> <ul style="list-style-type: none"> <li>• The Changing Face of America's Adolescents. Health and Human Services <a href="https://www.hhs.gov/ash/oah/facts-and-stats/changing-face-of-americas-adolescents/index.html">https://www.hhs.gov/ash/oah/facts-and-stats/changing-face-of-americas-adolescents/index.html</a></li> <li>• CDC Adolescent &amp; School Health: <a href="http://www.cdc.gov/healthyyouth/">http://www.cdc.gov/healthyyouth/</a></li> <li>• FastStats Adolescent Health: CDC <a href="https://www.cdc.gov/nchs/fastats/adolescent-health.htm">https://www.cdc.gov/nchs/fastats/adolescent-health.htm</a></li> <li>• FastStats Child Health: CDC <a href="https://www.cdc.gov/nchs/fastats/child-health.htm">https://www.cdc.gov/nchs/fastats/child-health.htm</a></li> <li>• Schwarz, Susan Wile (2009). Adolescent violence and unintentional injury in the United States. <i>Facts for Policymakers</i>.</li> <li>• Singh, Gopal K., Mohammad Siahpush, and Michael D. Kogan. "Rising social inequalities in US childhood obesity, 2003-2007." <i>Annals of epidemiology</i> 20.1 (2010): 40-52.</li> </ul>	<ul style="list-style-type: none"> <li>• A link to your VoiceThread presentation should have been posted to the Final VoiceThread Presentations forum already (it was due Sun 8/11)</li> <li>• Respond to at least one other classmates' presentation (due Fri 8/16)</li> </ul>



		<ul style="list-style-type: none"> <li>• Stagman, S M. &amp; Cooper, J. L. (2010). Children's mental health: What every policymaker should know." (2010). Columbia University Academic Commons. National Center for Children in Poverty.</li> <li>• Story, Mary, et al. (2008). Creating healthy food and eating environments: policy and environmental approaches." Annu. Rev. Public Health 29: 253-272</li> </ul>	
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## 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

The chart below outlines the expectations for this course. Further instructions and additional information are provided on the course Canvas site.

Activity	Description	Points	Due on:
Five lesson discussions	Participation in five class discussion on assigned weeks (5 points each = 30 points)	30 points	Weeks 1, 2, 3, 5, 6, 9
Monitoring and evaluation certificate	Completion of Monitoring and Evaluation online exercise	10 points	Week 4
Two exercises using <i>Enrique's Journey</i> case study	(1) Theoretical perspectives in MCH and (2) Indicators of child health	50 (25 points each)	Weeks 5, 7
CYSHCN data exercise	Profile CYSHC in a selected state using the National Survey of Children's Health	10 points	Week 8
Final presentation	Presentation VoiceThread	50 points	Week 10
<b>Total points</b>		<b>150 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>	
<b>Attendance Requirements</b>	

<p><b>Makeup Work for Legitimate Reasons</b></p>	<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.</p> <p>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>
<p><b>Extra Credit</b></p>	
<p><b>Saving &amp; Submitting Coursework</b></p>	<p><b>Documents that students submit are considered final;</b> students may not submit more than one version or draft of each assignment.</p>
<p><b>Technical Issues with Course Materials</b></p>	<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
<p><b>Epidemiology</b>  <i>Epidemiology is the study of patterns of disease and injury in human populations and the application of this study to the control of health problems.</i></p>	<p>Identify key sources of data for epidemiologic purposes</p>	<p>Data profile of CYSHCN using the National Survey of Children's Health</p>

<p>Social and behavioral sciences <i>The social and behavioral sciences in public health address the behavioral, social and cultural factors related to individual and population health and health disparities over the life course. Research and practice in this area contributes to the development, administration and evaluation of programs and policies in public health and health services to promote and sustain healthy environments and healthy lives for individuals and populations.</i></p>	<p>Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.</p> <p>Identify the causes of social and behavioral factors that affect health of individuals and populations.</p>	<p>Application of theoretical perspectives to case study Enrique's Journey</p>
<p>Diversity and culture <i>The ability to interact with both diverse individuals and communities to produce or impact an intended public health outcome.</i></p>	<p>Describe the roles of, history, power, privilege and structural inequality in producing health disparities.</p> <p>Cite examples of situations where consideration of culture-specific needs resulted in a more effective modification or adaptation of a health intervention.</p>	<p>Discussion on the history of MCH</p>
<p>Professionalism <i>The ability to demonstrate ethical choices, values and professional practices implicit in public health decisions; consider the effect of choices on community stewardship, equity, social justice and accountability; and to commit to personal and institutional development.</i></p>	<p>Discuss sentinel events in the history and development of the public health profession and their relevance for practice in the field.</p> <p>Apply basic principles of ethical analysis (e.g. the Public Health Code of Ethics, human rights framework, other moral theories) to issues of public health practice and policy.</p> <p>Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health.</p> <p>Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.</p> <p>Promote high standards of personal and organizational integrity, compassion, honesty and respect for all people.</p> <p>Analyze determinants of health and disease using an ecological framework.</p> <p>Embrace a definition of public health that captures the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated and rooted in social justice) and how</p>	<p>Elements of these objectives throughout all assignments</p>

	these contribute to professional practice.	
<b>Program planning</b> <i>The ability to plan for the design, development, implementation, and evaluation of strategies to improve individual and community health.</i>	Describe how social, behavioral, environmental, and biological factors contribute to specific individual and community health outcomes.  Describe the tasks necessary to assure that program implementation occurs as intended.  Explain how the findings of a program evaluation can be used.	Mapping Context exercise on theoretical perspectives using the case study Enrique's Journey Discussion forum on week on evaluation and Monitoring and Evaluation exercise linked to the program planning and evaluation lesson on week 4

### MCH Competencies addressed in this course

There are 12 MCH Leadership competencies; this class covers some dimensions of #1, #2, #4, #5, #7, and #12 throughout the course as listed in the chart below:

Competency	Overview
1. MCH Knowledge Base/Context/SELF	MCH is a specialty area within the larger field of public health, distinguished by the promotion of the health and well-being of all women, children, adolescents, fathers, and families, especially in disadvantaged and vulnerable populations, and a life cycle approach to theory and practice.
4. Critical Thinking/SELF	Critical thinking is the ability to identify an issue, dilemma, or problem; frame it as a specific question; explore and evaluate information relevant to the question; and integrate the information into development of a resolution. An advanced manifestation of critical thinking is evidence-based practice – the conscientious, explicit, and judicious use of current best evidence about practice, the creation of policy, and the conduct of research.
5. Communication	Communication is the verbal, nonverbal, and written sharing of information. The communication process consists of a sender who encodes and presents the message and the receiver(s) who receives and decodes the message. Communication involves both the message (what is being said) and the delivery method (how the message is presented).
7. Cultural competency	Cultural competence is the knowledge, interpersonal skills, and behaviors that enable a system, organization, program, or individual to work effectively cross-culturally by understanding, appreciating, honoring, and respecting cultural differences and similarities within and between cultures. The acquisition of cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.
8. Family-centered care	Family-centered care ensures the health and well-being of children and their families through a respectful family-professional partnership that includes shared decision-making. It honors the strengths, cultures, traditions, and expertise that everyone brings to this relationship. Historically, in the field of MCH, the concept of family-centered care was developed within the community of parents, advocates and health professionals concerned for children and youth with special health care needs (CYSHCN).
12. Policy and advocacy	A policy is a decision designed to address a given problem or interrelated set of problems that affect a large number of people. Advocacy consists of activities carried out on behalf of policies or constituencies; its purpose is to influence outcomes that affect peoples' lives. MCH leaders need to possess policy and advocacy skills, because they often must defend and advocate for MCH resources in competitive economic and political environment.