I. Course Description

The purpose of this course is to examine topics in women’s health in the United States; the programs, services, and policies that affect women’s health; and methodological issues in research about women’s health. The course content will emphasize the social, economic, environmental, behavioral, and political factors associated with women’s health. The epidemiology, measurement and interpretation of these factors, and how these factors can be translated into interventions, programs, and policy, will be of major interest.

The course is an overview course of a broad topic area. Because this course is only 14 sessions long, some topics will not be covered in depth and some topics may not be covered at all. To satisfy student curiosity, the assignments are intended to encourage students to examine topics that may not be covered through lecture, discussions, and readings.

II. Course Prerequisites

The course is appropriate for Public Health or Graduate Schools students. Because much of the class evaluation will be based on written assignments, students are expected to write at a graduate level and be aware of conventional methods of writing in the biomedical or social sciences. This course is recommended for MCH MPH students are concentrating in epidemiology.
III. Course Goals and Objectives

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

• Understand the life course perspective on women’s health and health care interventions, programs, and policy.
• Understand medical and public health practices directed at women—and how they compare, complement, or conflict with one another.
• Analyze a women’s health problem relative to its public health implications.
• Understand the terminology and vocabulary used in the women’s health literature.
• Understand how data collection and measurement can affect the validity of women’s health indicators.
• Understand the value and limitations of various tools that are used to measure and monitor women’s health.
• Identify major demographic, behavioral and environmental factors that are associated with women’s health and how such factors may be incorporated into public health interventions, programs, and policies.
• Identify trends in major health conditions that affect women.

IV. Methods of Instruction and Work Expectations

A. Course Format

Class sessions will include lecture, discussion, and, time permitting, in-class exercises, to accommodate a diversity of learning styles. Presenters will include the instructor and guest professionals with clinical, research, or programmatic expertise in women’s health.

B. Expectations of Students

Students must complete all of the following requirements to earn a passing grade in the course. Written assignments must be delivered on the due date, usually via the course website.

1. Assigned readings (available on website). Assigned readings should be done before class to enhance students’ learning. The readings are important for completion of course papers, quizzes, and class discussion. Readings will complement lectures and expand on them; the readings will relate to the session topic, but not necessarily the lecture content. Both readings and lecture materials are considered important to survey the broad session topics.

2. Quizzes (15% of grade each; 30% of grade total). There will be two take-home quizzes. They are intended to encourage active engagement with course readings. Due dates (upload to website): September 18, 2013 and September 27, 2013.

3. Factsheet (25%), its presentation (5%) and evaluation of 5 other factsheets (5%); total = 35%

This project involves (1) developing a factsheet for everyone in the class (students will upload it on the website and bring hard copies for 3-4 small group members + themselves + Dr. Hellerstedt); (2) presenting the factsheet findings informally in small groups of 4-5 people (i.e., 3-4 people + student); and (3) evaluating the factsheets of 5 students as assigned by Dr. Hellerstedt.
The factsheet will allow students to educate others about any one of the following broad areas: (1) an **outcome or exposure** in women’s health (e.g., a specific STI, bone health, a specific chronic disease, morbidity associated with accidents, a specific substance of abuse). Students may describe either the magnitude of the health condition/exposure or how it can best be measured; (2) a **program or intervention approach** (e.g., prenatal care for incarcerated women; hormone replacement therapy); or (3) a **policy** or initiative that affects the provision of care or attainment of optimal health (e.g., contraceptive insurance coverage; worksite protection policies).

There are to major aims of this project: (1) allow students to explore a single question or topic in women’s health, gather a bit of information, and share it with other students; and (2) understand how to create a factsheet—or any summary of complex information—for a professional audience. Evaluating the factsheets of a few other students will help students understand what works and what does not work in factsheets.

Basic instructions for the factsheet:

- **Students should produce a 2-page factsheet. If a student needs more than 2 pages, fine.**

- On the day of the presentation, students must bring enough hard copies for their small group (e.g., 4-5 students) and upload the factsheet to the course website.

- An appropriate factsheet would introduce a topic in one paragraph (e.g., definitions); create a table describing its epidemiology (e.g., the number and types of women affected) or find a public use table (and cite it); have some bullet points that identify key issues; write a concluding statement reiterating the importance of the topic or identifying next steps in treatment, research, or policy; and end with a short (<10 citations) reference list for further information. **The reference list should be in either APA or Vancouver style.**

- The presentation involves the student providing an overview of his/her factsheet. A rich presentation would include the author’s discussion of the process of finding information to create the factsheet and perceived gaps or uncertainties in knowledge. The student should allow for a 10-15 minute presentation and about 5 minutes for questions. The presentation is intended to give students experience in preparing information for brief dissemination and an opportunity to share findings with others. It is suggested, given the size of the class, that the students prepare their presentations to highlight about 5 major points (almost like bullet-points) that can be briefly conveyed in the small group. These are informal presentation—no PowerPoint. Just sit down, distribute the factsheet, and share information.

- Students have a rubric (Appendix A) that will help them design their factsheets and evaluate other students’ factsheets. For the peer evaluation, the student will assign a numeric score and provide comments assessing the quality of the work using the evaluation form at the end of the syllabus.

**If any of the elements of the factsheet are plagiarized, the student will receive 0 points for the assignment. Due dates:**

*Send Dr. Hellerstedt your factsheet topic, via e-mail (helle023@umn.edu), by September 27, 2013. Student-led discussion/presentation of factsheet in class: October 4, 2013. Anonymously evaluate 5 student factsheets (as assigned by Hellerstedt) and upload to website: October 9, 2013.*
4. Creating a better world for women: Developing an idea for a policy, program, or research question. Written proposal outline = 15% and presentation = 5%.

Select a public health issue that affects women and that you are interested in learning more about. Our readings and class lectures provide some ideas, but it is perfectly OK to identify a topic (narrow or broad) that we have not had the opportunity to examine.

Develop a model for a policy or a program to prevent a health issue or promote health based on scientific evidence. Or, if you feel there is an important gap in the literature, identify a research question for an etiologic, descriptive, or qualitative research project.

This is an informal project, intended to be presented as a written outline that will be given to Dr. Hellerstedt and described to a small group of students.

Due date for student-led discussion of the project/study and submission to Dr. Hellerstedt: October 18, 2013 (last day of class).

5. In-class “coffee chats” (3% for each of 5 chats = 15% of grade). In-class exercises (“coffee chats”) are described on the course schedule. They are intended to introduce students to resources in women’s health. They are informal, small group exercises that, optimally, encourage critical thinking. They will take 20-40 minutes of class time. Students will spend time outside of class finding a resource and then discuss it in a small group. Students are encouraged to bring hard copies of the information they wish to share with 3-4 small group members.

6. Attendance (0% of grade). There are only 14 class periods and it is expected that students attend each class. Lecture materials are not replicated in the readings and it is hoped that students will participate in, and learn from, informal and structured student discussions and activities.

7. Other notes

• Tardiness. Dr. Hellerstedt and the students should all do their best to arrive to class by the start time of 1:25 pm. Latecomers are disruptive and interrupt the flow of dialogue or lecture. Timeliness is a sign of respect and, while it is acknowledged that one cannot always be on time for reasons beyond one’s control, every effort should be made to be on time, as a show of respect for the students and the instructor.

• Use of personal computers and telephones in class. There is NO REASON to use personal computers or electronic gadgets in class. Such use is rude and distracting to lecturers and students. A student must have permission from Dr. Hellerstedt to use a computer in class; permission will be granted if such use is necessary for class participation/comprehension of course materials. If a student feels it is necessary to check e-mails, for example, during class time, s/he should leave the classroom to do so. If this happens, 1 point will be deducted (as an absence) for every 20 minutes away from the classroom.

• Reference style. Use only Vancouver (preferred), as described at The Vancouver reference style is described at http://www.lib.monash.edu.au/tutorials/citing/vancouver.html and used in most medical and
public health journals or (less preferred) APA style (some info at http://owl.english.purdue.edu/owl/resource/560/01/). *Every semester, at least one student produces work using another reference method. This is NOT OK. One must use the style that is appropriate for public health writing—and points will be deducted from the work if Vancouver or APA style is not used. One special note: it is rare to use footnotes in public health writing, so please do not do so.*

V. Course Text and Readings

The course website has the PDF copies of course readings, a copy of the syllabus, copies of assignments, and course lecture slides (posted the day they are delivered) from Dr. Hellerstedt. It will also have a discussion board, which has the potential for students to share resources and thoughts about women’s health.

The easiest way to log in to a course site is to log in to the myU portal (https://www.myu.umn.edu/). Locate the link for your course site under MY COURSES AND TEACHING. Use your University of Minnesota Internet ID and password to log in. This is the same ID and password you use to get your e-mail at the University.

• If you are a new student and have never used your Internet ID, go to https://www.umn.edu/initiate to initiate your account.
• If you are a staff member at the University of Minnesota, be sure to use your student Internet ID, and not your staff Internet ID.
• If you do not know your Internet ID and password or have other problems, contact the Technology Helpline at (612) 301-4357.

VI. Course Outline/Weekly Schedule

*Note: The objectives for each topic area are listed. These objectives should be fulfilled by lecture and reading materials.*

Part I: Approach to studying women’s health status indicators, research initiatives, and health care services for women.

1. 9/04/13 Introduction
   Defining women’s health

   • Student and instructor introductions.
   • Review of syllabus and definition of plagiarism.
   • What is women’s health—and why women’s health?
   • What is a life-course perspective?

Required readings:

Optional readings:

• HRSA has a good website for life course readings and resources, http://mchb.hrsa.gov/lifecourseapproach.html.

2. 9/06/13 Overview of women’s health in the U.S.

• Major health conditions and exposures: how do we examine magnitude and impact?
• The Affordable Care Act and women’s health.

Required readings:

• Lantz PM. The Affordable Care Act and clinical preventive services for women: achievements and caveats. Women's Health 2013;9(2):121-123.

Coffee Chat

Discuss your understanding of the lifecourse approach in understanding health outcomes/disease risk. Think about how you would approach studying the etiology of—or intervening on—a health outcome (e.g., obesity). Prepare by reading this week’s readings.

3. 9/11/13 How does the health of men and women differ? Gender/sexual orientation

• How do major indicators of health vary between women and men?
• What is gender? What is sex?

Required readings:


Optional readings:

4. 9/13/13  Categorizations and disparities: race, class, and stigma

• What are the historical—and current—uses of “race” and “socioeconomic status” in research?
• Can assumptions about race, class, and “otherness” influence public health interventions, policies, and medical practice?
• What are race and class differences in major women’s health outcomes in the U.S.? How does class over the life course affect risk for disease?
• Trends in health by traditional SES variables—how good are the “traditional” variables?
• What is stigma?

Required readings:

Optional readings:
• Krieger N. Stormy weather: race, gene expression, and the science of health disparities. Am J Public Health 2005;95:2155-2160. This is an old reading that remains timely because it is so thoughtful (and controversial). Krieger should be read by all public health students.
Coffee Chat:
Go to the Office of Women’s Health website and get a sense of what kind of data are available in the Women’s Health and Mortality Chartbook for 2013, http://www.healthstatus2020.com/chartbook/ChartBookData_search.asp. Examine the profile of women’s health for Minnesota. Bring the information to class (or have it as a PDF on your computer). Discuss MN disparities, by race, and MN status, as a whole and by race group. If you want to look at another state and compare specific data to Minnesota, feel free to do so.

Part II: The environments in which women live. It is important to consider how the society in which women live, their families (biological, legal, and adopted), and work could influence women’s health

5. 9/18/13 Exposure of women to physical environments

• What are the salient physical and chemical exposures of non-occupational environments?
• How do women’s responses to toxic exposures vary over the life course?
• How can toxic exposure vary between men and women?
• How well do we understand—and measure—toxic exposures?
• Women in the workplace: ergonomic conditions and reproductive risks.
• Job-related stress: are traditional measures, based on studies of men, useful? What are the possible behavioral and chronic disease correlates of work-related stress?
• Do work-related and family-related stresses interact or modify each other? Do women bring their work home or their homes to work?

Required readings:


Optional readings:

• Béranger R, Hoffmann P, Christin-Maitre S, Bonneterre V. Occupational exposures to chemicals as a possible etiology in premature ovarian failure: A critical analysis of the literature. Repro Toxicol 2012; 33(3):269-279. This is a complex paper, but a good review of a complex topic!
• Payne S, Doyal L. Older women, work and health. Occupational Medicine 2010;60:172-177.

Quiz Due

6. 9/20/13 Women and relationships: Family, social networks and exposure to intrapersonal violence

• Familial and intimate-partner violence: how are we measuring it? What are suspected health correlates? Is violence associated with pregnancy outcomes?
• How are social networks defined? What are their implications for health?
• What is the influence of women as caregivers on health care, health status, and stress?

Required readings:

• Cable N, Bartley M, Chandola T, Sacker, A. Friends are equally important to men and women, but family matters more for men's well-being. J Epidemiol Community Health 2013; 67(2):166-171.
• Lanza di Scalea T, Matthews KA, Avis NE, et al. Role stress, role reward, and mental health in a multiethnic sample of midlife women: results from the Study of Women's Health Across the Nation (SWAN). J Women’s Health 2012; 21(5):481-489.

Optional readings:

• Cannuscio CC, Jones C, Kawachi I, Colditz GA, Berkman L, Rimm E. Reverberations of family illness: a longitudinal assessment of informal caregiving and mental health status in the Nurses’ Health Study. Am J Public Health 2002;92:1305-11. This is old, but it comes from an important study (Nurses’ Health) and is one of the best papers on caregiving and health

Coffee Chat: Go to CDC’s Health, United States, 2012 at http://www.cdc.gov/nchs/data/hus/hus12.pdf. Find one table or graph of interest to you and make copies to share in a small group.

Part III: Health conditions. This course cannot cover every relevant health condition. However, it will provide a survey of major categories of conditions.

7. 9/25/13  Cancer
    Guest: Dr. Kristin Anderson

Required readings:

• Siegel R, Naishadham D, Jemal A. Cancer statistics, 2012. CA: A Cancer Journal for Clinicians 2012;62(1):10-29. This is a long article, so feel free to read quickly to pick up some main points.

Optional readings:


8. 09/27/13  Reproductive health

Required readings:


Optional readings:


Quiz Due
Factsheet Topic Due

Coffee Chat

Go to CDC’s page for National Survey of Family Growth (NSFG) data, http://www.cdc.gov/nchs/nsfg/key_statistics.htm. Select one topic of interest, click on it and bring one table or graph for you and 3 other students to discuss. You will note that, depending on the topic, some data are as old as 2002 (the most current data are from the 2006-2010 cycle of the survey). Go to the general page for NSFG, http://www.cdc.gov/nchs/nsfg.htm, to get a sense of the most recent publications (feel free to select your table/topic from one of them).

OR go to the Guttmacher Institute, http://www.guttmacher.org/, and find data on a topic of interest to you. Print a table or graph for you and 3 other students to discuss.

9. 10/02/13 Conditions of young and middle-aged women (including autoimmune diseases)

Required readings:

Optional readings:


10. 10/04/13 Factsheet presentations

11. 10/09/13 Mental health/substance use

Required readings:


Optional readings:


12. 10/11/13 Aging

Required readings:


Optional readings:


Coffee Chat

Go to the latest report of the National Hospital Discharge Survey, http://www.cdc.gov/nchs/nhds.htm, and select one table or graph of interest to you that will allow you to better understand women’s health and/or differences/similarities between women and men. Bring copies for you and 3 students for a small group discussion.

OR Go to the page with early release data from the National Health Interview Survey, http://www.cdc.gov/nchs/nhis.htm, and select one table/graph about a women’s health concern of interest to you. Bring copies for you and 3 students for a small group discussion.

OR Go the most recent (2010 deaths, published in May 2013) national death summary, http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf. You might find that the tables, beginning on page 69, are the most useful for you to find some data to discuss differences in rate/number of deaths by age group, race or Hispanic ethnicity, or between females and males.
13. 10/16/13  Cardiovascular disease

**Required readings:**


**Optional readings:**


14. 10/18/13  **Project presentations**
VII. Evaluation and Grading

This is a 2-credit class. One graduate credit is generally defined (e.g., by the Higher Learning Commission) as requiring 1 in-class hour and a minimum of 2 out-of-class hours of learning for every class meeting (i.e., a 2-credit class = 2 in-class hours + a minimum of 4 hours outside of class for every meeting). Because we have 14 sessions, 4 hours x 14 = a minimum of 56 hours of work outside of class is expected for the entire course.

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

<table>
<thead>
<tr>
<th>Assignment</th>
<th>% of Final Grade</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quiz 1</td>
<td>15%</td>
<td>9/18/13</td>
</tr>
<tr>
<td>Quiz 2</td>
<td>15%</td>
<td>9/27/13</td>
</tr>
<tr>
<td>Factsheet</td>
<td></td>
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<tr>
<td>E-mail topic to Hellerstedt</td>
<td>0%</td>
<td>9/27/13</td>
</tr>
<tr>
<td>Factsheet copied for small group members and posted on website</td>
<td>25%</td>
<td>10/04/13</td>
</tr>
<tr>
<td>Presentation</td>
<td>5%</td>
<td>10/04/13</td>
</tr>
<tr>
<td>Factsheet evaluation of peer work</td>
<td>5%</td>
<td>10/09/13</td>
</tr>
<tr>
<td>Coffee chat participation (3% each x 5)</td>
<td>15%</td>
<td>see schedule for dates</td>
</tr>
<tr>
<td>Final project (written)</td>
<td>15%</td>
<td>10/18/13</td>
</tr>
<tr>
<td>Presentation of final project to small group</td>
<td>5%</td>
<td>10/18/13</td>
</tr>
</tbody>
</table>

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

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

D. Students are encouraged to participate in the discussion board on the course website.

E. Grading Criteria

University grading policies are on http://www.policy.umn.edu/Policies/Education/Education/GRADINGTRANSCRIPTS.html

Letter grades and associated points are awarded in this course as follows below, and will appear on the student’s official transcript. The S grade does not carry points but the credits will count toward completion of the student’s degree program if permitted by the college or program.

NOTES:

1. Grades will not be rounded up. If a student earns a 94.75, the grade will be an A-.
2. Because students have been exposed to some grade inflation in some classes, they have been led to believe that any grade less than A is a poor grade. This is not the case. Please read the following description of grades. Grades above C are considered above average. In the interest of fairness, Dr. Hellerstedt will not negotiate grades.

<table>
<thead>
<tr>
<th>Grade Points</th>
<th>Description</th>
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<tbody>
<tr>
<td>A = 95-100</td>
<td>(4.0) Represents achievement that is outstanding relative to the</td>
</tr>
</tbody>
</table>
A level necessary to meet course requirements.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-</td>
<td>90-94</td>
<td>3.67</td>
</tr>
<tr>
<td>B+</td>
<td>87-89</td>
<td>3.33</td>
</tr>
</tbody>
</table>

Represents achievement that is significantly above the level necessary to meet course requirements.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-</td>
<td>80-82</td>
<td>2.67</td>
</tr>
<tr>
<td>C+</td>
<td>77-79</td>
<td>2.33</td>
</tr>
</tbody>
</table>

 Represents achievement that meets the course requirements in every respect.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-</td>
<td>70-72</td>
<td>1.67</td>
</tr>
<tr>
<td>D+</td>
<td>65-69</td>
<td>1.33</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>GPA</th>
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</thead>
<tbody>
<tr>
<td>F</td>
<td>&lt;55</td>
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</tbody>
</table>

Represents failure and signifies that the work was completed but not at a level of achievement worthy of credit.

S/N Grade Option

The S/N option is available for this class. S represents achievement that is satisfactory, which is equivalent to a B- or better (i.e., at least 80 points earned). N represents no credit and signifies that the work was not completed at a level of satisfactory achievement and carries no grade points.

F. Make-up Policy

Most assignments are date dependent since they involve class time, so it is very important to have assignments completed on time. If you are unable to turn in an assignment by the assignment due date, you must arrange for an extension with Dr. Hellerstedt prior to the due date. Extensions may be granted for extreme circumstances, like unanticipated illnesses or other emergencies. If you do not contact the Dr. Hellerstedt prior to the due date and turn it in late, the assignment will receive one grade below what it would have earned had it been submitted on time—if it will be graded at all (i.e., a student cannot make up a missed “coffee chat” assignment or a missed presentation). An e-mail or phone message is appreciated for unanticipated absences.

G. Incomplete Contracts

Dr. Hellerstedt will NOT assign an incomplete unless there are extreme circumstances. The following represents University policy:

“
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 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: www.sph.umn.edu/grades."

School of Public Health policy further states:
“After a review of transcripts (end of semester), instructors teaching School of Public Health courses will be contacted by the Student Services Center regarding assigned grades of “I” for students. If a written agreement exists between the student and instructor, the incomplete will remain on the transcript per the terms of the agreement. If a written agreement does not exist and an incomplete was submitted for the student without a written agreement, a grade of “F” or “N” will be officially submitted by the Student Services Center. If the student does not comply and meet the deadlines as determined in the written agreement, a grade of “F” or “N” will be officially submitted by the Student Services Center.”

H. University of Minnesota Uniform Grading and Transcript Policy

A link to the policy can be found at onestop.umn.edu.

I. Course Evaluation

The SPH collects 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.

VIII. Other Course Information and Policies

A. 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.

B. 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 Student Services Center at sph-ssc@umn.edu for further information.

C. Student Conduct, Scholastic Dishonesty and Sexual Harassment Policies

Students are responsible for knowing the University of Minnesota, Board of Regents' policy on Student Conduct and Sexual Harassment found at www.umn.edu/regents/polindex.html.

Students are responsible for maintaining scholastic honesty in their work at all times. Students engaged in scholastic dishonesty will be penalized, and offenses will be reported to the SPH Associate Dean for Academic Affairs who may file a report with the University’s Academic Integrity Officer.
The University’s Student Conduct Code defines scholastic dishonesty as “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; or altering, forging, or misusing a University academic record; or fabricating or falsifying of data, research procedures, or data analysis.” Plagiarism is an important element of this policy. It is defined as the presentation of another's writing or ideas as your own. Serious, intentional plagiarism will result in a grade of "F" or "N" for the entire course. For more information on this policy and for a helpful discussion of preventing plagiarism, please consult University policies and procedures regarding academic integrity:
http://writing.umn.edu/tww/preventing/

Students are urged to be careful that they properly attribute and cite others' work in their own writing. For guidelines for correctly citing sources, go to http://tutorial.lib.umn.edu/ and click on “Citing Sources.” Dr. Hellerstedt also provides an example of what is—and is not—plagiarism on the course website.

In addition, original work is expected in this course. Unless the instructor has specified otherwise, all assignments, papers, reports, etc. should be the work of the individual student. It is unacceptable to hand in assignments for this course for which you receive credit in another course unless by prior agreement with the instructor. Building on a line of work begun in another course or leading to a thesis, dissertation, or final project is acceptable.

D. Disability Statement

It is University policy to provide, on a flexible and individualized basis, reasonable accommodations to students who have a documented disability (e.g., physical, learning, psychiatric, vision, hearing, or systemic) that may affect their ability to participate in course activities or to meet course requirements. Students with disabilities are encouraged to contact Disability Services to have a confidential discussion of their individual needs for accommodations. Disability Services is located in Suite180 McNamara Alumni Center, 200 Oak Street. Staff can be reached by calling 612/626-1333 (voice or TTY).

E. Mental Health Services

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 or reduce a student’s ability to participate in daily activities. University of Minnesota services are available to assist you with addressing these and other concerns you may be experiencing. You can learn more about the broad range of confidential mental health services available on campus via www.mentalhealth.umn.edu.
Appendix A: Factsheet
Due 10/04/13
(factsheet, 25%; presentation, 5%; evaluation of student work, 5%; TOTAL = 35%)

This project involves (1) developing a factsheet for everyone in the class (hard copy for small group and posted online for rest of class); and (2) presenting the factsheet findings informally in small groups of approximately 4-5 people. Its purpose is to allow students to explore a single question or topic in women’s health, gather a bit of information, and share it with other students. The factsheet will allow students to succinctly (approximately 15 minutes) educate others about one of the following broad areas: (1) an outcome or exposure in women’s health (e.g., a specific cancer, domestic violence, infertility). Students may describe either the magnitude of the health condition/exposure or how it can best be measured; (2) a program or intervention approach, or a health-care access issue (e.g., prenatal care for incarcerated women; hormone replacement therapy); or (3) a policy or initiative that affects the provision of care or attainment of optimal health (e.g., contraceptive insurance coverage; worksite environmental protection policies).

What is the product of this project? The student should produce a 2-page factsheet. If a student needs more than 2 pages, fine. Even though the student will present in small groups it is important that the information be shared with everyone online. The presentation of the factsheet should be well-organized and not be more than 15-20 minutes in length (i.e., a 10- or 15-minute presentation and 5 minutes for questions). The presentation is intended to give students experience in preparing information for brief dissemination and an opportunity to share findings with others. It is suggested, given the size of the class, that the students prepare their presentations to highlight about 5 major points that can be briefly conveyed to their group members. These are informal presentation—no PowerPoint. Just sit down, distribute the factsheet, and share information.

The student should choose a topic that is of interest to him/herself—use the class assignment to give yourself permission to explore something s/he wants to know more about.

A. What is a factsheet?

It is an “at-a-glance” tool. In public health, factsheets are used to convey health information to the public or to providers. They are also used to educate key stakeholders and legislators about policy or program needs.

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

| The purpose of the factsheet is to educate other students by providing a basic, yet comprehensive, outline of a topic. |
B. Who is the target audience? 

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

C. What are the elements of the factsheet? 

The factsheet should be about 2 pages long, although it may be longer. Components include the following:

- Student name and month/year of development on the top line (i.e., Jane Jones/October 2013)
- Title of the factsheet on top. Suggestion: the title should be in larger font than the rest of the text, in boldface and centered.
- Single-spaced text. If the student includes one or two graphics, some white space, or even some text in a box, s/he will have a more visually engaging handout.
- 12-point font (10-point is the smallest): the factsheet must be readable. The student may use whatever font s/he wishes to use, but—for readability—conventional fonts (e.g., Times New Roman) are best.
- Self-contained text. The text must not refer to previous documents and assume that the reader has read them.
- Bullet points, instead of many sentences in paragraph form. This is an effective way of communicating a lot of information succinctly.
- Subheads. They should be in bold face and they should be descriptive, allowing the reader to get a good sense of the outline for the factsheet. Students should not use over-used, cliched subhead titles like, “Adding it All Up” or “What's It All About.” These subheads are generic and say nothing. Descriptive (and longer) subheads will help the reader (e.g., “Long-acting Contraceptive Use Results in Fewer Unintended Pregnancies”).
- Summary paragraph at the beginning that contains the main points of the factsheet. The summary could be 3-4 sentences that include a:
  - Short and simple definition of the topic (e.g., endometriosis is a condition that affects women…)
  - One or two clarifying sentences (e.g., an outline of symptoms, who is affected, health effects)
  - A concluding statement that will encourage the reader to read the factsheet.
- A main body with several subheads and, for best effect, one or two graphics, boxes, or figures with data.
- References for all statements of fact. Students must use legitimate references (e.g., journal articles, recognized national or state database websites. DO NOT USE data from advocacy organizations—it is often wrong and often incomplete). To conserve space, use numbered references in the text (i.e., the Vancouver method). If the student uses APA style, it is OK to vary that style by listing only the first author and year of publication. If more than one author, list Jones, et al., 2002). REMEMBER TO PROVIDE CITATIONS FOR GRAPHS, FIGURES, AND PHOTOS, TOO. The Vancouver reference style is described at http://www.lib.monash.edu.au/tutorials/citing/vancouver.html
- Conclusion. A strong factsheet will have a 3-6 sentence conclusion, summarizing major points and perhaps encouraging the reader to seek further information (the student will provide guidance about that!) or to simply take the topic seriously. It is often easiest to write the
conclusion (and summary paragraph) last.
• A reference list for further information. In addition to references (reflecting citations in the text), factsheets often have a concluding section called For Further Information. This is a short bullet-pointed list of articles or legitimate resources for further information. It may be placed before (preferable) or after the reference list. The student may or may not want to include this.

**Important**

• Other factsheets may not be used as resources for the student factsheet unless they were produced by legitimate organizations (e.g., CDC). Information must come from legitimate sources (e.g., peer-reviewed articles, government websites) and not advocacy organizations, Wikipedia, blogs, newspapers, etc.
• The factsheet must be written in the student’s own words. **Concerns about plagiarism extend to this assignment.**
• The factsheet must be proofread grammar, spelling, and syntax. Such errors can make the reader distrust the information you are providing.
• The writing style must be professional and formal (e.g., no jargon, no hyperbolic statements).
• The factsheet must be written in the third person.

**D. Examples**

Factsheets often involve fancy graphics and formatting, but students should not struggle with those things for this assignment. What is relevant about factsheets is how they cover topics and provide information. Students will thus want to present factsheet-like text. The sheets may certainly have graphs (tables and figures reproduced from other sources); in fact, such things will likely improve the factsheet. However, students should not fuss with photos and fancy styling, as seen in professionally produced factsheets. Students should think about factsheets that they thought were useful and think about the elements that made them so when producing their own factsheets.

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

1. Kaiser Family Foundation, [http://www.kff.org/content/factsheets.cfm](http://www.kff.org/content/factsheets.cfm) (see Topics and select among them on this page). See, for example, Medicaid policy throughout the lifespan for women at [http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7213-04.pdf](http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7213-04.pdf). This provides good information, descriptive subheads, and well organized text. It is longer than what is required for this class and it does not use the reference style required for this assignment.
2. The Guttmacher Institute, [http://www.guttmacher.org](http://www.guttmacher.org) (see Resource list on left hand side of page). For example, if you choose Abortion and, on the Abortion page, under State Policies, choose the “Choose Life” License Plates, you will find a nice factsheet. The text may be a bit less than what is expected for this class, but the table likely took hours to construct and thus makes this a good sheet.
3. The Centers for Disease Control and Prevention has good factsheets (and they can be used as sources for student factsheets because CDC produces most of the data it uses). For example, the HPV factsheet at [http://www.cdc.gov/std/hpv/HPV-Factsheet-March-2013.pdf](http://www.cdc.gov/std/hpv/HPV-Factsheet-March-2013.pdf) has descriptive subheads, succinct writing, and decent layout (it fails to cite statements of fact or have a reference page!).

**E. Evaluation**
Students will receive 0-25 points based on the quality of their factsheets*; 5 points for bringing copies to class and discussing it in a small group; and 5 points for evaluating factsheets the factsheets of 5 other students (1 point per student evaluation).

* To assess factsheet quality, the student will receive 0-5 points for each of the following items (and will use the following criteria for student evaluations).

- Organization. Does the information flow well? Is the sheet organized in a logical manner? Is the sheet visually appealing?
- Details. Does the factsheet have an introduction, statements of fact, and a conclusion?
- Comprehensiveness. Does the factsheet appear to contain relevant information about the topic? Are there important gaps in information? Are there factual errors in the factsheet?
- Writing. Is the sheet well written (grammar, spelling, syntax)? It is very important to consider whether information may have been taken from another source without attribution (i.e., plagiarism). It is fine to use materials—including graphs and figures—with attribution.
- Accuracy and relevance. Is the information accurate and current? Are the data sources appropriate (e.g., information should not be taken from other factsheets—unless they are government-sponsored or legitimate, like Guttmacher—or entirely taken from websites)?
Appendix B
Creating a better world for women: Developing an idea for a policy, program or research study
Due: 10/18/13
(written proposal, 15%, and presentation, 5%)

Students should select a public health issue that affects women and that they are interested in learning more about. Class readings and lectures provide some ideas, but it is perfectly OK to identify a women’s health topic (narrow or broad) that has not been covered in class. It is also OK to use a topic that was used for the factsheet assignment, as long as there is some variability. For example, a student may have discussed the incidence and prevalence of cervical cancer in a factsheet and will develop a proposal to provide a primary prevention program about cervical cancer.

Students will develop a model for a policy or a program to prevent a health issue or promote health based on scientific evidence. Or, if a student feels that there is an important gap in the literature, s/he may identify a research question for an etiologic, descriptive, or qualitative research project. Many of the course readings reflect research projects—and many of them conclude with comments about next steps in filling knowledge gaps. When reviewing the literature to develop the intervention (program)/policy model and/or research question, students should:

- Critically review programs and policies designed to prevent the health problem or promote health OR the research literature that supports the proposed project
- Assess the rigor of the strategies that have been used to evaluate relevant programs or policies and/or the quality of evidence that supports the research question
- **For programs or policies, ask the following questions:** Are existing programs/policies effective? What doesn’t work? The components that work obviously belong in the proposal model. **For program, policy and/or research question, ask:** what does the literature say about key sample, measure, and/or analytic considerations?

Based on a critical review of the literature, the student will develop an outline for a policy or a program OR a research question that is evidence-based and supported with research. The outline (i.e., what is shared with the class) should be short (3-5 pages). The student may consider items a-e below as the major headings in the outline; subheads are suggested in item c:

a. **BACKGROUND.** Brief background about the health issue—magnitude, who is affected, severity (approx. 2 paragraphs).

b. **APPROACH.** Short review of programs and policies that currently address the health issue—approaches, evidence about efficacy, gaps in knowledge (approx 2-3 paragraphs) AND/OR short review of what we know to date and what gap the proposal aim or research question will fill.

c. **AIMS AND METHODS.** Description of the proposed policy, program, or research question. Students should use subheads like this: (1) LONG-TERM AND SHORT-TERM AIM: E.g., “I intend to conduct a series of qualitative interviews with women about their experiences of workplace violence (short-term aim) in order to inform development of workplace anti-harrassment policies (long-term aim)”. THE PROJECT WILL ONLY FOCUS ON THE SHORT-TERM AIM. The long-term aim is down the road (and beyond the scope of this project); (2) rationale (1-2 sentences, based on items a and b); (3) design (e.g., a longitudinal study, a series of structured interviews); (4) intended audience (for program/policy) or sample (i.e., for whom will your results be relevant?); (5) implementation (e.g., steps in developing program/policy, data collection and analytic strategy in a research project); (6) anticipated outcomes (i.e., desired
outcomes or main effects); and (7) evaluation/assessment methods (i.e., how will the anticipated key finding of the project be derived)? Think about what “the product” of the work will be—e.g., if the aim is to assess the association between x and y, what methods must be used to validly do that? Obviously all of these subheads are related (e.g., data collection and analytic strategy are tied to evaluation/assessment). This section will be about 1-2 pages, with separate headings for rationale, design, audience, etc.

d. REFERENCES. Aim for about 10 references, but the student should have the number of references that makes sense to him/her. References need to be cited using AMA (Vancouver) or APA style.

e. MODEL. Including a logic model and/or theoretical model (i.e., a graphic representation of the rationale for the project activities) is a plus. Students should not fuss if the model isn’t perfect—this is just a graphic tool that will help them explain (and think through) the proposed project. Probably best to put this on a separate sheet.

Notes:

- Students may develop a model to address the same health condition addressed with the factsheet.
- The outline does not have to be perfect—this is a learning exercise! Students should think about a health concern of importance to them. How would they like to change it? What do they think would work? Or what is an important gap in knowledge that they would like to address?
- **Important:** many of the required readings are research projects. Students can see how the authors provide a background and approach in the introduction; wrote the methods (which may include a graphic model of their approach); and, if a public health or medical journal, properly referenced to establish their evidence base.

Students should prepare a 15-minute presentation of their proposal to be delivered informally in small groups. They should make a copy of their handout for 3-4 students and Dr. Hellerstedt. Following each presentation, the small group will discuss (at least 10 minutes) the feasibility of the research question, program or policy. This proposal will not be uploaded to the course website. Students are expected to really dig in to help one another with their outline.

**This is a learning exercise, NOT a dissertation proposal.** Every research paper (except literature reviews) started with an idea about an intervention (policy or program) or research idea. Students should NOT worry that they don’t have all of the answers—the goal of this project is to encourage students to think about how they would design a project from start to finish. The project may be as large (e.g., multi-site intervention) or as small (e.g., formative work to see if you can get compliance with a screening program) as the student wishes. IF A STUDENT NEEDS MORE THAN 5 PAGES, S/HE MAY HAND IN A LONGER PROPOSAL.

Student ideas will be brilliant and flawed. Students should bring questions to their group: ask them to help think about the right sample or the right measure.

Students will receive 20 points for preparing a 3-5 page (longer if a student wishes) outline and presenting it to a small group. The student may find that your group will have so many ideas that the student will want to start over from scratch—and that is fine! The best outcome is that the group steers the student to re-think some central ideas. Dr. Hellerstedt will not “grade” this project, but a student will NOT EARN FULL POINTS if s/he: (1) doesn’t hand something in; (2) hands something in that has a page or two and/or that was clearly written 2 hours before class; (3) doesn’t present the proposal; and (4) submits the proposal late (there can be no extension for this final assignment).
Students are encouraged to get their money’s worth: play with an idea; find literature to support a plan for a program, research question, or policy; make mistakes; have questions for their group to encourage them to help to refine the proposal.

Due date for student-led discussion of the project/study and for turning the flawed proposal in to Dr. Hellerstedt: October 18, 2013 (last day of class)
Appendix C
Resources

In the old days, when there were not a bizillion websites, listing websites was an easy task. It is a very difficult task now. The following list is provided with the following comments:

- This list is the tip of the iceberg (there are so many web sources) and may not be the best list. It reflects websites Dr. Hellerstedt has examined.
- If a student finds a good website, s/he is encouraged to post its address on the course discussion board, to share with the class.
- One of the toughest things about web sources is they may not always be the most accurate sources. Government or reputable agency sources may be the best (e.g., WHO, CDC, NIH) for evidence-based data. Organizations that have political agendas, may not present a balanced view. Although some organizations, like Guttmacher Institute and Kaiser Family Foundation, are very careful about analyses and methods, and may be the BEST sources of information. This comment is not meant to malign any agency; it is a simple reflection of the fact that some organizations exist to present data and some exist to push forward programs and policies. Agencies also differ in the qualifications of their personnel, especially relative to data and/or epidemiological expertise.
- Websites are often not a good resource for research papers, given the variable quality of the data on them. Generally (not always) a research paper should use peer-reviewed papers (or trusted sources, like CDC) to establish evidence.
- Many journal articles may be obtained through www.biomed.lib.umn.edu by going to its RESOURCES section and selecting E-journals. Students sign in with their UM I.D. and password. If Biomed does not have a journal, try doing a search for the journal and see if you can download papers from the journal website (e.g., Perspectives on Sexual and Reproductive Health, the former Family Planning Perspectives, can be downloaded from guttamcher.org).
- Wikipedia is an iffy source for information—be careful, as anybody can add an entry. Usually it is not appropriate to cite Wikipedia in scholarly papers or products.

A. General Websites (in addition to those used for “coffee chats”)


- National Women’s Health Information Center has a lot of information about women’s health and some online journal articles, http://www.womenshealth.gov/

- Society for the Advancement of Women’s Health Research, OK source for biology and women’s health, does not update its website as often as it should, www.womenshealthresearch.org/

- Centers for Disease Control and Prevention (CDC) covers a wide variety of domestic topics, www.cdc.gov. For articles from MMWR, go to www.cdc.gov/mmwr. Cdc.gov also includes a good link to Health Topics, A to Z. Also try www.cdc.gov/health/womensmenu.htm.

- American Medical Women’s Association has some good links, many of which are geared at medical professional development, www.amwa-doc.org/

• **National Center for Education in Maternal and Child Health**, operated by Georgetown University, covers a wide range of topics (including women’s health), [www.ncemch.org](http://www.ncemch.org)

• **Healthy People.** For national health goals, best place is [www.healthypeople.gov](http://www.healthypeople.gov)

• **Hellerstedt’s MCH Program** website (has some info on women’s health), [www.epi.umn.edu/mch](http://www.epi.umn.edu/mch) or the National MCHB clearinghouse, [http://www.mchlibrary.info](http://www.mchlibrary.info)


• **National Women’s Health Resource Center.** A nonprofit clearinghouse with lots of related links, mostly for public education, [www.healthywomen.org](http://www.healthywomen.org).

• **Boston Women’s Health Book Collective.** Nonprofit consumer site, with feminist perspective. Publisher of *Our Bodies, Our Selves*, [http://www.ourbodiesourselves.org/default.asp](http://www.ourbodiesourselves.org/default.asp)

B. **Specific Health Areas**

• **Museum of Menstruation and Women’s Health.** Sometimes silly, not always accurate, kind of fun, [www.mum.org](http://www.mum.org). Great example of a site where you usually should not pull information for scholarly work. Has links to outrageous menstrual sites.


• **Women’s Health Initiative**, 15-year research program about post-menopausal health, [www.nhlbi.nih.gov/whi](http://www.nhlbi.nih.gov/whi). Portions of the site have not been recently updated, however.

• **North American Menopause Society**, [www.menopause.org](http://www.menopause.org)


• **American Heart Association**, [www.americanheart.org](http://www.americanheart.org)

• For reproductive health policy and reproductive health indicators, **Alan Guttmacher Institute**, [www.guttmacher.org](http://www.guttmacher.org) and **Planned Parenthood**, [www.plannedparenthood.org](http://www.plannedparenthood.org)

• **Intimate partner violence**, [www.mchlibrary.info/KnowledgePaths/kp_domviolence.html](http://www.mchlibrary.info/KnowledgePaths/kp_domviolence.html)

• **American Society for Reproductive Medicine**, [www.asrm.org](http://www.asrm.org)
• **Konopka Institute** covers all indices of adolescent health, but has a great set of weblinks for adolescent sexual health, [http://www.peds.umn.edu/dogpah/programs-centers/konopka/index.htm](http://www.peds.umn.edu/dogpah/programs-centers/konopka/index.htm).

C. **Journals**

The following are a few of Dr. Hellerstedt’s favorites (all can be found as e-journals on biomed.lib.umn.edu):

**Related to women’s health:**

- Journal of Women’s Health
- Women’s Health Issues
- Perspectives in Sexual and Reproductive Health
- American Journal of Obstetrics & Gynecology
- Obstetrics & Gynecology

**Related to general public health or medicine:**

- American Journal of Public Health
- American Journal of Epidemiology
- Social Sciences & Medicine
- New England Journal of Medicine
- JAMA
- New England Journal of Medicine