
School of Public Health**PubH 6607-001****Adolescent Health: Issues, Programs, and Policies****Spring 2015**

Credits:	2
Meeting Days:	W, F (1/23/11 – 3/8/11)
Meeting Time:	1:25 p.m. – 3:20 p.m.
Meeting Place:	1-430 Moos Tower
Instructor:	Wendy Hellerstedt, MPH, PhD
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Office Hours:	By appointment

I. Course Description

This two-credit course focuses on the major public health issues of adolescents in the United States and the programs and policies that improve the health and well being of this population. The course is designed to examine the prevalence and etiology of health and wellness indicators for youth. This course is designed for graduate students in the health sciences and other health-related areas.

II. Course Prerequisites

Public Health student, graduate student or instructor consent.

III. Course Goals and Objectives

At the completion of the course, the student should be able to:

- A. Delineate the health status of adolescents with regard to the following indicators:
 - major health issues of youth (e.g., obesity, homicide, suicide, sexually transmitted infections, pregnancy);
 - the behaviors associated with adolescent health (e.g., unsafe sexual activity; alcohol, tobacco, and drug use; food choices); and
 - the social and environmental factors that influence the health and well-being of adolescents.
- B. Analyze the relationship between and among environmental, social, and personal factors that influence adolescent health.
- C. Describe and analyze strategies for preventing public health problems and for improving adolescent health.

- D. Synthesize research and theory to develop recommendations to prevent health-related problems and promote the health of adolescents.

IV. Methods of Instruction and Work Expectations

Methods of instruction:

- Lecture and discussion.
- In-class and out-of-class assignments.

Students are responsible for:

- Completing weekly reading and written assignments PRIOR to class.
- Class attendance and active participation in class discussions and activities.
- Participation on the course website (e.g., activities, discussion board).
- Preparing a description of a program or a policy to address an adolescent health condition as a final project.
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V. Course Text and Readings

A. Readings. There is no text for the course. Optional and required readings are available on the course website. The following is the reading list, by class session.

VI. Course Outline/Weekly Schedule

Week of January 19-23: Introduction/Adolescent Development

Activities:

1. Required reading
2. Online discussion question (5 points, due Jan 25)
3. Online presentations

Note: There are two categories of readings (Overview and Development)

A. Overview

Required

- Buffardi AL, Thomas KK, Holmes KK, Manhart LE. Moving upstream: ecosocial and psychosocial correlates of sexually transmitted infections among young adults in the United States. *Am J Public Health* 2008;98:1128-36.
- Mustanski B, Birkett M, Greene GJ, Hatzenbuehler ML, Newcomb ME. Envisioning an America without sexual orientation inequities in adolescent health. *Am J Public Health* 2014;104(2):218-225.
- Sawyer SM, Afifi RA, Bearinger LH, et al. Adolescence: a foundation for future health. *The Lancet* 2012;379(9826):1630-1640.

Optional

- Danziger S, Ratner D. Labor market outcomes and the transition to adulthood. *The Future of Children* 20(1);2010:133.
- Furstenberg Jr FF. On a new schedule: transitions to adulthood and family change." *The Future of Children* 20 (1); 2010:67.

- Lau JS, Adams SH, Irwin Jr. CE, Ozer EM. Receipt of preventive health services in young adults. *J Adolesc Health* 2013;52:42-49.
- Osgood DW, Foster M, Courtney ME. Vulnerable populations and the transition to adulthood. *The Future of Children* 20(1); 2010:209.
- Passel JS. Demography of immigrant youth: past, present, and future. *The Future of Children* 21(1); 20(11):19.
- Sedlander E, Brindis CD, Bausch SH, Tebb KP. Options for assuring access to confidential care for adolescents and young adults in an Explanation of Benefits environment. *J Adol Health* 2015; 56(1):7-9.
- Settersten Jr RA, Ray B. What's going on with young people today? The long and twisting path to adulthood. *The Future of Children* 20(1);2010:19.
- Teipel KD, Brindis CD, Lee PR. Improving the health of youth: a guide for state-level strategic planning. State of Minnesota, 2010.

Notes

- Check out: Conceptual Framework for Adolescent Health on <http://www.aecf.org/upload/publicationfiles/ar3622h421.pdf>, It's a bit old (2005), but much of it remains relevant.
- Go to biomed.lib.umn.edu and check out Pediatrics November 2009 supplement, Starting Early: A Life-Course Perspective on Child Health Disparities—Developing a Research Action Agenda: S161 - S331.
- There is a great 2010 volume from the *Future of Children* series about the transition to young adulthood at http://www.futureofchildren.org/futureofchildren/publications/journals/journal_details/index.xml?journalid=72 and a 2011 volume about immigrant youth at http://www.futureofchildren.org/futureofchildren/publications/journals/journal_details/index.xml?journalid=74.
- Two websites about family support for GLBT youth: www.pflag.org and www.transfamily.org.
- Look at Healthy People 2020 objectives for lesbian, gay, bisexual, and transgender health, <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>.
- Go the MCH Library Knowledge Path at http://www.mchlibrary.info/knowledgepaths/kp_insurance.html, for information about health care insurance and access for children and youth, compiled in 2010.

B. Development

Required

- Spear LP. Adolescent neurodevelopment. *J Adolesc Health* 2013;52:S7-S13.
- Krieger N, Kiang MV, Kosheleva A et al. Age at menarche: 50-year socioeconomic trends among US-born black and white women. *Am J Public Health* 2014;(0):e1-e10.
- Tusaie KR. The adolescent brain: an overview of recent research. *Arch Psychiatr Nurs* 2014; 28(4):295-296.

Optional

- Haghghi A, Schwartz DH, Abrahamowicz M, et al. Prenatal exposure to maternal cigarette smoking, amygdala volume, and fat intake in adolescence. *JAMA Psychiatry* 2013;70(1):98-105.
- Johnson SB. Stress and the brain: How experiences and exposures across the life span shape health, development, and learning in adolescence. *J Adolesc Health* 2012;51:S1-S2.
- Rasmussen AR Wohlfahrt-Veje C, de Renzy-Martin KT, et al. Validity of self-assessment of pubertal maturation. *Pediatrics*, 2015;135(1): 86-93.
- U.S. Department of Health and Human Services. Youth risk behavior surveillance – United States, 2011. *MMWR* 2012;61(4).

Notes

- Go to biomed.lib.umn.edu and look at *Pediatrics* supplement for February 2008 about environmental influences on the timing of puberty.

For information about youth with special health care needs:

- Go to biomed.lib.umn.edu for *Pediatrics*: the December 2009 supplement, *Building Systems of Care for Children With Special Health Care Needs: Findings From the 2005-2006 National Survey of Children With Special Health Care Needs: S333 - S449* or the December 2010 supplement, *Children and Youth With Disabilities and Special Health Care Needs From Traditionally Underserved Communities: S107 - S196*.
- Go the MCH Library Knowledge Path at http://www.mchlibrary.info/knowledgepaths/kp_CSHCN.html, for resources about children and adolescence with special health care needs, compiled in 2009. There are also separate knowledge paths on asthma and diabetes in children and youth.

Week of January 26-30: Youth Development and Environment/Violence
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Activities:

1. Required reading
2. Online presentations
3. In-class activity (5 points). Look at objectives for adolescent health. Select a few of interest to you, bring a copy for 1 other student and discuss informally.
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=2>.

Note: *There are two categories of readings: youth development and environment/violence*

A. Youth Development

Required

- Catalano RF, Hawkins JD, Berglund ML, Pollard JA, Arthur MW. Prevention science and positive youth development: competitive or cooperative frameworks? *J Adolesc Health* 2002;31(6 Suppl):230-9.
- Kia-Keating M, Dowdy E, Morgan ML, Noam GG. Protecting and promoting: an integrative conceptual model for healthy development of adolescents. *J Adolesc Health* 2011;48:220-228.
- Maslow G, Adams C, Willis M, et al. An evaluation of a positive youth development program for adolescents with chronic illness. *J Adolesc Health* 2013;52:179-185.

Notes

- Go to the National Service Learning Clearinghouse, <http://www.servicelearning.org/>. While not specific to youth, you will find a number of resources that reflect the potential role of service learning in youth development.
- To prepare for the talk on youth development, check out the MN Extension Services site at <http://www1.extension.umn.edu/youth/research/> and publications on the Konopka Institute's website, <http://www.med.umn.edu/peds/ahm/programs/konopka/konopakpubs/home.html> and the Act for Youth website, <http://www.actforyouth.net>.
- Resilience is a concept that relates to youth development and to mental health across the lifespan. Go to the Resiliency Research Centre, <http://www.resilienceproject.org/>

B. Environments/Violence Exposure

Required

- Champaloux SW, Young DR. Childhood chronic health conditions and educational attainment: a social ecological approach. *J Adol Health* 2015;56:98-105.
- Cheng Y, Li X, Lou C, et al. The association between social support and mental health among vulnerable adolescents in five cities: findings from the study of the well-being of adolescents in vulnerable environments. *J Adol Health* 2014; 55(6):S31-S38.
- Lundgren R, Amin A. Addressing intimate partner violence and sexual violence among adolescents: emerging evidence of effectiveness. *J Adol Health* 2015; 56(1): S42-S50.
- McLaughlin, KA, Green JG, Gruber, MJ, et al. Childhood adversities and first onset of psychiatric disorders in a national sample of US adolescents. *Arch Gen Psychiatry* 2012;69(11):1151-60.
- Perlus JG, Brooks-Russell A, Wang J, Iannotti, RJ. Trends in bullying, physical fighting, and weapon carrying among 6th-through 10th-grade students from 1998 to 2010: findings from a national study. *Am J Public Health* 2014;104(6):1100-1106.
- Tippet N, Wolke D. Socioeconomic status and bullying: a meta-analysis. *Am J Public Health* 2014;104(6).

Optional

- Babey SH, Hastert TA, Wolstein J. Adolescent sedentary behaviors: correlates differ for television viewing and computer use. *J Adolesc Health* 2013;51:70.
- Forrest CB, Bevans KB, Riley AW, Crespo R, Louis TA. Health and school outcomes during children's transition into adolescence. *J Adolesc Health* 2013;52:186.
- Lohrmann DK. A complementary ecological model of the Coordinated School Health Program. *Public Health Rep* 2008;123:695-703.
- Osypuk TL. Differential mental health effects of neighborhood relocation among youth in vulnerable families: results from a randomized trial. *Arch Gen Psychiatr* 2012;69:1284.
- Rhoades E, Jernigan DH. Risky messages in alcohol advertising, 2003-2007: Results from content analysis. *J Adolesc Health* 2013;52:116-121.
- Rothman EF, Johnson RM, Azrael D, Hall DM, Weinberg J. Perpetration of physical assault against dating partners, peers, and siblings among a locally representative sample of high school students in Boston, Massachusetts. *Arch Pediatr Adolesc Med.* 2010;164(12):1118-1124.
- Sawyer AL, Bradshaw CP, O'Brennan LM. Examining ethnic, gender, and developmental differences in the way children report being a victim of "bullying" on self-report measures. *J Adolesc Health* 2008;43:106-14.
- Shetgiri R, Lin H, Avila RM, Flores G. Parental characteristics associated with bullying perpetration in US children aged 10 to 17 years. *Am J Public Health* 2012;102(12): 2280-2286.
- Soleimanpour S, Brindis C, Geierstanger S, Kandawalla S, Kurlaender T. Incorporating youth-led community participatory research into school health center programs and policies. *Public Health Rep* 2008;123:709-16.
- Thompson SJ, Bender, KA, Lewis CM, Watkins R. Runaway and pregnant: risk factors associated with pregnancy in a national sample of runaway/homeless female adolescents. *J Adolesc Health* 2008;43:125-32.

Notes

- Go the MCH Library Knowledge Path at http://www.mchlibrary.info/knowledgepaths/kp_adolvio.html, for resources about adolescence and violence, compiled in 2010.

C. Optional (environmental) Readings about Media

Optional

- American Academy of Pediatrics. Children, adolescents, and advertising. *Pediatrics* 2006;118:2563-2569.
- Baumgartner SE, Sumter SR, Peter J, Valkenburg PM. Identifying teens at risk: developmental pathways of online and offline sexual risk behavior. *Pediatrics* 2012; 130(6): e1489-e1496.
- Chandra A, Martino SC, Collins RL, Elliott MN, Berry SH, Kanouse DE, et al. Does watching sex on television predict teen pregnancy? Findings from a National Longitudinal Survey of Youth. *Pediatrics* 2008;122:1047-54.
- Crutzen R, Peters GJY, Portugal SD, et al. An artificially intelligent chat agent that answers adolescents' questions related to sex, drugs, and alcohol: an exploratory study. *J Adolesc Health* 2011;48(5):514-519.
- Mitchell KJ, Finkelhor D, Wolak J, Ybarra ML, Turner J. Youth internet victimization in a broader victimization context. *J Adolesc Health* 2011;48:128-134.
- Scheier LM, Grenard JL. Influence of a nationwide social marketing campaign on adolescent drug use. *J Health Communication* 2010;15(3):240-271.
- Ybarra ML. Linkages between Internet and other media violence with seriously violent behavior by youth. *Pediatrics* 2008;122:929-937.

<p style="text-align: center;">Week of February 2-6: Sexual Health Guest: Meg Novak, CPM, Health Educator, Face to Face Clinic</p>
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Activities:

1. Required reading
2. Online presentations
3. Online Quiz due on February 8 (15 points)

Required

- Barnett B. Supporting adolescent mothers: a journey through policies, programs, and research. *Am J Public Health* 2012;102(12): 2201-2203.
- Berglas NF, Constantine NA, Ozer EJ. A rights-based approach to sexuality education: conceptualization, clarification and challenges. *Perspect Sex Reprod Health* 2014;46(2):63-72.
- Boonstra HD. What is behind the declines in teen pregnancy rates? *Guttmacher Policy Review* 2014;17(3):15-21.
- Mayhew A, Mullins TLK, Ding L, et al. Risk perceptions and subsequent sexual behaviors after HPV vaccination in adolescents. *Pediatrics*, 2014;133(3):404-411.
- Reese BM, Choukas-Bradley S, Herring AH, Halpern CT. Correlates of adolescent and young adult sexual initiation patterns. *Perspect Sexual Reprod Health* 2014;46(4):211-221.
- Reese BM, Haydon AA, Herring AH, Halpern CT. The association between sequences of sexual initiation and the likelihood of teenage pregnancy. *J Adolesc Health* 2013;52:228-233.
- Schmidt S, Parsons HM. Vaccination interest and trends in Human Papillomavirus vaccine uptake in young adult women aged 18 to 26 years in the United States: an analysis using the 2008–2012 National Health Interview Survey. *Am J Public Health* 2014;104(5):946-53.

Optional

- American Academy of Pediatrics (Upadhyia KK, Breuner CC, Trent ME, et al.). Emergency contraception. *Pediatrics* 2012;130(6):1174-1182.
- Cates JR, Ortiz R, Shafer A. Designing messages to motivate parents to get their preteenage sons

- vaccinated against Human Papillomavirus. *Perspect Sex Reprod Health* 2012;44(1):39.
- Cavazos-Rehg PA, Spitznagel EL, Krauss MJ, et al. Understanding adolescent parenthood from a multisystemic perspective. *J Adolesc Health* 2010;46(6), 525-531.
 - Everett BG, Schnarrs PW, Rosario M, Garofalo R, Mustanski B. Sexual orientation disparities in sexually transmitted infection risk behaviors and risk determinants among sexually active adolescent males: results from a school-based sample. *Am J Public Health* 2014;104(6):1107-1112.
 - Fedorowicz AR, Hellerstedt WL, Schreiner PJ, Bolland JM. Associations of adolescent hopelessness and self-worth with pregnancy attempts and pregnancy desire. *Am J Public Health* 2014;104(8):e133-e140.
 - Guse K, Levine D, Martins S, et al. Interventions using new digital media to improve adolescent sexual health: a systematic review. *J Adolesc Health* 2012;51(6):535.
 - Hennessy M, Romer D, Valois RF, et al. Safer sex media messages and adolescent sexual behavior: 3-year follow-up results from Project IMPPACS. *Am J Public Health* 2013;103:134-140.
 - Hensel DJ, Fortenberry JD. A multidimensional model of sexual health and sexual prevention behavior among adolescent women. *J Adolesc Health* 2013;52:219-227.
 - Lerman RI. Capabilities and contributions of unwed fathers. *The Future of Children* 2010;20(2):63.
 - Manlove J, Ikramullah E, Terry-Humen E. Condom use and consistency among male adolescents in the United States. *J Adolesc Health* 2008;43:325-33.
 - Mojola SA, Everett B. STD and HIV risk factors among US young adults: variations by gender, race, ethnicity and sexual orientation. *Perspect Sex Reprod Health* 2012;44(2):125.
 - Perkins RB, Brogly SB, Adams WG, Freund KM. Correlates of Human Papillomavirus vaccination rates in low-income, minority adolescents: a multicenter study. *J Womens Health* 2012;21(8):813-820.
 - Polk S, Ellen JM, Chung SE, et al. Discordance between adolescent real and ideal sex partners and association with sexually transmitted infection risk behaviors. *J Adolesc Health* 2011;48(6):604-609.
 - Tucker JS, Sussell J, Golinelli D, et al. Understanding pregnancy-related attitudes and behaviors: a mixed-methods study of homeless youth. *Perspect Sex Reprod Health* 2012;44(4):252.
 - Wight D, Fullerton D. A review of interventions with parents to promote the sexual health of their children. *J Adolesc Health* 2013;52:4-27.

Notes

- Go the MCH Library Knowledge Path at http://www.mchlibrary.info/knowledgepaths/kp_adolpreg.html for lots of information about adolescent pregnancy prevention, compiled in 2010.

Week of February 9-13: Behaviors, Mental Health, and Substance Use
Guest: Gylnis Shea, Konopka Institute: Framing Messages for Youth

Activities:

1. Required reading
2. Online presentations
3. Online discussion question, due Feb 15 (5 points)
4. In-class activity (5 points):
 - a. Go to Youth Risk Behavior Surveillance website, <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>. Familiarize yourself with the design of this study. You can create data tables, review trends, find out anything you want to know about youth behavior (providing it can be known from a student survey). Play with the website and pick out a few data points of interest to you. Bring copies of things for one other student and be prepared to chat in groups of 2 **OR**
 - b. Check out CDC's related website, <http://www.cdc.gov/HealthyYouth/index.htm>, which provides info on YRBS and various school health resources and bring something of interest to discuss with one other student

Required

- Bostwick WB, Meyer I, Aranda F, et al. Mental health and suicidality among racially/ethnically diverse sexual minority youths. *Am J Public Health* 2014;104(6): 1129-1136.
- Farrell C.T, Bolland JM, Cockerham WC . The role of social support and social context on the incidence of attempted suicide among adolescents living in extremely impoverished communities. *J Adol Health* 2015; 56(1):59-65.
- Klein RG, Mannuzza S, Olazagasti MAR, et al. Clinical and functional outcome of childhood attention-deficit/hyperactivity disorder 33 years later outcome of childhood ADHD 33 years later. *Arch Gen Psychiatry* 2012;69(12):1295-1303.
- Nock MK, Greif Green J, Hwang I, et al. Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents. *Online, JAMA Psychiatry* 2013.
- Richardson A, Williams V, Rath J, Villanti AC, Vallone D. The next generation of users: prevalence and longitudinal patterns of tobacco use among US young adults. *Am J Public Health* 2014; 104(8):1429-1436.
- Seil KS, Desai MM, Smith MV. Sexual orientation, adult connectedness, substance use, and mental health outcomes among adolescents: findings from the 2009 New York City Youth Risk Behavior Survey. *Am J Public Health* 2014;104(10):1950-1956.
- Wills TA, Knight R, Williams RJ, Pagano I, Sargent JD. Risk factors for exclusive E-cigarette use and dual E-cigarette use and tobacco use in adolescents. *Pediatrics* 2015;135(1):e43-e51.
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Optional

- Dowshen N, Forke CN, Johnson AK, et al. Religiosity as a protective factor against HIV risk among young transgender women. *J Adolesc Health*, 2011;48:410-414.
- Feillin LE, Tetrault JM, Becker WC, Fiellin DA, Hoff RA. Previous use of alcohol, cigarettes, and marijuana and subsequent abuse of prescription opioids in young adults. *J Adolesc Health* 2013;52:158-163.
- Herman-Stahl MA, Ashley OS, Penne MA, et al. Moderation and mediation in the relationship between mothers' or fathers' serious psychological distress and adolescent substance use: findings from a national sample. *J Adolesc Health* 2008;43:141-50.
- Jones DE, Feinberg ME, Cleveland MJ, Rhoades Cooper B. A multidomain approach to understanding risk for underage drinking: converging evidence from 5 data sets. *Am J Public Health* 2012;102:2080-2087.
- Keyes KM, Schulenberg JE, O'Malley PM, et al. Birth cohort effects on adolescent alcohol use. The influence of social norms from 1976 to 2007 Birth Cohort Effects on Adolescent Alcohol Use. *Online, Arch General Psychiatry* 2012.
- Masten AS, Faden VB, Zucker RA, Spear LP. Underage drinking: a developmental framework. *Pediatrics* 2008;121:S235-S251.
- McHale SM, Blocklin MK, Walter KN, et al. The role of daily activities in youths' stress physiology. *J Adolesc Health* 2012;51(6):623.
- Potenza MN. Biological contributions to addictions in adolescents and adults: Prevention, treatment, and policy implications. *J Adolesc Health* 2013;52:S22-S32.
- Rew L, Wong YJ. A systematic review of associations among religiosity/spirituality and adolescent health attitudes and behaviors. *J Adolesc Health* 2006;38:433-42.
- Teplin, LA, Welty LJ, Abram KM. Prevalence and persistence of psychiatric disorders in youth after detention: a prospective longitudinal study. *Arch General Psychiatry* 2012; 69:1031-43.
- Wardenaar KJ, Wigman JTW, Lin A, et al. Development and validation of a new measure of everyday adolescent functioning: The Multidimensional Adolescent Functioning Scale. *J Adolesc Health* 2013;52:195-200.
- Young AM, Glover N, Havens JR. Nonmedical use of prescription medications among adolescents in the United States: a systematic review. *J Adolesc Health* 2012;51(1):6.

Notes

- Go to www.biomed.lib.umn.edu. The Pediatrics Supplement for April 2008 entitled, *Underage Drinking: Understanding and Reducing Risk in the Context of Human Development: S231 - S354*.
- Go the MCH Library Knowledge Path at http://www.mchlibrary.info/knowledgepaths/kp_Mental_Conditions.html, for resources about emotional and mental health needs of children and adolescents, compiled in 2007, updated in 2010.

Week of February 16-20: Body Weight and Relationships

Activities:

1. Required reading
2. Online presentations
3. Quiz due Feb 22 (15 points)
4. Online discussion question due Feb 22 (5 points)

Note there are two categories of readings: body weight and relationships

A. Body Weight

Required

- Austin SB, Spadano-Gasbarro J, Greaney ML. Disordered weight control behaviors in early adolescent boys and girls of color: an under-recognized factor in the epidemic of childhood overweight. *J Adolesc Health* 2011;48:109-12.
- Lebow J, Sim LA, Kransdorf LN. Prevalence of a history of overweight and obesity in adolescents with restrictive eating disorders. *J Adol Health* 2015;56(1):19-24.
- Lee H, Andrew M, Gebremariam A, Lumeng JC, Lee JM. Longitudinal associations between poverty and obesity from birth through adolescence. *Am J Public Health* 2014; 104(5): e70-e76.
- Muise AM, Stein DG, Arbess G. Eating disorders in adolescent boys: a review of the adolescent and young adult literature. *J Adolesc Health* 2003;33:427-435.
- Pan L, Sherry B, Park S, Blanck HM. The association of obesity and school absenteeism attributed to illness or injury among adolescents in the United States, 2009. *J Adolesc Health* 2013;52:64-69.
- Zuckerman D, Abraham A. Teenagers and cosmetic surgery: focus on breast augmentation and liposuction. *J Adolesc Health* 2008;43:318-24.

Optional

- Olson AL, Starr P. The challenge of intentional tanning in teens and young adults. *Dermatol Clin* 2006;24:131-36.
- Pomeranz JL, Taylor LM, Austin SB. Over-the-counter and out-of-control: legal strategies to protect youths from abusing products for weight control. *Am J Pub Health* 2013;103:220-225.
- Stidham Hall K, O'Connell White K, Rickert VI, Reame NK, Westhoff CL. An exploratory analysis of associations between eating disordered symptoms, perceived weight changes, and oral contraceptive discontinuation among young minority women. *J Adolesc Health* 2013;52:58-63.

Notes

- Go the MCH Library for resources on child/adolescent obesity, nutrition, and physical activity, <http://www.mchlibrary.info/knowledgepaths/index.html>.

B. Relationships: Peers, Parents, and Romantic Partners

Required

- Gilman AB, Hill KG, Hawkins JD. Long-term consequences of adolescent gang membership for adult functioning. *Am J Public Health* 2014;104(5):938-945.
- Huang G C, Soto D, Fujimoto K, Valente TW. The interplay of friendship networks and social networking sites: longitudinal analysis of selection and influence effects on adolescent smoking and alcohol use. *Am J Public Health* 2014;104(8), e51-e59.
- Najman JM, Clavarino A, McGee TR. Timing and chronicity of family poverty and development of unhealthy behaviors in children: a longitudinal study. *J Adolesc Health* 2010;46:538-44.

Optional

- Chandra A, Lara-Cinisimo S, Jaycox LH. Children on the homefront: the experience of children from military families. *Pediatrics* 2010;125:16-25.
- Donahue KL, D'Onofrio BM, Bates JE. Early exposure to parents' relationship instability: implications for sexual behavior and depression in adolescence. *J Adolesc Health* 2010;47(6):547-554.
- O'Sullivan LF, Cheng MM, Harris KM, Brooks-Gunn J. *I wanna hold your hand*: the progression of social, romantic and sexual events in adolescent relationships. *Perspect Sex Reprod Health* 2007;39(2):100-107.
- Yancey AK, Grant D, Kurosky S, Kravitz-Wirtz N, Mistry R. Role modeling, risk, and resilience in California adolescents. *J Adolesc Health* 2011;48:36-43.

Week of February 23-27: Logic model development
Guest: Jill Farris, MPH, Director of Training and Education, Teenwise, St. Paul MN

Activities:

1. Required reading
2. Online presentations
3. In-class activity:
 - a. Go to the Monitoring the Future study website, <http://monitoringthefuture.org>. Familiarize yourself with the design of this study. Find some data (trends, data from a single year, whatever is of interest to you) and bring copies of this information for one other student to discuss informally **OR**
 - b. Go to the Minnesota Student Survey website, <http://www.health.state.mn.us/divs/chs/mss/>. Familiarize yourself with the design of this study. Find some data (trends, data from a single year, whatever is of interest to you) and bring copies of this information for one other student to discuss informally.

Required

- Kirby D. BDI logic models: A useful tool for designing, strengthening and evaluating programs to reduce adolescent sexual risk-taking, pregnancy, HIV and other STDs. ETR Associates, 2004.

March 2-6: Student presentations

Activities:

1. Online discussion question due March 8 (5 points)
2. Informal presentation of final project (25 points). Bring copies for 4 other students. Due: March 4.
3. In-class peer review (5 points), March 4.

Websites

1. The Konopka Institute has an extensive list of websites about adolescent health: <http://www.med.umn.edu/peds/ahm/programs/konopka/home.html>
2. The Minnesota Department of Health has a good website with information about adolescent health: <http://www.health.state.mn.us/youth/>
3. The CDC's Youth Risk Behavior Surveillance System site is <http://www.cdc.gov/HealthyYouth/yrbs/>
4. Sexual health and sexual health policy is covered well (but with a liberal slant) on <http://www.guttmacher.org>. The National Campaign to Prevent Teen Pregnancy has some data summaries, but I am usually pretty careful when I go through their reports because I have found errors and they seem to be directed to a non-professional audience, <http://www.teenpregnancy.org>
5. The Forum on Child and Family Statistics has some data on adolescents, at <http://www.childstats.gov>
6. KidsCount, through the Annie E. Casey Foundation, has some data on adolescents, at <http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx> and Childtrends can be a good source <http://www.childtrends.org>.
7. The American Medical Association has a website with many links to other adolescent health websites, as well as summaries of adolescent health indices, <http://www.ama-assn.org/ama/pub/category/1947.html>
8. The Centers for Disease Control and Prevention has a good adolescent website: <http://www.cdc.gov/healthyyouth/adolescenthealth/index.htm> For some health indices, evidence-based programs and policies are listed. Also, there is a short list of federally funded adolescent health promotion campaigns on the homepage.
9. The Future of Children website has wonderful summary volumes about child and youth well-being, <http://www.futureofchildren.org>.
10. Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting has some good links, at <http://www.moappp.org>.
11. The Minnesota Student Survey has great state data: <http://www.health.state.mn.us/divs/chs/mss/>

Accessing the Course Website

The course Moodle site has PDF copies of required and optional course readings, a copy of the syllabus, copies of assignments and resources. Course lecture slides from Dr. Hellerstedt will be posted after she has made her presentations (guest speakers may not provide slides). It also has a forum for students to share resources and thoughts about adolescent health. ***The course website will also have additional required presentations and/or assignments every week, so please check it routinely.***

The easiest way to log in to a course site is from www.myu.umn.edu, using your Internet ID. Select "My courses" and you will open the page with all your courses. If you do not know your Internet ID and password or have other problems, contact the Technology Helpline: (612) 301-4357 (1-HELP on campus)

VII. Evaluation and Grading

Students must complete all of the following requirements to earn a passing grade in the course:

A. Class Readings and Participation

Your active participation in the class is the key to your success. Please read the articles prior to class and come prepared to actively participate in discussions and activities. There are only 7 class periods and it is expected that students attend each class because 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. For every missed class, 2 points will be subtracted from the final grade. There will be 3 in-class, informal exercises, each worth 5 points (15 points total). If a student misses a class during which there is an in-class activity, 5 points total (the points earned for in-class exercises) will be subtracted from her final grade.

B. Quizzes. There will be two quizzes, posted online (for submission online) that will have 3-5 questions about required readings. Each quiz will be worth 15 points (a total of 30 points for quizzes).

C. Online discussion questions. There will be four graded online discussion questions and/or activities. Each will be worth 5 points (total of 20 points for online discussions). Students will also be expected to respond to postings from these questions from other students (no points assigned).

D. Creating a better world for youth: Developing an idea for a policy or program (25% for project; 10% for class attendance on final day to provide peer review)

Due: March 4 (last day of class)

This project involves an informal exercise that will result in the development of materials that will be discussed in groups of 5 students on the last day of class. The project will be worth 25 points. The students will provide peer review to one another, thus earning 10 points for in-class participation.

Development of the project will involve the following: Select a public health issue that affects adolescents and about which you are interested in learning more. Ideas for issues include, but are not limited to, the following: teenage pregnancy, motor vehicle crashes, alcohol use, tobacco use, obesity, suicide, HIV/AIDS, and violence. You can choose to narrow the topic (e.g., obesity among African American adolescent girls, involvement in youth gangs and mental health, or alcohol use among youth younger than 14 years).

Based on the discussion of logic model development and other materials provided to the class, develop a model for a policy or a program to prevent a health issue or promote health based on scientific evidence. When reviewing the literature as you develop the model you should:

- Critically review school, family, and community programs and policies designed to prevent the health problem or promote health.
- Assess if the strategies have been evaluated with rigorous research designs.
- Determine the results of these strategies. Were they effective? What doesn't work? The components that work obviously belong in your model.

Based on your critical review of the literature, develop an outline for a policy or a program that is evidence-based and supported with research. The outline should be short (3-5 pages) and include:

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

2. Short review of programs and policies that currently address the health issue—approaches, evidence about efficacy, gaps in knowledge (approx 2-3 paragraphs).
3. Description of your proposed policy or program: rationale, design, intended audience, implementation, anticipated outcomes, and evaluation methods (about 1-2 pages, with separate headings for rationale, design, audience, etc.).
4. References. Aim for about 10 references. References need to be cited using AMA style.
5. Your logic model and/or theoretical model (i.e., a graphic representation of your rationale).

Your outline does not have to be perfect—this is a learning exercise! Think about a health concern of importance to you. How would you like to change it? What do you think would work?

Prepare a 15-minute presentation of your policy statement or program to be delivered informally in a small group. Make a copy of your handout for 4 students (i.e., your small group) and Dr. Hellerstedt. Following your presentation, your small group will discuss the feasibility of your program or policy (i.e., provide peer review).

E. Overall Evaluation

Grades will be based on the following percent distribution for a total of 100 points:

Assignment	% of Final Grade	Due Date
<ul style="list-style-type: none"> ▪ Four graded online discussion or activity responses (5 points each) 	20	January 25, 2015 February 15, 2015 February 22, 2015 March 8, 2015
<ul style="list-style-type: none"> ▪ Two quizzes (15 points each) 	30	February 8 & 22, 2015
<ul style="list-style-type: none"> ▪ Three in-class exercises (5 points each) 	15	January 28, 2015 February 25, 2015 March 4, 2015
<ul style="list-style-type: none"> ▪ Creating a Better World: One logic model/final presentation 	25	March 4, 2015
<ul style="list-style-type: none"> ▪ Peer review of logic models 	10	March 4, 2015

F. 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 be rounded up a one-quarter point, but not a half-point. Thus if a student has 94.75 points, s/he will earn an "A." If s/he has 94.25 points, she will earn 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.***

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

Grade Points	Description
A = 95-100 (4.0)	Represents achievement that is outstanding relative to the level necessary to meet course requirements.
A- = 90-94 (3.67)	
B+ = 87-89 (3.33)	
B = 83-86 (3.0)	Represents achievement that is significantly above the level necessary to meet course requirements.
B- = 80-82 (2.67)	
C+ = 77-79 (2.33)	
C = 73-76 (2.0)	Represents achievement that meets the course requirements in every respect.
C- = 70-72 (1.67)	
D+ = 65-69 (1.33)	
D = 55-64 (1.0)	Represents achievement that is worthy of credit even though it fails to meet fully the course requirements.
S	Represents achievement that is satisfactory, which is equivalent to a C- or better.

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.

G. Make-up Policy

There is no make-up policy. If you are unable to turn in an assignment by the assignment due date, contact Dr. Hellerstedt prior to the due date. Extensions may be granted for extreme circumstances, like unanticipated illnesses or other emergencies.

H. 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.

I. University of Minnesota Uniform Grading and Transcript Policy

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

J. 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.

K. Incomplete Contracts

A grade of incomplete “I” shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an “I” requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student’s college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: www.sph.umn.edu/grades.

L. University of Minnesota Uniform Grading and Transcript Policy

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

VIII. Other Course Information and Policies

A. Grade Option Change

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 Code

The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community.

As a student at the University you are expected adhere to Board of Regents Policy: *Student Conduct Code*. To review the Student Conduct Code, please see:
http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf.

Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."

D. Use of Personal Electronic Devices in the Classroom

Using personal electronic devices in the classroom setting can hinder instruction and learning, not only for the student using the device but also for other students in the class. To this end, the University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used in the classroom. For complete information, please reference:
<http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

E. Scholastic Dishonesty

You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis. (Student Conduct Code: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf) If it is determined that a student has cheated, he or she may be given an "F" or an "N" for the course, and may face additional sanctions from the University. For additional information, please see:
<http://policy.umn.edu/Policies/Education/Education/INSTRUCTORRESP.html>.

The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: <http://www1.umn.edu/oscai/integrity/student/index.html>. If you have additional questions, please clarify with your instructor for the course. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.

F. Makeup Work for Legitimate Absences

Students will not be penalized for absence during the semester due to unavoidable or legitimate circumstances. Such circumstances include verified illness, participation in intercollegiate athletic events, subpoenas, jury duty, military service, bereavement, and religious observances. Such circumstances do not include voting in local, state, or national elections. For complete information, please see:
<http://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html>.

G. Appropriate Student Use of Class Notes and Course Materials

Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning.

Such actions violate shared norms and standards of the academic community. For additional information, please see: <http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

H. Sexual Harassment

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University activity or program. Such behavior is not acceptable in the University setting. For additional information, please consult Board of Regents Policy: <http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf>

I. Equity, Diversity, Equal Opportunity, and Affirmative Action

The University will provide equal access to and opportunity in its programs and facilities, without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. For more information, please consult Board of Regents Policy: http://regents.umn.edu/sites/default/files/policies/Equity_Diversity_EO_AA.pdf.

J. Disability Accommodations

The University of Minnesota is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center Student Services is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

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

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

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

K. Mental Health and Stress Management

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

L. The Office of Student Affairs at the University of Minnesota

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

Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development – Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Student Conduct and Academic Integrity, the Office for Student Engagement, the Parent Program, Recreational Sports,

Student and Community Relations, the Student Conflict Resolution Center, the Student Parent HELP Center, Student Unions & Activities, University Counseling & Consulting Services, and University Student Legal Service.

For more information, please see the Office of Student Affairs at <http://www.osa.umn.edu/index.html>.

M. Academic Freedom and Responsibility: *for courses that do not involve students in research:*

Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.*

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, (Dr Kristin Anderson, SPH Dean of Student Affairs), or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost.

** Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students".*

N. Student Academic Success Services (SASS): <http://www.sass.umn.edu>:

Students who wish to improve their academic performance may find assistance from Student Academic Support Services. While tutoring and advising are not offered, SASS provides resources such as individual consultations, workshops, and self-help materials.