PubH 6074-001 (cross-listed with JOUR5541)
Mass Communication and Public Health
Fall 2014

Credits:	**3**
Meeting Days:	**Tuesday, Thursday**
Meeting Time:	**9:45am-11:00am**
Meeting Place:	**Murphy Hall 130**
Instructor:	**Marco Yzer, PhD**
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Office Hours:	**Mondays, 10:00am-12:00pm**

I.   Course Description

This course is designed to provide an overview of theory and research regarding the intersection of information available via mass media outlets and various aspects of public health. In this course we examine the potential impact of media content on public health outcomes both as a product of individual's everyday interaction with media and as a result of strategic use of media-based efforts to accomplish public health goals. Whereas discussion will emphasize both planned and unplanned effects of mass media in a variety of health-related situations, much of what we do will be applied to the strategic use of health communication interventions.

Mass Communication and Public Health is a cross-listed course: It is both PubH6074 and JOUR5541. This means that the course is open to a diverse student population, which is an absolute plus. Recognize that you come in with different backgrounds, expectations and objectives. Embrace that as an opportunity for sharing and learning. Also, understand that the diversity in backgrounds that you will see in this course implies that the pace and content of discussion will not always be optimal for everyone in the classroom.

II.   Course Prerequisites

One course in behavioral or social science, public health or journalism grad student or instructor consent.

III. Course Goals and Objectives

The learning goals of this 3-credit course are to advance your familiarity, comprehension, and application of a broad range of mass communication-related facts, concepts, and theories as they apply to public health.

These rather abstract goals are reflected in six specific objectives:

1. You will recognize the transdisciplinary nature of mass communication and public health, and will identify the relationships between theoretical ideas from different disciplines, i.e., communication, public health and psychology
2. You will identify the complex interdependence of factors related to audience, environment (e.g., competing and reinforcing media efforts), message, and the health issue at hand.
3. You will identify implications for the design of effective health communication interventions.
4. You will be able to analyze the effects of various media content on public beliefs about health issues.
5. You will be able to write about health communication issues in a compelling manner. This means that your writing carefully builds an argument that integrates theoretical notions about communication and health, and applies them to real life issues.
6. Self-discovery: You will reflect on yourself as a scholar, a producer of media health information, and a consumer of media health messages. How do the approaches discussed in this course relate to your individual interests? What are the implications of the planned and unplanned effects of health media information for how you engage with the media?

IV. Methods of Instruction and Work Expectations

We meet twice a week. Classes will include lecture, discussion, and in-class activities. This course is highly interactive, so you will need to read the assigned materials before each meeting. Because I want you to be able to reflect on each article, I have intentionally kept the number of required reading assignments low (1-2 readings per class meeting). Assignments are designed to help you reflect on readings in a timely fashion.

Teaching is about learning, and learning is an active process. I also quite strongly believe in the importance of your ability to think critically and to ask meaningful questions. I therefore will invite discussion whenever I can. It also means that I will invite you to discover implications of course material yourself instead of presenting you with information in one-way lectures. I value diverse viewpoints and encourage differing ideas. Questions are welcome at any time.

Expect to spend about nine hours per week in learning efforts (inside and outside of class) to satisfactorily complete this course.

To succeed in PubH6074/JOUR5541 you need to have a basic understanding of a number of concepts and approaches that are relevant for public health communication, or be able to master those concepts and approaches yourself. Generally speaking you must be familiar with empirical social science, which is the dominant paradigm in public health communication. A social scientific approach to public health communication involves theories that are designed to explain particular public health communication questions by linking causal variables with outcome variables. Those theories are then tested in the field, e.g., by using them to inform health interventions, and if necessary, further developed. The constant interplay between causal determinant theories and empirical testing implies a need for you to be able to think conceptually, understand research terminology, evaluate strength and weaknesses in theory and research studies, and apply theory to real world public health problems. This means that you do not need to know all existing theories, but you need to be able to think theoretically.

V. Course Text and Readings

All reading materials will be made available through a link on the course Moodle site to the course library reserve.

Bandura, A. (2001). Social cognitive theory of mass communication. *Media Psychology, 3*, 265-299.

Cameron, K. A., Wolf, M. S., & Baker, D. W. (2011). Integrating health literacy in health communication. In T. Thompson, R. Parrott, & J. Nussbaum (Eds.), *Handbook of health communication (2nd ed.) (*pp. 306-319). New York: Routledge.

Falck, R.S., Siegal, H.A., Wang, J., & Carlson, R.G. (1995). Usefulness of the health belief model in predicting HIV needle risk practices among injection drug users. *AIDS Education and Prevention,* 7, **523-533.**

Fishbein, M., & Yzer, M. C. (2003). Using theory to develop effective health behavior interventions. *Communication Theory, 13*, 164-183.

Flynn, B.S., Worden, J.K., Bunn, J.Y., Connolly, S.W., & Dorwaldt A.L. (2011). Evaluation of smoking prevention television messages based on the Elaboration Likelihood Model. *Health Education Research, 26*, 976-987. doi: 10.1093/her/cyr082

Gutttman, N. and Salmon, C.T. (2004). Guilt, fear, stigma and knowledge gaps: Ethical issues in public health communication interventions. *Bioethics, 18,* 531-552.

Hammermeister, J., Brock, B., Winterstein, D., & Page, R. (2005). Life without TV? Cultivation theory and psychosocial health characteristics of television-free individuals and their television-viewing counterparts. *Health Communication*, *17*, 253–264.

Hornik, R. C. (2002). Introduction. In R. Hornik (Ed.), *Public health communication: Evidence for behavior change* (pp. 1-22). Mahwah, NJ: Lawrence Erlbaum Associates.

Hornik, R., & Yanovitzky, I. (2003). Using theory to design evaluations of communication campaigns: The case of the National Youth Anti-Drug Media Campaign. *Communication Theory, 13*, 204-224.

Klein, W. M. P., & Cerully, J. L. (2007). Health-related risk perception and decision-making: Lessons from the study of motives in social psychology. *Social and Personality Compass, 1,* 334-358.

Morgan, S.E., Palmgreen, P., Stephenson, M.T., Hoyle, R.H., & Lorch, E.P. (2003). Associations between message features and subjective evaluations of the sensation value of antidrug public service announcements. *Journal of Communication*, *53*, 512-526.

Morgenstern, M., Sargent, J. D., Engels, R. C. M. E., Scholte, R. H. J., Florek, E., Hunt, K., et al. (2013). Smoking in movies and adolescent smoking initiation: longitudinal study in six European countries. *American Journal of Preventive Medicine, 44,* 339-344.

Nagler, R. H. (2014). Adverse outcomes associated with media exposure to contradictory nutrition messages. *Journal of Health Communication, 19*, 24-40.

National Cancer Institute. (2004). *Making health communication programs work: A planner's guide*. Bethesda, MD: U.S. Department of Health and Human Services.

O'Keefe, D. J. (2008). Elaboration likelihood model. In W. Donsbach (Ed.), *International encyclopedia of communication* (Vol. 4, pp. 1475-1480).Oxford, UK, and Malden, MA: Wiley-Blackwell.

Prochaska, J. O., Norcross, J. C. & DiClemente, R. (2013). Applying the stages of change. *Psychotherapy in Australia, 19(2), 10-15.*

Reyna, V. F. (2008). A theory of medical decision making and health: Fuzzy-trace theory. *Medical Decision Making, 28,* 850-865.

Southwell, B. G., & Yzer, M. C. (2007). The roles of interpersonal communication in mass media campaigns. In C. Beck (Ed.), *Communication Yearbook 31* (pp. 419-462). New York: Lawrence Erlbaum Associates.

Viswanath, K., Nagler, R. H., Bigman, C. A., McCauley, M. P., Jung, M., & Ramanadhan, S. (2012). The communications revolution and health inequalities in the 21st century: Implications for cancer control. *Cancer Epidemiology, Biomarkers, & Prevention, 21*(10), 1701-1708.

Wakefield, M. A., Loken, B., & Hornik, R. (2010). Use of mass media campaigns to change health behavior. *Lancet, 376,* 1261-1271.

Yamamiya, Y., Cash, T. F., Meinyk, S. E., Posavac, H. D., & Posavac, S. S. (2005). Women's exposure to thin-and beautiful media images: Body image effects of media-ideal internalization and impact-reduction interventions. *Body Image, 2,* 74–80.

Yzer, M.C., Southwell, B.G., & Stephenson, M.T. (2013). Inducing fear as a public communication campaign strategy. In R.E. Rice & C.K. Atkin (Eds.), *Public Communication Campaigns-4th edition* (pp. 163-176). Thousand Oaks, CA: Sage.

VI. Course Outline/Weekly Schedule

	Meeting	Topics	Readings	Work due
1	**Tuesday, Sept. 8**	Introduction		
2	**Thursday, Sept. 10**	Key ideas about health communication	NCI (2004). Read pp. 1-35 (stop at "Identify potential partners")	

Topic 1 - Mass communication and health behavior: Pathways of influence

	Meeting	Topics	Readings	Work due
3	**Tuesday, Sept. 15**	Cultivation	First read this summary. Then read Hammermeister et al. (2005)	
4	**Thursday, Sept. 17**	Social learning	Bandura (2001)	*Thought statement (TS) 1 on Bandura (2001) due Wed. Sept. 16 by 1pm*
5	**Tuesday, Sept. 22**	Social learning –continued	Bandura (2001)	
6	**Thursday, Sept. 24**	Mediation: the role of conversation	Southwell & Yzer (2007)	*TS 2 on Southwell & Yzer (2007) due Wed. Sept. 23 by 1pm*
7	**Tuesday, Sept. 29**	Knowledge gap hypothesis and communication inequalities	First read this summary. Then read Viswanath et al. (2012)	

Topic 2 - The nature of health behavior

	Meeting	Topics	Readings	Work due
8	**Thursday, Oct. 1**	Why health behavior is unique... and therefore hard to change	Klein & Cerully (2007)	
9	**Tuesday, Oct. 6**	The strange role of risk perceptions in health behavior	Falck et al. (1995)	
10	**Thursday, Oct. 8**	Risk, fear and behavior change	Yzer et al. (2013)	
11	**Tuesday, Oct. 13**	The nature of health behavior change: Relapse	Prochaska et al. (2013)	

Topic 3 - Behavioral theory as a tool for intervention design

Meeting		Topics	Readings	Work due
12	**Thursday, Oct. 15**	Behavioral theory	Fishbein & Yzer (2003)	*TS 3 on Fishbein & Yzer (2003) due Wed. Oct. 14 by 1pm*
13	**Tuesday, Oct. 20**	Behavioral theory – continued	Fishbein & Yzer (2003)	
14	**Thursday, Oct. 22**	Behavioral theory and health intervention design: Practicum		

Topic 4 - Message and audience effects theory and research: Information processing

Meeting		Topics	Readings	Work due
15	**Tuesday, Oct. 27**	To think or not to think; is that the question? The "ELM"	O'Keefe (2008); Flynn et al. (2011)	*TS 4 on O'Keefe (2008) due Mon. Oct. 26 by 1pm*
16	**Thursday, Oct. 29**	The ELM - continued		
17	**Tuesday, Nov. 3**	A message is not a message: Misinterpretation is common	Reyna (2008)	
18	**Thursday, Nov. 5**	Health literacy	Cameron et al. (2011)	*TS 5 on Cameron et al. (2011) due Wed. Nov.4 by 1pm* *Final paper proposal due Friday Nov. 6*
19	**Tuesday, Nov. 10**	**Final paper discussion – plenary feedback to final paper proposals**		

Topic 5 –Formal health communication campaigns

Meeting		Topics	Readings	Work due
20	**Thursday, Nov. 12**	What can we expect from public health media campaigns?	*Hornik (2002); Wakefield et al. (2010)*	
21	**Tuesday, Nov. 17**	Campaign evaluation 101	*Hornik & Yanovitzky (2003)*	
22	**Thursday, Nov. 19**	Audience=messages	Morgan et al. (2003)	*Short paper on exposure due Friday Nov. 20*

Topic 6 – Media references to health; Ethics of health communication

Meeting		Topics	Readings	Work due
23	**Tuesday, Nov. 24**	Open discussion session to discuss final paper (intervention design) ideas		
	Thursday, Nov. 26	THANKSGIVING BREAK	No class meeting	
24	**Tuesday, Dec. 1**	News media coverage of health (Guest: Dr. Rebekah Nagler)	Nagler (2014)	
25	**Thursday, Dec. 3**	Smoking in movies	Morgenstern et al. (2013) smokefreemovies.ucsf.edu	

Meeting	Topics	Readings	Work due

Topic 7 – Ethics of health communication

Meeting	Topics	Readings	Work due
26 **Tuesday, Dec. 8**	Ethics	Guttman & Salmon (2004)	*TS 6 on Guttman & Salmon (2004) due Mon. Dec. 7 by 1pm*
27 **Thursday, Dec. 10**	Ethics		
28 **Tuesday, Dec. 15**	Conclusion		*Final paper due Dec. 18*

VII. Evaluation and Grading

Graded materials

Thought statements. To help reflect on the readings you will upload **6** (six) thought statements to the course moodle site. These thought statements are **NOT** summaries of the readings: They need to go beyond the reading. What did you discover when reflecting on what the authors did in their study or wrote? These can be critical observations concerning a flaw in the argumentation in a reading, ideas about next steps or implications of research reported on in the readings, questions about issues that need clarification, a revelation about you as a researcher or practitioner, and so on. I would particularly like to see your thoughts on implications for how we are to think about effective health communication. Typically these thought statements are about half a page to one page long. See the course outline for due dates.

Short paper on exposure (due Friday 20 November, 2015). The fact that public health communication campaigns take place in a broader information environment has very important implications. You will write a short paper (six pages) in which you describe those implications with respect to three questions:
1. What is "the broader information environment" and how does that broader information environment affect the outcomes of public health communication campaigns?
2. How can campaigns be designed to minimize potential negative effects of broader information environments and maximize potential positive effects of broader information environments?
3. What are the implications of the impact of broader information environments for evaluation design of health campaigns?
You can draw on the November 12 and 17 meetings. Note, however, that you likely will need to consult additional material that is not necessarily part of the course reading list.

Final paper (one page proposal due on Friday November 6, 2015; final paper due on December 18, 2015). For your final paper, your task is to <u>create a communication campaign strategy to address a public health issue of your choosing</u>. Support all choices that you make:
o   the theories we will discuss in class should guide your campaign strategy;
o   provide the rationale for the design choices you make (e.g., selection of a target audience, media channel(s), type(s) of messages), and;
o   consider how the broader information environment could amplify or dampen the effects of your campaign.
In **ten** pages (not counting possible tables, figures and reference list) you will (1) provide the background to your campaign, and (2) present your campaign strategy. More detailed guidelines are posted on the course Moodle site, and will be discussed in class as well.

You will have the opportunity to discuss your proposal in a discussion session on Tuesday November 10. This meeting is dedicated to the final paper projects.

Grading:
- thought statements 1–6 (at 10 points each):   60 possible points
- short paper on exposure   40 possible points

- final paper: 100 possible points
  Total **200 points**

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

A 4.000 - Represents achievement that is outstanding relative to the level necessary to meet course requirements

A- 3.667

B+ 3.333

B 3.000 - Represents achievement that is significantly above the level necessary to meet course requirements

B- 2.667

C+ 2.333

C 2.000 - Represents achievement that meets the course requirements in every respect

C- 1.667

D+ 1.333

D 1.000 - Represents achievement that is worthy of credit even though it fails to meet fully the course requirements

S Represents achievement that is satisfactory, which is equivalent to a C- or better.

For additional information, please refer to:
http://policy.umn.edu/Policies/Education/Education/GRADINGTRANSCRIPTS.html.

Course Evaluation
The SPH will collect student course evaluations electronically using a software system called CoursEval: www.sph.umn.edu/courseval. The system will send email notifications to students when they can access and complete their course evaluations. Students who complete their course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade in SPHGrades: www.sph.umn.edu/grades. All students will have access to their final grades through OneStop two weeks after the last day of the semester regardless of whether they completed their course evaluation or not. Student feedback on course content and faculty teaching skills are an important means for improving our work. Please take the time to complete a course evaluation for each of the courses for which you are registered.

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

University of Minnesota Uniform Grading and Transcript Policy
A link to the policy can be found at onestop.umn.edu.

VIII. Other Course Information and Policies

Grade Option Change (if applicable):

For full-semester courses, students may change their grade option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester courses) can be found at onestop.umn.edu.

Course Withdrawal:

Students should refer to the Refund and Drop/Add Deadlines for the particular term at onestop.umn.edu for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw.

Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Office of Admissions and Student Resources at sph-ssc@umn.edu for further information.

Student Conduct Code:

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

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

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

Use of Personal Electronic Devices in the Classroom:

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

Scholastic Dishonesty:

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

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

Makeup Work for Legitimate Absences:

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

Appropriate Student Use of Class Notes and Course Materials:
Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community. For additional information, please see: http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html.

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

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

Disability Accommodations:
The University of Minnesota is committed to providing equitable access to learning opportunities for all students. 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/.

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

The Office of Student Affairs at the University of Minnesota:
The Office for Student Affairs provides services, programs, and facilities that advance student success, inspire students to make life-long positive contributions to society, promote an inclusive environment, and enrich the University of Minnesota community.
Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development – Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Student Conduct and Academic Integrity, the Office for Student Engagement, the Parent Program, Recreational

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

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

Academic Freedom and Responsibility: *for courses that do <u>not</u> 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.*

OR:

Academic Freedom and Responsibility, for courses that involve students in research

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

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, (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".

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. *Template update 9/2014*