

PubH 6078 – 001, 002
Public Health Policy as a Prevention Strategy
Fall 2015

Credits:	2	
Meeting Days:	Monday OR Tuesday	
Meeting Time:	12:20-2:15 PM (Monday), OR 3:35-5:30 PM (Tuesday)	
Meeting Place:	Nils Hasselmo Hall 2-101 (Monday), Mayo D199 (Tuesday)	
Instructor:	Toben Nelson, ScD	Traci Toomey, PhD
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Assistant:	Laurie Zurbey (612-624-8364/zurbey@umn.edu)	

I. Course Description

This course will introduce students to a prevention policy framework; will present the philosophical, ethical, economic, political and efficacy rationale for this approach to prevention; will contrast policy approaches to prevention with individual-based approaches; and will present the historical and current application of this framework in several of the most critical areas of prevention in public health. This course is intended for second year MPH students who have an interest in prevention or regulatory policy. This course is an intervention course for CHP students, and meets the advocacy competency requirement for MCH students.

II. Course Prerequisites

- **None**

III. Course Goals and Objectives

As a result of this course, students will be able to:

1. Demonstrate a critical understanding of the basic philosophy, models, and assumptions of prevention policy;
2. Understand the health implications of different models of prevention;
3. Critically discuss and compare the history of prevention policies in injury control, tobacco control, alcohol control, and regulation of food supply;
4. Identify a range of policy strategies to address: injuries, impaired driving, tobacco use, alcohol-related problems, nutrition, gun-related problems, and physical activity—and evaluate their potential effectiveness and feasibility;

5. Apply the elements of prevention policy models developed in the course to problems in public health;
6. Understand the ethical and practical limits of prevention policy in addressing various public health problems;
7. Identify a range of roles that public health professionals can play in prevention policy;
8. Understand the importance of issues that influence adoption and effective implementation of policies;
9. Communicate the rationale for prevention policies to a wide range of audiences.

IV. Methods of Instruction and Work Expectations

The course will use a combination of lecture and discussion format to encourage broad participation. Each session will be introduced by a lecture that will serve as a point of departure for class discussion. Students will be asked to bring information from their reading to class discussion.

V. Course Text and Readings

All readings are available as pdfs on the course website.

VI. Course Outline/Weekly Schedule

Tue, Sept 8 No Class

Week 1: Mon, Sept. 14/ Tue, Sept. 15

Instructor: T. Nelson, T. Toomey

Topic: Introduction to the course; introduction to policy as a prevention strategy

Readings:

- CDC Definition of Policy (<http://www.cdc.gov/policy/analysis/process/docs/policyDefinition.pdf> or see pdf on Moodle)
- CDC Policy Process (<http://www.cdc.gov/policy/analysis/process/docs/CDCPolicyProcess.pdf> or see pdf on Moodle) CDC's Policy Analysis Framework (<http://www.cdc.gov/policy/analysis/process/docs/CDCPolicyAnalyticalFramework.pdf> or see pdf on Moodle)

Week 2: Mon, Sept. 21/ Tue, Sept. 22

Instructor: T. Toomey

Topic: Epidemiological basis for a population approach to prevention policy; criteria for prevention policy strategies

Readings:

- Rose G. Sick Individuals and Sick Populations. *Int J Epidemiol* 30:427-432, 2001.
- Rose G. Strategy of Prevention: Lessons from Cardiovascular Disease. *BMJ* 282:1847-1851, 1981.
- Benach J, Malmusi D, Yasui Y, Martinez JM, Muntaner C. Beyond Rose's Strategies: A Typology of Scenarios of Policy Impact on Population Health and Health Inequalities. *Int J Health Services* 41(1):1-9, 2011.

Week 3: Mon, Sept. 28/ Tue, Sept. 29

Instructor: T. Nelson

Topic: *Political and philosophical basis for prevention policy; community as a conceptual basis for public health policy*

Readings:

- Beauchamp DE. The Constitution and the Spheres of Health Policy. In: Beauchamp DE. The Health of the Republic: Epidemics, Medicine, and Moralism as Challenges to Democracy. Chapter 4, pp. 101-132. Philadelphia, PA: Temple University Press. 1988.
- Siegal G, Siegal N, Bonnie RJ. An Account of Collective Actions in Public Health. *Am J Public Health* 99(9): 1583-187, 2009.
- Jones MM, Bayer R. Paternalism and its Discontents: Motorcycle Helmet Laws, Libertarian Values, and Public Health. *Am J Public Health* 97(2):208-217, 2007.
- Schmidt H, Voigt K, Phil D, Wikler D. Carrots, Sticks, and Health Care Reform – Problems with Wellness Incentives. *N Engl J Med* (doi:10.1056/NEJMp0911552) December 30, 2009.

Week 4: Mon, Oct. 5/ Tue, Oct. 6

Instructor: J. Forster

Topic: *The political economy of prevention policy; public health and markets, political ideology and disease causation*

Readings:

- Morone JA. Morality, Politics, and Health Policy. In: Mechanic D, Rogut LB, Colby DC, Knickman JR (eds). Policy Challenges in Modern Health Care. New Brunswick, NJ: Rutgers University Press; 2005:13-25.
- Link BG, Phelan JC. Fundamental Sources of Health Inequalities. In: Mechanic D, Rogut LB, Colby DC, Knickman JR (eds). Policy Challenges in Modern Health Care. New Brunswick, NJ: Rutgers University Press; 2005:71-84.
- Scutchfield FD, Howard AF. Moving on Upstream. The Role of Health Departments in Addressing Socioecologic Determinants of Disease. *Am J Prev Med* 40(1S1):S80-S83, 2011.
- Fineberg HV. The Paradox of Disease Prevention Celebrated in Principle, Resisted in Practice. *JAMA*, 310(1):85-90, 2013
- Chokshi DA, Stine NW. Reconsidering the politics of public health. *JAMA* 310(10):1025-1026, 2013.

Week 5: Mon, Oct. 12/ Tue, Oct. 13

Instructor: T. Toomey

Topic: *Policy implementation*

Readings:

- Bynard P. Policy Implementation: Lessons for Service Delivery. Presented at the 27th AAPAM Annual Roundtable Conference, Zambezi Sun Hotel, Livingstone, Zambia, December 2005.
- Jones-Webb R, Nelson T, McKee P, Toomey T. An Implementation Model to Increase the Effectiveness of Alcohol Control Policies. In press.
- Nelson TF, Toomey TL, Lenk KM, Erickson, DJ, Winters K. Implementation of NIAAA College Drinking Task Force Recommendations: How are Colleges Doing 6 Years Later? *Alcohol Cli. Exp. Res*, 34(10):1687-1693, 2010.
- Gertson LN. Public Policy Making, Chapter 5: Implementation: Converting Policy Commitments Into Practice, pp. 94-118. M.E. Sharpe: New York, 2004.

Week 6: Mon, Oct. 19/ Tue, Oct. 20

Instructor: T. Nelson

Topic: Introduction to policy strategies for injury prevention: definitions, epidemiology, importance of study of injuries, and the Haddon matrix, strategies for various at risk populations

Readings:

- Sleet DA, Moffett DB. Framing the Problem: Injuries and Public Health. *Fam Community Health* 32(2):88-97, 2009.
- Runyan CW. Introduction: Back to the Future – Revisiting Haddon’s Conceptualization of Injury Epidemiology and Prevention. *Epidemiol Rev* 25:60-64, 2003.
- Levi J, Segal LM, Kohn D. The Facts Hurt: A State-by-State Injury Prevention Policy Report. Published by Trust For America’s Health, 2012
- Hemenway D. Three Common Beliefs that are Impediments to Injury Prevention. *Inj Prev* 19:290-293, 2013. Hemenway D. While We Were Sleeping: Success Stories in Injury and Violence Prevention. 2009. University of California Press, Chapters 2, 4, and 8.

Week 7: Mon, Oct. 26/ Tue, Oct. 27

Assignment #1 Due: Memo

Instructor: T. Toomey

Topic: Introduction to impaired driving policies.

Readings:

- NTSB 2013: <http://www.nts.gov/safety/safety-studies/documents/sr1301.pdf>
- MADD history: <http://www.history.com/this-day-in-history/madd-founders-daughter-killed-by-drunk-driver>

Week 8: Mon, Nov. 2/ Tue, Nov. 3

Instructor: T. Toomey

Topic: Introduction to alcohol policy

- Toomey TL, Wagenaar AC. Policy Options for Prevention: The Case of Alcohol. *J Public Health Policy*, 20(2):192-213, 1999.
- Toomey TL, Nelson TF, Lenk KM. The Age-21 Legal Drinking Age: A Case Study Linking Past and Current Debates. *Addiction*, 104(12):1958-1965, 2009.
- Blocker, JS. Did Prohibition Really Work: Alcohol Prohibition as a Public Health Innovation. *Am J Public Health*, 96:233-243, 2006.

Week 9: Mon, Nov. 9/ Tue, Nov. 10

Assignment #2 Due: Brief Report

Guest Instructor: J. Forster

Topic: Introduction to policy strategies for tobacco control, taxation, smokefree spaces, , FDA regulation

- Chaloupka FJ, Yurekli A, Fong GT. Tobacco Taxes as a Tobacco Control Strategy. *Tob Control*, 221:172-180, 2012.
 - Ericksen MP, Cerak, RL. The Diffusion and Impact of Clean Indoor Air Laws. *Annu Rev Public Health*, 29:171-185, 2008.
 - Center for Tobacco Products, Consumer Fact Sheet: Overview of the Family Smoking Prevention and Tobacco Control Act. <http://www.fda.gov/TobaccoProducts/GuidanceComplianceRegulatoryInformation/ucm246129.htm>
- American Lung Association. State of Tobacco Control 2015 <http://www.stateoftobaccocontrol.org/>

- Levy DT, Boyle RG, Abrams DB. The role of public policies in reducing smoking. The Minnesota SimSmoke Tobacco Policy Model. *Am J Prev Med* 43(5S3):S179-S186, 2012.
- Voigt K. Smoking and Social Justice. *Public Health Ethics* 3(2):91-106, 2010.

Week 10: Mon, Nov. 16/ Tue, Nov. 17

Guest Instructor: Susie Nanney, PhD

Topic: Food policy to prevent over-consumption

- Nanney S, CS Davey, MY Kubik. Rural Disparities in the Distribution of Policies that Support Healthy Eating in US Secondary Schools. *J Acad Nutr Diet.* 2013;113:1062-1068.
- SE Gollust, HA Kite, SJ Benning, RA Callanan, SR Weisman, MS Nanney. Use of Research Evidence in State Policymaking for Childhood Obesity Prevention in Minnesota. *American Journal of Public Health*, in press, e1-e7.
<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302137>
- Issue Brief. Declining childhood obesity rates – where are we seeing the most progress? Robert Wood Johnson Foundation, September, 2012.
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf401163 Robinson TN. Save the world, prevent obesity: Piggybacking on existing social and ideological movements. *Obesity*, 18(S1):S17-S22, 2010.

Week 11: Mon, Nov. 23/Tue, Nov. 24 Assignment #3 Due: Counter Arguments

Instructor: T. Nelson

Topic: Policies to promote physical activity

- Task Force on Community Preventive Services. Recommendations to Increase Physical Activity in Communities. *Am J Prev Med*, 22(4S):67-72, 2002
- US Department of Health and Human Services. Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth. 2012. Available: (Online). Read - Section 1. Introduction pp. 1-3; Section 3 Results by Intervention Setting, pp. 9-21.
- Evenson KR, Brownson RC, Satinsky SB, Eyster AA, Kohl HW. The U.S. National Physical Activity Plan: Dissemination and Use by Public Health Practitioners. *Am J Prev Med* 2013;44(5):431-438.
- Craddock AL, Barrett JL, Carnoske C, Chriqui JF, Evenson KR, Gustat J, Healy IB, Heinrich KM, Lemon SC, Tompkins NO, Reed HL, Zieff SG. Roles and Strategies of State Organizations Related to School-based Physical Education and Physical Activity Policies. *J Public Health Manag Pract.* 2013 May-Jun;19(3 Suppl 1):S34-40
- Crespo NC, JF Sallis, TL Conway, BE Saelens, LD Frank. Worksite Physical Activity Policies and Environments in Relation to Employee Physical Activity. *Am J Health Promo* 25(4):264-271, 2011.

Week 12: Mon, Nov. 30/ Tue, Dec. 1 Assignment #4 Due: Draft Talking Points

Instructor: T. Nelson

Topic: Gun violence as an injury problem

- Glantz LH, GJ Annas. Handguns, Health, and the Second Amendment. *N Engl J Med*, 360:2360-2365, 2009
- CDC, MMWR. Violence-Related Firearm Deaths Among Residents of Metropolitan Areas and Cities – United States, 2006-2007. *Morbidity and Mortality Weekly Report* 60(18):573-578, 2011.

- Fleegler EW, Lee LK, Monuteaux MC, Hemenway D, Mannix R. Firearm Legislation and Firearm-Related Fatalities in the United States. *JAMA Intern Med.* 2013;173(9):732-740.

Week 13: Mon, Dec. 7/Tue, Dec. 8

Assignment #5 Due: Peer Review

Instructor: T. Nelson

Topic: *Commonalities Across Policies*

- Jahiel RI, Babor TF. Industrial Epidemics, Public Health Advocacy and the Alcohol Industry: Lessons from other Fields. *Journal Compilation C 2007 Society for the Study of Addiction*, 102, 1335-1339.
- Mozaffarian D, Hemenway D, Ludwig DS. Curbing Gun Violence: Lessons From Public Health Successes. *JAMA.* 2013;309(6):551-552.

Workshop: *Peer Review*

Week 14: Mon, Dec. 14/Tue Dec. 15 **& Elevator Speech**

Assignments #6 & #7 Due: Final Talking Points

Instructor: T. Toomey

Workshop: *Elevator Speeches*

Topic: *Putting policy into public health practice*

- Widome, R, Samet, JM, Hiatt, RA, Luke DA, Orleans T, Ponkshe P, Hyland A. Science, Prudence, and Politics: The Case of Smoke-Free Indoor Spaces. *Ann Epidemiol* 20(6), 428-435.
- Gertson LN. *Public Policy Making, Chapter 1: The Context of Public Policy*, pp. 3-21. M.E. Sharpe: New York, 2004.

VII. Evaluation and Grading

You are expected to fully participate in the course, including attending class and joining class discussions about materials covered in the readings and lectures. You will be evaluated on participation (5%).

Students are required to complete the seven assignments in which you will create products to communicate information about a public health policy. A general description of each assignment is described below; full descriptions of each assignment along with grading criteria are available on Moodle. Both A-F and S-N grading options are available. Plus/minus grades may be given. One point will be taken off for each day an assignment is late.

Assignments. Select one public health problem and related prevention policy to focus on across the following assignments. The problem/policy could be defined at the local, state, or federal level. Talk to one of the instructors if you are having difficulty finding a topic. Bring hard copies of assignments to class on the day they are due.

Assignment #1: Assume you are an aide for an elected official at the local, state, or federal level. Write a *memo to the elected official you are working for describing a public health problem* that might affect his/her constituents. The official has asked for a double-spaced, one-page description of the background research on this problem. References should be listed on the back of the page.

Assignment #2: The elected official you work for has asked you to also write a two-page, double-spaced *brief report that proposes a policy solution* for the problem described in Assignment #1. The policy solution should be research based. References can be listed on a third page.

Assignment #3: While conducting advocacy in support of the policy, you frequently hear myths or arguments against this policy that are not factual but are accepted by many people. Your organization decides it is important to have clear responses or counter arguments to address these myths when they arise. *Identify five arguments or myths used against your policy proposal and provide a brief (i.e., one paragraph, less than a half page double spaced, two pages total with references on third page) counter argument for each.*

Assignment #4: Assume you are now working for an advocacy organization attempting to influence passage of the policy described in Assignment #2. Your organization is mobilizing individuals to contact elected officials to ask them to support the proposed policy. *Draft three talking points that these individuals should communicate to elected officials along with a bulleted list of supportive information for each point.* The talking points document should not exceed two double-spaced pages. No references are required. Bring enough copies to class for each member of your review group; also bring one copy for the instructor (note: instructors will not provide feedback on this draft).

Assignment #5: It is important to get feedback from team members as you prepare to communicate main messages to a variety of audiences. For assignment #5 you will be participating in a peer review group discussion where you will *complete a written review for one student in your group* and provide oral feedback to all group members to help them improve their Talking Points and Elevator Speech (Assignments 6 & 7). The review should be not exceed two double-spaced pages.

Assignment #6: *Finalize your talking points based on feedback from your peer review group.* The final talking points document should not exceed two double-spaced pages. No references are required.

Assignment #7: When doing policy work, it is important to be able to communicate quickly and concisely to many audiences about the work you are doing. For this assignment you will *prepare and give an elevator speech.* What is an elevator speech? "...An "elevator speech" is a short description of what you do, or the point you want to make, presented in the time it takes an elevator to go from the top floor to the first floor or vice versa (<http://www.creativekeys.net/PowerfulPresentations/article1024.html>)."

You will complete your elevator speech on the last day of class.

The basis for assigning final grades is the following:

A	4.0	Represents achievement that is outstanding relative to the level necessary to meet course requirements. (95-100 points)
A-	3.67	(90-94 points)
B+	3.33	(87-89 Points)
B	3.00	Represents achievement that is significantly above the level necessary to met course requirements. (83-86 points)
B-	2.67	(80-82 points)
C+	2.33	(77-79 points)
C	2.00	Represents achievement that meets the course requirements in every respect. (73-76 points)
C-	1.67	(70-72 points)
D+	1.33	(67-69 points)
D	1.00	Represents achievement that is worthy of credit even though it fails to meet fully the course requirements. (60-66 points)
F	0.00	Represents failure and signifies that the work was completed but not at a level of achievement worthy of credit, or work that was not completed and there was no agreement between the instructor and the student that the student should be awarded an "I".
S		Represents achievement that is satisfactory, which is equivalent to a C- or better (≥ 70 points)

Course Evaluation

The SPH will collect student course evaluations electronically using a software system called CourseEval: www.sph.umn.edu/courseeval. 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 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".*

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.