

PubH 6902 summer online section

Maternal, Infant and Toddler Nutrition

Summer 2015

Credits:	This is a 2 credit graduate-level course
Meeting Days:	8-week online learning format allows for flexible learning
Meeting Time:	8-week online learning format allows for flexible learning
Meeting Place:	8-week online learning format allows for flexible learning at home or work
Instructor:	Jamie Stang, PhD, MPH, RDN
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I. Course Description

This 2-credit course will provide an overview of nutrition issues affecting pregnant and postpartum women, females of reproductive age, infants and children through five years of age. The course will integrate public health practice and policy recommendations with evidence-based clinical practice guidelines to provide a comprehensive view of maternal and infant nutrition issues seen by practitioners in community settings.

II. Course Prerequisites

Students who enroll in the PubH 6902 course should have had previous coursework or a background in nutrition. Students who are unsure if they meet the pre-requisites should contact the instructor for more information.

III. Course Goals and Objectives

By the end of the course, students will be able to:

1. Identify nutrition issues among females of reproductive age (12-48 years) that can affect the ability to become pregnant and the maternal and fetal outcomes of pregnancy.

2. Describe appropriate weight gain for women during pregnancy including total and rate of gain
3. Discuss maternal and fetal health risks associated with pre-pregnancy obesity, excessive gestational weight gain and postpartum weight retention
4. Identify dietary changes appropriate for preventing and treating nutrition-related issues during pregnancy, such as gestational diabetes, hypertensive disorders and iron deficiency anemia
5. Discuss the benefits and limitations of breastfeeding vs. bottle-feeding for postpartum women and their infants including long-term health risks
6. Describe the progress of the introduction of solid foods for infants, including developmental clues, types of foods introduced and timing of food introductions, with an emphasis on how the introduction of foods may affect health issues such as chronic disease risk and food allergies
7. Discuss the relationships between food intake, psychosocial development and physiological needs among 12-72 month old children
8. Describe the process by which professional organizations and research committees develop evidence-based consensus statements.

IV. Methods of Instruction and Work Expectations

This course will utilize narrated PowerPoint presentations, required readings, completion of an individual and group project, viewing of streaming video presentations and participation in online discussions to convey course content and evaluate student performance. All students are expected to view all online PowerPoint and video "guest lecture" online presentations and participate in online discussions by the deadlines listed below or on the course Moodle site.

This course will be offered over an 8 week period, which means it is more time intense than a traditional one-semester, 2-credit course. It is expected that each student will spend an average of 6 hours of time per week on course readings, activities and lectures. Assignments will be delivered to the instructor via Moodle and will have a specific time and date on which they are due. Late assignments will be subject to a loss of points and possible reduction in grade.

V. Course Text and Readings

Readings as listed in each modules schedule and on the course website. There is no required text for this online course. Suggested readings may be available for some modules when there are readings that may be excessively long or somewhat interesting but not essential to mastering the content of the module.

VI. Course Outline/Module Schedule

Module 1

- Nutrition needs in pregnancy, Gestational weight gain

Read as part of module:

- Siega-Riz AM, Gray GL. Gestational weight gain recommendation in the context of the obesity epidemic. *Nutr Rev.* 2013;71. doi:10.1111/nure.12704
- Gaillard R, Durus B, Hofman A, Mackenbach JP, Steegers EAP, Jaddoe VWV. Risk factors and outcomes of maternal obesity and excessive weight gain during pregnancy. *Obesity.* 2013;21:1046-1055. doi: 10.1002/oby.20088

- Jungheim E, et al. Current knowledge of obesity's effects in the pre- and periconceptional periods and avenues for future research. *Am J Obstet Gynecol* 2010;Dec:525-530.
- Norman JE, Reynolds R. Consequences of obesity and overweight during pregnancy. The consequences of obesity and excess weight gain in pregnancy. *Proceedings of the Nutrition Society*. 2011;70:450-456. doi: 10.1017/S0029665111003077
- Strueling E et al. Can gestational weight gain be modified by increasing physical activity and diet counseling? A meta-analysis of interventional trials. *Am J Clin Nutr* 2010;92:678–87.
- Olson C. Achieving a Healthy Weight Gain During Pregnancy. *Annu. Rev. Nutr.* 2008; 28:411–23

Suggested supplemental readings:

- Higgins L, Greenwood SL, Wareing M, Sibley CP, Mills TA. Obesity and the placenta: a consideration of nutrient exchange mechanisms in relation to aberrant fetal growth. *Placenta*. 2011;32:1-7. doi: 10.1016/j.placenta.2010.09.019
- El-Chaar D, Finkelstein SA, Tu X, et al. The impact of increasing obesity class on obstetrical outcomes. *J Obstet Gynaecol Canada* 2013;35(3):224-233.
- King J. Maternal Obesity, Metabolism, and Pregnancy Outcomes. *Annu. Rev. Nutr.* 2006. 26:271–91
- Althuisen E, et al. Correlates of Absolute and Excessive Weight Gain During Pregnancy. *J Womens Health* 2009;18:1559-1566.

Module 2.

- Fetal Origins of Disease, Nutrition and Congenital Anomalies, Nutrition and Infant Mortality

Read as part of module:

- Roseboom TJ, Painter RC, van Abeelen AFM, Veenendaal MVE, de Rooij SR. *Maturitas* 2011;70:141-145. doi: 10.1016/j.maturitas.2011.06.017
- Roseboom R, de Rooij S, Painter R. The Dutch famine and its long-term consequence on adult health. *Early Human Development* 2006;82:485-491. doi: 10.1016/j.earlhumdev.2006.07.001
- de Boo HA, Harding JE. The developmental origins of adult disease (Barker) hypothesis. *Austral New Zealand J Obstetrics Gynaecol.* 2006;46:4-14.
- Waller DK, Shaw GM, Rasmussen SA, et al. Prepregnancy obesity as a risk factor for structural birth defects. *Arch Pediatr Adolesc Med.* 2007;161:745-750.
- Morissett A-S, et al. Prevention of gestational diabetes mellitus: a review of studies on weight management. *Diabetes Metab Res Rev* 2010; 26: 17–25.8.
- Denny MC, Dunne F. The maternal and fetal impacts of obesity and gestational diabetes on pregnancy outcome. *Best Practice Res Clinical Endocrin Metabolis,* 2010;24:573-589.

Suggested supplemental readings:

- Tieu J, Crowther CA, Middleton P. Dietary advice in pregnancy for preventing gestational diabetes mellitus. *Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.: CD006674. doi: 10.1002/14651858.CD006674.pub2
- Crider KS, Bailey LB, Berry RJ. Folic acid food fortification - its history, effect, concerns and future directions. *Nutrients*. 2011;3:370-384. doi: 10.3390/nu3030370

Module 3.

- Obesity among Women of Reproductive Age: Pregnancy and Postpartum Issues

Read prior to class:

- Thangaratinam S, Rogozinska E, Jolly K, et al. Interventions to reduce or prevent obesity in pregnant women: a systematic review. *Health Technol Assess* 2012;16:31.
- Nascimento SL, Pudwell J, Surita FG, Adamo KB, Smith GN. The effect of physical exercise strategies on weight loss in postpartum women: a systematic review and meta-analysis. *Internatl Journal Obesity*. 2014;38:626-635. doi:10.1038/ijo.2013.183
- Adeboye AAR, Linne YM. Diet or exercise, or both, for weight reduction in women after childbirth (review). *Cochrane Database of Systematic Reviews* 2013, Issue 7. Art. No.:CD005627. doi:10.1002/14651858.CD005627.pub3. Pages 1-15.
- van der Pligt P, Wilcox J, Hesketh KD, et al. Systematic review of lifestyle interventions to limit postpartum weight retention: implications for future opportunities to prevent maternal overweight and obesity following childbirth. *Obesity Reviews*. 2013;14:792-805. doi: 10.1111/obr.12053
- Melzer K, Schutz Y. Pre-pregnancy and pregnancy predictors of obesity. *Internatl J Obesity*. 2010;34:S44-S52. doi: 10.1038/ijo.2010.239
- Kulie T, Slattengren A, Redmer J, Counts H, Eglash A, Schragger S. Obesity and women's health: an evidence-based review. *J Am Board Fam Med*. 2011;24:75-85. doi: 10.3122/jabfm.2011.01.100076

Suggested Reading:

- Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. *JAMA*. 2014;311(8):806-814.
- Demment MM, Graham ML, Olson CM. How an online intervention to prevent excessive gestational weight gain is used and by whom: a randomized controlled process evaluation. *J Med Internet Res*. 2014;16(8):e194. doi: 10.2196/jmir.3483

Module 4.

- Infant Nutrition

Read prior to class:

- DuToit G, Roberts G, Sayre PH, et al. Randomized trial of peanut consumption in infants at risk for peanut allergy. *NEJM*. 2015;372(9):803-813.
- Young BE, Krebs NF. Complimentary feeding: critical considerations to optimize growth, nutrition and feeding behavior. *Curr Pediatr Rep*. 2013;1(4):247-256.
- Mennella JA. Ontogeny of taste preferences: basic biology and implications for health. *Am J Clin Nutr*. 2014;99(Suppl):704S-711S. doi: 10.3945/ajcn.113.067694

- Cameron SL, Heath A-L, Taylor RW. How feasible is baby-led weaning as an approach to infant feeding? a review of the evidence. *Nutrients*. 2012;4:1575-1609. doi: 10.3390/nu4111575.
- Pearce J, Langley-Evans SC. The types of food introduced during complimentary feeding and risk of childhood obesity: a systematic review. *Internatl J Obesity*. 2013;37:477-485. doi: 10.1038/ijo.2013.8
- American College of Obstetricians and Gynecologists, Committee on Health Care for Underserved Women. Breastfeeding in underserved women: increasing initiation and continuation of breastfeeding. *Obstetrics Gynecology*. 2013;122(2):423-428.

Suggested supplemental readings:

- Nickel NC, Labbok MH, Hudgens MG, Daniels JL. The extent that noncompliance with the Ten Steps to Successful Breastfeeding influences breastfeeding duration. *J Hum Lact*. 2013;29:59. doi: 10.1177/0890334412464695
- Wright CM, Cameron K, Tsiaka M, Parkinson KN. Is baby-led weaning feasible? When do babies first reach out for and eat finger foods? *Maternal and Child Nutrition*. 2011;7:27-33.
- Wojcicki JM. Maternal prepregnancy body mass index and initiation and duration of breastfeeding: a review of the literature. *J Women's Health*. 2011;20(3):341-347. doi: 10.1089/jwh.2010.2248

Module 5.

- Toddler and Preschool Nutrition and Feeding

Read prior to class:

- Tylka TL, Enelia IU, Kroon Van Diest AM, Lumeng JC. Which adaptive maternal eating behaviors predict child feeding practices? an examination of with mothers of 2- to 5-year-old children. *Eating Behaviors*. 2013;14:57-63.
- Gahagan S. Development of eating behavior: biology and context. *J Devel Behav Pediatr*. 2012;33:261-271.
- Briley M, McAllaster M. Nutrition and the child-care setting. *J Amer Dietetic Assoc*. 2011;111:1298-1300. doi: 10.1016/j.jada.2011.06.012

Suggested supplemental readings:

- Cook J, Jeng K. Child food insecurity: the economic impact on our nation. *Feeding America*; Chicago, IL. 2009. Pages 1-22.

Module 6.

- Obesity Among Young Children: A Focus on Prevention

Read prior to class:

- Barlow SE. Expert committee recommendation regarding the prevention, assessment and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics* 120:S164-S192, 2007

- Young BE, Johnson SL, Krebs NF. Biological determinants linking infant weight gain and child obesity: current knowledge and future directions. *Adv Nutr.* 2012;3:675-686.
- Raveras EM, Gillman MW, Kleinman K, Rich-Edwards JW, Rifas-Shiman SL. Racial/ethnic difference in early-life risk factors for childhood obesity. *Pediatrics.* 2010;125. doi: 10.1542/peds.2009-2010
- Food and Nutrition Board, Board on Children, Youth and Families; Institute of Medicine; National Research Council. Examining a developmental approach to childhood obesity: the fetal and early childhood years: workshop in brief. Available at <http://www.nap.edu/catalog/21716/examining-a-developmental-approach-to-childhood-obesity-the-fetal-and>

Suggested Reading:

- Larson N, Ward DS, Neelon SB, Story M. What role can child-care setting play in obesity prevention? A review of the literature and call for research efforts. *J Amer Dietetic Assoc.* 2011;111:1343-1362. doi: 10.1016/j.jada.2011.06.007
- Minihan PM et al. Children with Special Health Care Needs: Acknowledging the Dilemma of Differences in Policy Responses to Obesity. *Prev Chronic Dis.* 2011;8(5):A95.

Course participation:

Students are expected to log into course lectures and participate in class discussion postings on a regular basis. Course participation in each of the modules will be monitored by the instructor.

Each student should substantially participate in at least 3 of the 4 course discussion postings.

In order to facilitate an online discussion board where discussion, rather than just posting individual responses occurs, students will be expected to do the following:

- Submit no less than two postings per discussion topic to the discussion board, each of 100 words or longer. You can choose 3 of the 4 topics to participate in. Each student is expected to post on at least 3 of the topics.
- Address the discussion question posed in your first posting with your original thoughts and ideas on the topic.
- Submit your first posting no later than 7 days after the topic is originally posted to the course website.
- Post your follow-up responses no later than 2 weeks after the topic is originally posted.
- Include at least one additional, non-assigned source in at least one of the posting which supports your view on the topic. You can include your personal thoughts and ideas on a topic but are also encouraged to provide evidence to support your opinion whenever possible.
- Include the citation for any sources you include.
- Provide well-supported evidence for the points made within their postings; opinions are fine, so long as they are supported with legitimate evidence
- Contribute something *new* to the discussion. Responses primarily comprised of “I agree with Jane Smith...” statements will not be considered thoughtful postings, making new contributions unless they also provide a new point of view or evidence to support the original point of view.

There are not right or wrong answers to the discussion questions. Rather, students are asked to critically think about the questions posed and to integrate information from the entire course as well as personal and professional experiences when answering each question.

Opinion Statement and Consensus Statement Projects

The main project for this course will be the development of an individual opinion statement, followed by the development of a group consensus statement. This process is similar to that used by national committees and task forces such as the US Preventive Services Task Force and the National Prevention Council. Professional organizations also often use this format to publish consensus or opinion statements or position statements on topics of relevance to their fields.

Students will be asked to review the literature on the proposed topic. Using this knowledge, students will draft an opinion statement that summarizes their opinion on the topic (2-3 pages). The opinion statement should provide your professional opinion on the topic, but does not need to include your own suggestions for recommendations for public health or clinical practice.

You should include at least 6 references, but no more than 10 references for your opinion statement. You may include only 1 (one) review paper which can be a meta-analysis or systematic literature review but cannot be a Cochrane review paper.

The due date for your individual opinion statement is noon on July 10th.

During the week that the opinion statement is due, I will assign you to small groups for the consensus statement project. Share your opinion statements with your small group members. As a "panel" you will develop a common set of findings and recommendations based on the collective content of your group's opinion statements. The statement should include your group expert opinion, as well as 2-5 recommendations for public health and/or clinical practice which are based on your group opinion.

The consensus statement should be no more than 5-6 pages in length (double spaced, no smaller than 11 point font). This excludes the reference page, which will not count toward the page limit. References can be cited in whatever format your group chooses, provided it is consistent with styles used in peer-reviewed published journals.

The due date for your group consensus statement is noon on August 3rd.

Your group consensus statements will be posted on the course site for other groups to see. Your individual opinion statements will not be posted for others to see.

Five percent of the points for the assignment will be deducted each day if it is turned in late.

VII. Evaluation and Grading

<u>Assignment</u>	<u>Points</u>	<u>% of final grade</u>
Opinion statement	50	25%
Consensus statement	70	35%
Participation in discussion topics (3)	60	30%
Viewing of online course content	20	10%

Grading Scale

A = 200-195 points

C = 174-171 points

A- = 194-191 points

C- = 170-166 points

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B+ = 190-187 points	D+ = 165-160 points
B = 186-183 points	D = 159-156 points
B- = 182-179 points	D- = 155-150 points
C+ = 178-175 points	F = ≤ 149 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 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.

Template update 9/2014