

**PubH 6078**  
**Public Health Policy as a Prevention Strategy**  
**Fall 2017**

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**Credits:** 2  
**Meeting Days:** Tuesday  
**Meeting Time:** 3:35-5:30 PM  
**Meeting Place:** Mayo A110

<b>Instructor:</b>	<b>Toben Nelson, ScD</b>	<b>Traci Toomey, PhD</b>
<b>Office:</b>	<b>WBOB 391</b>	<b>WBOB 380</b>
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<b>Office Hours:</b>	<b>By appointment</b>	

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**I. Course Description**

This course provides an overview of a policy adoption and implementation model, including a discussion of factors to consider when developing policies and key components of policy implementation. 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 examples of different policy mechanisms. This course will include lectures, large and small group discussions, and small-group activities. 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 and assumptions of prevention policy;
2. Discuss the importance of the epidemiological basis for public health policies;
3. Describe a policy adoption and implementation model;
4. Describe factors to consider for policy development and adoption;

5. Describe important implementation components;
6. Critically discuss a range of policy types and mechanisms;
7. Apply the elements of prevention policy models developed in the course to other problems in public health;
8. Identify a range of roles that public health professionals can play in prevention policy;
9. Be able to describe these course concepts to a broad audience.

#### **IV. Competencies**

As a CHP intervention course, this course addresses the following CHP competencies:

- Plan effective public health programs and policies that focus on individuals, institutions, communities, and policies to improve health.
- Plan public health programs and policies to promote health in diverse populations that are respectful and responsive to health beliefs, practices, and cultural and language needs.
- Plan for implementation of public health programs and policies, including timelines, budgets, and resource requirements.
- Communicate in writing and orally to lay and professional audiences about the needs of populations, implementation plans, and evaluation outcomes to professional and lay audiences.

#### **Methods of Instruction and Work Expectations**

The course will use a combination of lecture, discussion and small group activities to encourage broad participation. Students are expected to attend each class period and participate in discussions and activities.

#### **V. Course Text and Readings**

Required Text

Hemenway D. *While We Were Sleeping: Success Stories in Injury and Violence Prevention*. 2009. University of California Press,

Available new or used in soft cover and ebook through various online book sellers (Amazon, Barnes & Noble, University of California Press)

All other readings are available through Moodle. Additional readings may be occasionally added.

#### **VI. Course Outline/Weekly Schedule**

##### **Week 1:Sept. 5**

*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>)
- 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)
- Achievements in Public Health, 1900-1999: Changes in the Public Health System <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4850a1.htm>

## **Week 2: Sept. 12**

**Instructor:** T. Nelson

**Topic:** Political, philosophical and economic basis for prevention policy.

### **Readings:**

- Siegal G, Siegal N, Bonnie RJ. An Account of Collective Actions in Public Health. *Am J Public Health* 99(9): 1583-187, 2009.
- 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.
- Frieden, Thomas R. Government's role in protecting health and safety. *New England Journal of Medicine* 368(20): 1857-1859, 2013.
- Hemenway D. *While We Were Sleeping: Success Stories in Injury and Violence Prevention*. 2009. University of California Press,
  - o Introduction
  - o Models for Injury Prevention.
- Galea S. Freedom "to" vs Freedom "From". Dean's Note. Boston University School of Public Health. Trustees of Boston University. March 2017. Available online at: <https://www.bu.edu/sph/2017/03/19/freedom-to-vs-freedom-from/>
- Galea S. Fairness and Public Health. Dean's Note. Boston University School of Public Health. Trustees of Boston University. April 2017. Available online at: <http://www.bu.edu/sph/2017/04/16/fairness-and-public-health/>

## **Week 3: Sept. 19**

### **Assignment #1 Due: Describe Role of Policy in Public Health Major Achievements**

**Instructor:** T. Toomey

**Topic:** Epidemiological Basis for Prevention Policies

### **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.
- Hemenway D. Three Common Beliefs that are Impediments to Injury Prevention. *Inj Prev* 19:290-293, 2013.
- 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.
- 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.

## **Week 4: Sept. 26**

### **Assignment #2 Due: Define Problem & Justify Policy Approach**

**Instructor:** T. Toomey

**Topic:** *Identifying appropriate level of policy change & agenda setting*

#### **Readings:**

- Centers for Disease Control and Prevention. *Executive Orders and Emergency Declarations for the West Nile Virus: Applying Lessons from Past Outbreaks to Zika*. Available online at: <https://www.cdc.gov/phlp/docs/zika-brief.pdf>
- Gorovitz E, Mosher J, Pertschuk M. *Preemption or Prevention?: Lessons from Efforts to Control Firearms, Alcohol and Tobacco*. *Journal of Public Health Policy* 19(1), 36-50, 1998. (Note: read this article to identify the overarching concept of preemption rather than the details about what was happening with communities in 1998).

#### **Review:**

- World Health Organization. *Protocol to Eliminate Illicit Trade of Tobacco*. WHO Framework Convention on Tobacco Control. Available online at: [http://apps.who.int/iris/bitstream/10665/80873/1/9789241505246\\_eng.pdf?ua=1&ua=1](http://apps.who.int/iris/bitstream/10665/80873/1/9789241505246_eng.pdf?ua=1&ua=1)
- Centers for Disease Control and Prevention. *Healthy Communities: What local governments can do to reduce and prevent obesity*. Available online at: <https://www.cdc.gov/obesity/resources/strategies-guidelines.html>

## **Week 5: Oct. 3**

**Instructor:** T. Nelson

**Topic:** *Roles that industries play in health and policy*

#### **Readings:**

- Jahiel RI, Babor TF. Industrial Epidemics, Public Health Advocacy and the Alcohol Industry: Lessons from other Fields. *Addiction*, 102, 1335-1339, 2007.
- Moodie AR. What Public Health Practitioners Need to Know About Unhealthy Industry Tactics. 1047-1049, 2017.
- Brennan TA, Schroeder SA. Ending sales of tobacco products in pharmacies. *JAMA* 311(11): 1105-1106, 2014.

## **Week 6: Oct. 10**

### **Assignment #3 Due: Analyze Policy Level Options**

**Instructor:** T. Toomey

**Topic:** *Mechanism for change: legal & physical availability*

#### **Readings:**

- 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 7: Oct. 17**

**Instructor:** T. Nelson

**Topic:** Mechanism for change: economic availability

### **Readings:**

- Braveman PA, Cubbin C, Egerter S, Williams DR, Pamuk E. 2010. Socioeconomic disparities in health in the United States: what the patterns tell us. *Am. J. Public Health* 100(Suppl. 1):S186–96
- Pomeranz J. Advanced policy options to regulate sugar-sweetened beverages to support public health. *Journal of Public Health Policy*. 2011 August 33:75-88
- World Health Organization. WHO report on the global tobacco epidemic 2015: raising taxes on tobacco. World Health Organization, 2015. Available online at: [http://www.who.int/tobacco/global\\_report/2015/report/en/](http://www.who.int/tobacco/global_report/2015/report/en/)
  - Read pp. 16-45.
- Muhammad A, D'Souza A, Meade B, Micha R, Mozaffarian D. The Influence of Income and Prices on Global Dietary Patterns by Country, Age, and Gender, ERR-225, U.S. Department of Agriculture, Economic Research Service, February 2017. Available online at: <https://www.ers.usda.gov/webdocs/publications/82545/err-225.pdf?v=42796>
  - Read Summary, pp 1-5; 25-26.

## **Week 8: Oct. 24**

**Instructor:** T. Nelson

**Topic:** Mechanism for change: safer products & equipment

### **Readings:**

- Pacula RL, Kilmer B, Wagenaar AC, Frank J, Chaloupka FJ, Caulkins JP. Developing public health regulations for marijuana: lessons from alcohol and tobacco. *Journal Information* 104(6), 1021-1028, 2014.
- Hemenway D. *While We Were Sleeping: Success Stories in Injury and Violence Prevention*. 2009. University of California Press,
  - o Chapter 1: Car
  - o Chapter 4: Play.
  - o Chapter 6: Violence
- Albaum M. *Safety Sells: Market Forces and Regulation in the Development of Airbags* Martin Albaum and the Insurance Institute for Highway Safety, 2005. Available online at: <http://www.safetysells.org/>
  - Read:
    - o Forward: Available online at: <http://www.safetysells.org/foreword.pdf>
    - o Chapter 7: Conclusions Available online at: <http://www.safetysells.org/chapter7.pdf>
- Maruchek A, Greis N, Mena C, Cai L. "Product safety and security in the global supply chain: Issues, challenges and research opportunities." *Journal of Operations Management* 29, no. 7 (2011): 707-720.

## **Week 9: Oct. 31**

*Instructor: T. Nelson*

**Topic:** *Mechanism for change: advertising and marketing*

### **Readings:**

- Petticrew M, Shemilt I, Lorenc T, et al Alcohol advertising and public health: systems perspectives versus narrow perspectives *J Epidemiol Community Health* 2017;71:308-312.
- World Health Organization. WHO report on the global tobacco epidemic 2015: raising taxes on tobacco. World Health Organization, 2015. Available online at: [http://www.who.int/tobacco/global\\_report/2015/report/en/](http://www.who.int/tobacco/global_report/2015/report/en/)  
Read pp. 66-77.
- Sinkinson M, Starc A. Ask your doctor? Direct-to-consumer advertising of pharmaceuticals. No. w21045. National Bureau of Economic Research, 2015. Available online at: <http://www.nber.org/papers/w21045>
- Karamanidou C, Dimopoulos k. Greek health professionals' perceptions of the HPV vaccine, state policy recommendations and their own role with regards to communication of relevant health information. *BMC public health* 16, no. 1 (2016): 467.

## **Week 10: Nov. 7**

**Assignment #4 Due: Describe Policy Mechanism & Justification for Your Policy Solution**

*Instructor: T. Toomey*

**Topic:** *Identifying key components of policies and basics of policy adoption*

### **Readings/Viewing:**

- The Strategic Alliance for Healthy Food and Activity Environment  
([shttps://www.preventioninstitute.org/sites/default/files/publications/Sharing%20Our%20Story.pdf](https://www.preventioninstitute.org/sites/default/files/publications/Sharing%20Our%20Story.pdf))
- Watch: A Holistic Approach to Community Development in Minneapolis-St. Paul  
(<https://www.youtube.com/watch?v=A7Byp685uVs&feature=youtu.be>)
- Shultz A. and Sandy MG. *Collective Action for Social Change*. Palgrave Macmillan: New York, 2011. Ch. 13 & 14
- Erickson DJ, Lenk KM, Toomey TL, Nelson TF, Jones-Webb R, Mosher JF. Measuring the Strength of State-Level Alcohol Control Policies , *World Medical & Health Policy*, 6(3):171-186.

### **Recommended Readings:**

- Developing Effective Coalitions : An Eight Step Guide  
(<https://www.preventioninstitute.org/sites/default/files/publications/Developing%20Effective%20Coalitions%20-%20An%20Eight%20Step%20Guide.pdf>)

## **Week 11: Nov. 14**

*Instructor: T. Toomey*

**Topic:** *Policy Implementation overview & building awareness*

### **Readings:**

- Jones-Webb R, Nelson TF, McKee P, Toomey T. An Implementation Model to Increase the Effectiveness of Alcohol Control Policies. *American Journal of Health Promotion*, 28(5):328-335, 2014.
- Gertson LN. Public Policy Making, Chapter 5: Implementation: Converting Policy Commitments Into Practice, pp. 94-118. M.E. Sharpe: New York, 2004.
- Plotkin BJ, Kimball AM. Designing an International Policy and Legal Framework for the Control of Emerging Infectious Diseases: First Steps. *Emerg Infect Dis.* 1997;3(1):1-9.
- Spotlight: International Health Regulations (2005), CDC (<https://www.cdc.gov/globalhealth/ihr/>)

## **Week 12: Nov. 21**

*Instructor: T. Toomey*

*Topic: Using enforcement to create deterrence effect*

### **Readings:**

- Erickson DJ, Lenk KM, Sanem JR, Nelson TF, Jones-Webb R, Toomey TL. Current use of alcohol compliance checks by enforcement agencies in the U.S. *Alcoholism: Clinical and Experimental Research*, 38(6):1712-1719, 2016.
- J. Gibbs, *Deterrence Theory and Research*, pp. 87-103. In: *The Law as a Behavioral Instrument*. G.B. Melton (editor). University of Nebraska Press, 1986.

## **Week 13: Nov. 28**

**Assignment #5 & #6 Due: Proposed Implementation Plan & Draft Talking**

### **Points**

*Instructor: T. Toomey*

*Topic: Monitoring & evaluation*

### **Readings:**

- Using Evaluation to Inform CDC's Policy  
(Process <https://www.cdc.gov/policy/analysis/process/docs/usingevaluationtoinformcdcspolicyprocess.pdf>)
- Overview of Policy Evaluation (<https://www.cdc.gov/injury/pdfs/policy/Brief%201-a.pdf>)
- Hemenway, David. How to find nothing. *Journal of Public Health Policy*. 2009; 30:260-68.

## **Week 14: Dec. 5**

**Assignments #7 Due: Peer review of talking points**

*Instructor: T. Nelson & T. Toomey*

*Topic: Institutionalization, multi-policy approach & peer review*

### **Readings:**

- 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.
- Center for Tobacco Products, Consumer Fact Sheet: Overview of the Family Smoking Prevention and Tobacco Control Act.
- Increasing Physical Activity: Built Environment Approaches. Prevention Guide Fact Sheet: <https://www.thecommunityguide.org/sites/default/files/assets/OnePager-Physical-Activity-built-environments.pdf>
- Mozaffarian D, Hemenway D, Ludwig DS. Curbing Gun Violence: Lessons From Public Health Successes. *JAMA*. 2013;309(6):551-552..

### **Recommended Readings:**

- NTSB 2013: <http://www.nts.gov/safety/safety-studies/documents/sr1301.pdf>
- American Lung Association. State of Tobacco Control 2015  
<http://www.stateoftobaccocontrol.org/>
- Fleegher, Eric W; Lee, Lois K; Monuteaux, Michael C; Hemenway, David; Mannix, Rebekah. Firearm legislation and firearm-related fatalities in the United States. *JAMA-Internal Medicine*. 2013; 173:732-40.

## **Week 15: Dec. 12**      **Assignments #8 & #9 Due: Final Talking Points & Impromptu Policy Pitch**

*Instructor: T. Toomey & T. Nelson*

*Workshop: Impromptu Policy Pitches*

### **Last Assignment (#10): Executive Summary of Policy Proposal & Implementation Plan to Address Targeted Problem: Due Friday December 15 before noon.**

#### **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 also be expected to complete brief reflections of the required readings for 10 out of 13 class periods (Week 2 through Week 14). You will also be expected to complete 10 assignments. A general description of the brief reflections and each required assignment appears below; full descriptions of each, 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. Points for the course are distributed as follows: 5 points for class participation, 10 points for reflections (1 point each), 85 points for assignments.

**Assignments.** Select one public health problem and related *prevention* policy to focus on across the following assignments (see full descriptions of each assignment on the Moodle site for the course). 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 all but the last assignment to class on the day they are due. The last assignment should be submitted on Moodle by noon on Friday, December 15.

- (1) **Assignment #1: Describe Role of Policy In Public Health Major Achievements.** Review two of the specified summaries of the major public health achievements in the 20<sup>th</sup> century. (10 points)
- (2) **Assignment #2: Define a Problem and Justify Policy Approach.** Write a brief memo describing a public health problem you will address and justify why a policy approach is necessary or appropriate for reducing that problem. (10 points)
- (3) **Assignment #3: Analyze Policy Level Options.** Write a brief email indicating possible policies at different levels and the likely policy you will focus on. (5 points)
- (4) **Assignment #4: Describe Policy Mechanism & Justification for Your Policy Solution.** Complete a brief worksheet describing the mechanism of how your policy will address your targeted problem and justifying why a policy approach should be used to address the problem. (10 points)
- (5) **Assignment #5: Proposed Implementation Plan.** Complete a brief worksheet describing key components of your proposed policy as well as key elements of an implementation plan. (10 points)
- (6) **Assignment #6: Draft Talking Points.** Draft 3 brief talking points you would use to help advocate for your policy proposal with elected officials. (5 Points)
- (7) **Assignment #7: Peer Review of Talking Points.** Complete a written review of assigned draft talking points of a member of your peer review group. (5 points)
- (8) **Assignment #8: Final Talking Points (10 Points).** Finalize talking points based on feedback from peer review. (10 points)
- (9) **Assignment #9: Impromptu Policy Pitch.** Prepare for and participate in workshop to practice talking about (i.e., doing a pitch for) your proposed policy with an elected official you run into. (5 Points)
- (10) **Assignment #10: Executive Summary of Policy Proposal & Implementation Plan.** Write a brief executive summary of your the public health problem you plan to address, the proposed policy, key components of the policy, and proposed implementation plan. (15 points)



The basis for assigning final grades is the following:

A	4.0	Represents achievement that is outstanding relative to the level necessary to 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 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.
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 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 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 points)

**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/courseval](http://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](http://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](http://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](http://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](http://onestop.umn.edu).

### **Course Withdrawal:**

Students should refer to the Refund and Drop/Add Deadlines for the particular term at [onestop.umn.edu](http://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](mailto: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](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](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 Community Standards has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty <https://communitystandards.umn.edu>. 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](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](mailto: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 Community

Standards, 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 <https://osa.umn.edu/>.

**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.

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