

PUBH 6333

Human Behavior I
Fall 2018

COURSE & CONTACT INFORMATION

Credits: 2

Meeting Day(s): Wednesday

Meeting Time: 10:10am – 12:05pm

Meeting Place: West Bank Office Building, Room 405

Instructor: Toben F. Nelson

Email: tfnelson@umn.edu

Office Phone: 612-626-9791

Fax: Please do not send a Fax

Office Hours: By Appointment

Office Location: West Bank Office Building, Room 391

COURSE DESCRIPTION

This course is a core requirement for Division of Epidemiology and Community Health doctoral students in the Social and Behavioral Epidemiology track. It is intended for advanced students with social and behavioral science backgrounds. The purpose of the course is to understand and critically evaluate major conceptual themes that form the basis for research on health in the social and behavioral sciences and public health practice.

COURSE PREREQUISITES

Doctoral student in Epidemiology or consent of instructor

ACKNOWLEDGMENTS

PubH 6333 was developed with the contributions of numerous instructors. Dr. Nelson, the current instructor, developed and selected all of the readings for the current format of the course. Dr. Hennrikus, a former instructor, had a role in the conceptual development of the course, and Drs. Lytle, Lando and Brady (current and prior instructors for PubH 6334) are acknowledged for their conceptual contributions.

COURSE GOALS & OBJECTIVES

The course is designed to advance students' thinking about, and engagement with, important theoretical concepts in the social and behavioral sciences as they can be applied to public health and public health research. In each class period students will demonstrate their ability to:

1. Identify salient concepts in social and behavioral theory applied to public health,
2. Think critically about theory and its supporting evidence,
3. Identify common themes and gaps across theories, and
4. Apply theory to current public health problems.

METHODS OF INSTRUCTION AND WORK EXPECTATIONS

The course is designed as an advanced course for Epidemiology doctoral students in the Social and Behavioral Epidemiology track. The primary methods of instruction are reading, guided study through written assignments, and class discussion. Students are expected to complete all of the required reading prior to class, answer questions in the study guide, and come to class prepared to discuss key points of the readings. Each student is expected to formally lead at least one class discussion.

Course Workload Expectations

Human Behavior I is a 2-credit course. The University expects that for each credit, you will spend a minimum of three hours per week attending class, reading, studying, completing assignments, etc. over the course of a 15-week term. Thus, this course requires

approximately 90 hours of effort spread over the course of the term in order to earn an average grade. In an average week for this course, the expectation is that students will spend approximately 2 hours in class and 4 hours outside of class, although some weeks may require more and some weeks may require less.

All students are expected to:

- Attend all class sessions, arriving prior to the scheduled start of class so class can begin in a timely fashion.
- Complete all assigned readings and written assignments on time.
- Actively participate in class discussions.
- Regularly read and respond to any email related to the course using their University assigned email address.

Learning Community

School of Public Health courses ask students to discuss frameworks, theory, policy, and more, often in the context of past and current events and policy debates. Many of our courses also ask students to work in teams or discussion groups. We do not come to our courses with identical backgrounds and experiences and building on what we already know about collaborating, listening, and engaging is critical to successful professional, academic, and scientific engagement with topics.

In this course, students are expected to engage with each other in respectful and thoughtful ways. In group discussion, this can mean:

- Respecting the identities and experiences of your classmates.
- Avoid broad statements and generalizations. Group discussions are another form of academic communication and responses to instructor questions in a group discussion are evaluated. Apply the same rigor to crafting discussion posts as you would for a paper.
- Consider your tone and language, especially when communicating in text format, as the lack of other cues can lead to misinterpretation.

Like other work in the course, all student to student communication is covered by the Student Conduct Code (<https://z.umn.edu/studentconduct>).

ASSIGNMENTS

Written Assignments

Each session prior to class each student will prepare written responses to the questions on the study guides. The study guide questions are designed to help them engage with, and understand, the assigned readings for each class period. The writing assignments will complement and support class discussions and will require students to identify salient concepts in the readings, think critically about integrate concepts across theories discussed, identify gaps in existing theory and public health practice, and understand how theory can inform potential solutions for public health and public health research. The questions for each class period will be available on the course website at least one week in advance of the class period. The study guide questions and responses should be completed using a word processing software and printed neatly and legibly (e.g., Times New Roman or Arial 12 point font, double-spaced, 1 inch margins). At the end of each class discussion, students will be given 15 minutes to reflect on the discussion, write about how the discussion helped shape their thinking on the issues and identify any additional questions raised in the discussion. This written assignment will then be turned in at the end of each class period.

Discussion Leadership

In addition to the written assignment, each student will provide an evaluation of their own performance in, and contribution to, the class discussion using standard criteria available in class. All students registered for credit will be responsible for leading one class discussion. At the beginning of the semester each student will choose a topic to lead the class discussion. The student will meet with the instructor outside of class to go over preparations for leading the discussion. The student will be responsible for reading the material in advance, identifying discussion questions and shaping the classroom discussion.

Instructor evaluation of student performance will be based on demonstrated achievement of course objectives in the written responses and in the classroom discussion.

Deadlines

Written assignments are due at the end of class time each week. If you anticipate any difficulty meeting a deadline (due to a family emergency, documented illness, or attendance at a professional conference), arrangements must be made with the instructor in advance of the actual due date to receive credit for the assignment. Late assignments will not be accepted without prior arrangement, except in the most extreme circumstances.

QUESTIONS ABOUT COURSE MATERIAL AND ASSIGNMENTS

Please do not hesitate to call or email the instructor if you have questions. If you wish to seek an in-person meeting, please use Google Calendar to request an appointment.

COURSE TEXT & READINGS

Required text

Students are expected to complete the assigned readings prior to the lesson in which they will be covered. Students will use two textbooks and various assigned journal articles.

- Rose G. (2008) *Rose's Strategy of Preventive Medicine: The Complete Original Text*. New edition. Oxford University Press.
- Skinner BF. (1953) *Science and Human Behavior*. The Free Press, New York.

Both of these texts are available through various on-line bookstores and can be purchased used and shipped to arrive within a few days. Please purchase the 2008 edition of the Rose text, which includes an Introduction by Khaw and Marmot, and not the original 1992 version.

The Skinner text is currently out of print, but it is widely available for purchase on the Internet. The full text is also available to download on the Internet for a nominal fee at the following webpage:

<http://www.bf Skinner.org/product/science-and-human-behavior-pdf/>

In addition, the instructor may provide readings on current topics in public health drawn from the popular press. These will be available in class and/or distributed by email.

Background text

Students who have not taken prior coursework in health and behavioral science should purchase and read the following text prior to class. This text can also serve as a background reader. It provides a good overview of several of the theories that we will discuss in class.

- Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015). *Health Behavior: Theory, Research, and Practice* (5th ed). San Francisco: Jossey-Bass

Brief summaries of this book are available in the following resource:

https://cancercontrol.cancer.gov/brp/research/theories_project/theory.pdf

Additional readings are available on the course website, as class handouts or through the University of Minnesota library. You can search using PubMed, Google Scholar or ISI Web of Knowledge and locate the articles using the FindIt@U of M Twin Cities link.

COURSE OUTLINE/WEEKLY SCHEDULE

Week	Topic	Readings	Assignments
Week 1 September 5	<ul style="list-style-type: none"> Orientation and expectations for the course 	<ul style="list-style-type: none"> Logical Fallacies http://yourlogicalfallacyis.com/ Lilienfeld SO. (2003) Four things that Paul Meehl taught me. APS Observer, Association for Psychological Science, June, On-line [Available]: https://www.psychologicalscience.org/observer/in-appreciation-paul-e-meehl Glymour M. (2018). Epidemiology and why I love it: some advice for people considering graduate school. Linkdin. University of California-San Francisco. On-line [Available]: https://www.linkedin.com/pulse/epidemiology-why-i-love-some-advice-people-graduate-school-glymour/ Stearns SC. (2018) Some modest advice for graduate students, Stearns Lab, Yale University. On-line [Available]: http://stearnslab.yale.edu/some-modest-advice-graduatestudents 	
Week 2 September 12	<ul style="list-style-type: none"> Orienting to Public Health What are we doing here? Addressing key questions for Public Health What is Public Health? What is Epidemiology? 	<ul style="list-style-type: none"> Pearce N. (1996) Traditional epidemiology, modern epidemiology and public health. American Journal of Public Health, 86(5):678-683. Pearce N. (1999) Epidemiology as a population science. International Journal of Epidemiology, 28: S1015-S1018. Baum F, Fisher M. (2014). Why behavioural health promotion endures despite its failure to reduce health inequities. Sociology of Health and Illness, 36(2), 213-225. Wemrell M, Merlo J, Mulinari S, Hornborg A-C. (2016) Contemporary epidemiology: a review of critical discussions within the discipline and a call for further dialogue with social theory. Sociology Compass, 10: 153–171. 	<ul style="list-style-type: none"> Study Guide 1
Week 3 September 19	<ul style="list-style-type: none"> What is the role of social and behavioral science in public health? What is science? What is theory? 	<ul style="list-style-type: none"> Greenwald AG, Pratkanis, AR. (1988) On the use of "theory" and the usefulness of theory. Psychological Review, 95(4), 575-579. McComas WF. (2002) The principal elements of the nature of science: dispelling the myths. The Nature of Science in Science Education: Contemporary Trends and Issues in Science Education. 5(1): 53-70. Prestwich A, Sniehotta FF, Whittington C, Dombrowski SU, Rogers L, Michie S. (2014). Does theory influence the effectiveness of health behavior interventions? Metaanalysis. Health Psychology, 33(5), 465. Carey G, Malbon E, Crammond B, Pescud M, Baker P. (2016). Can the sociology of social problems help us to understand and manage 'lifestyle drift'?. Health Promotion International, 1-7. 	<ul style="list-style-type: none"> Study Guide 2
Week 4 September 26	<ul style="list-style-type: none"> Individual and Population approaches 	<ul style="list-style-type: none"> Rose's Strategy of Preventive Medicine <ul style="list-style-type: none"> Commentary Chapters 1-8 Hunt K, Emslie C. (2001) Commentary: the prevention paradox and lay epidemiology. Rose revisited. International Journal of Epidemiology, 30:442-446. Harper S. (2009) Essay review: Rose's strategy of preventive medicine. International Journal of Epidemiology 38(6):1743-1745. 	<ul style="list-style-type: none"> Study Guide 3

<p>Week 5 October 3</p>	<ul style="list-style-type: none"> • Core Principals of Behavior from the Perspective of Radical Behaviorism 	<ul style="list-style-type: none"> • Skinner, Science and Human Behavior <ul style="list-style-type: none"> • Chapters 1-2, 4-7 • Chomsky N. The case against B.F. Skinner. The New York Review of Books, December 30, 1971, On-line [Available]: http://www.nybooks.com/articles/1971/12/30/the-case-against-bf-skinner/ • Skinner BF (1987) Whatever happened to psychology as the science of behavior? The American Psychologist, 42(8): 780-786. 	<ul style="list-style-type: none"> • Study Guide 4
<p>Week 6 October 10</p>	<ul style="list-style-type: none"> • Health Behavior and Intention • The Health Belief Model, Theory of Reasoned Action, Theory of Planned Behavior, • Locus of control 	<ul style="list-style-type: none"> • Health Behavior constructs: Theory, Measurement and Research, National Cancer Institute, On-line [Available]: http://cancercontrol.cancer.gov/brp/research/constructs/ • Ajzen I. (1991) The theory of planned behavior. Organizational Behavior and Human Decision Processes. 50: 179-211. • Fishbein M. (2008) A reasoned action approach to health promotion. Medical Decision Making, 28(6): 834-844. • Wallston KA. (1992) Hocus-pocus, the focus isn't strictly on locus: Rotter's Social Learning Theory modified for health. Cognitive Therapy and Research, 16(2): 183-199. • Weinstein ND (2007). Misleading tests of health behavior theories. Annals of Behavioral Medicine. 33(1): 1-10. • Sniehotta FF, Pesseau J, Araújo-Soares V. (2014). Time to retire the theory of planned behaviour. Health Psychology Review, 8(1): 1-7. 	<ul style="list-style-type: none"> • Study Guide 5
<p>Week 7 October 17</p>	<ul style="list-style-type: none"> • Social Cognitive Theory 	<ul style="list-style-type: none"> • Bandura A. (2004). Health promotion by social cognitive means. Health Education and Behavior, 31(2), 143-164. • Bandura A. (2018). Toward a psychology of human agency: Pathways and reflections. Perspectives on Psychological Science 13(2): 130-136. 	<ul style="list-style-type: none"> • Study Guide 6
<p>Week 8 October 24</p>	<ul style="list-style-type: none"> • Human Behaviors in Context 	<ul style="list-style-type: none"> • Link BG, Phelan J. (1995) Social conditions as fundamental causes of disease. Journal of Health and Social Behavior. 35(Extra Issue): 80-94. • McMichael AJ. (1999) Prisoners of the proximate: Loosening the constraints on epidemiology in an age of change. American Journal of Epidemiology. 149(10): 887-897. • Galea S. (2017). Invited Commentary: Continuing to Loosen the Constraints on Epidemiology in an Age of Change—A Comment on McMichael's "Prisoners of the Proximate", American Journal of Epidemiology, 185(11): 1217–1219. https://doi.org/10.1093/aje/kwx069 • Meier PS, Warde A, Holmes J. (2018) All drinking is not equal: how a social practice theory lens could enhance public health research on alcohol and other health behaviours. Addiction, 113: 206–213. doi: 10.1111/add.13895. • Galea S, Keyes KM (2018). What matters, when, for whom? three questions to guide population health scholarship Injury Prevention. 24:i3-i6. 	<ul style="list-style-type: none"> • Study Guide 7
<p>Week 9 October 31</p>	<ul style="list-style-type: none"> • Social networks 	<ul style="list-style-type: none"> • Berkman LF, Glass T, Brissette I, Seeman TE. (2000) From social integration to health: Durkheim in the new millennium. Social Science and Medicine, 51(6): 843-857. • Thoits PA. (2011). Mechanisms linking social ties and support to physical and mental health. Journal of Health and Social Behavior, 52(2), 145-161. • Krause J, Croft DP, James R. (2007) Social network theory in the behavioural sciences: potential applications. Behavioral Ecology and Sociobiology. 62(1): 15-27. • Holt-Lunstad J, Robles TF, Sbarra DA. (2017). Advancing social connection as a public health priority in the United States. American Psychologist, 72(6), 517. • Gale NK, Kenyon S, MacArthur C, Jolly K, Hope L. (2018). Synthetic social support: Theorizing lay health worker interventions. Social Science & Medicine. 196:96-105. 	<ul style="list-style-type: none"> • Study Guide 8

Week 10 November 7	<ul style="list-style-type: none"> • Social Ecology and Ecosocial Theory 	<ul style="list-style-type: none"> • Bronfenbrenner, U. (1977) Toward an experimental ecology of human development. <i>American Psychologist</i>. 32(7): 513-531. • Richard L, Gauvin L, Raine K. (2011). Ecological models revisited: their uses and evolution in health promotion over two decades. <i>Annual Review of Public Health</i>, 32, 307-326. • Krieger N. (2000) Epidemiology and social sciences: Towards a critical reengagement in the 21st century. <i>Epidemiologic Reviews</i>, 22(1):155-163. • Krieger N. (2001) Theories for social epidemiology in the 21st century: an ecosocial perspective. <i>International Journal of Epidemiology</i>, 30:668-677. 	<ul style="list-style-type: none"> • Study Guide 9
Week 11 November 14	<ul style="list-style-type: none"> • Social Epidemiology 	<ul style="list-style-type: none"> • Kawachi I. (2013) Editorial: Isn't all epidemiology social? <i>American Journal of Epidemiology</i>. 178 (6): 841-842. • Galea S, Link BG. (2013) Six paths for the future of Social Epidemiology. <i>American Journal of Epidemiology</i>. 178 (6): 843-849. • Oakes JM. (2013) Paths and pathologies of Social Epidemiology. <i>American Journal of Epidemiology</i>.178 (6): 850-851. • Muntaner C. (2013) On the Future of Social Epidemiology—A Case for Scientific Realism. <i>American Journal of Epidemiology</i>.178 (6): 852-857. • Glymour MM, Osypuk TL, and Rehkopf DH. (2013) Off-Roading With Social Epidemiology—Exploration, Causation, Translation. <i>American Journal of Epidemiology</i>. 178 (6): 858-863. • Galea S and Link BG. (2013) Galea and Link Respond to “Pathologies of Social Epidemiology,” “Social Epidemiology and Scientific Realism,” and “Off-Roading With Social Epidemiology” <i>American Journal of Epidemiology</i>. 178 (6): 864. • Kawachi I, Subramanian SV. (2018) Social epidemiology for the 21st century. <i>Social Science and Medicine</i> 196:240-245. 	<ul style="list-style-type: none"> • Study Guide 10
Week 12 November 21	<ul style="list-style-type: none"> • Industrial Epidemics 	<ul style="list-style-type: none"> • Jahiel RI, Babor TF (2007). Industrial epidemics, public health advocacy and the alcohol industry: lessons from other fields. <i>Addiction</i> 102(9): 1335-1339. • Baum FE, Sanders DM, Fisher M, Anaf J, Freudenberg N, Friel S, Labonté R, et al. (2016). Assessing the health impact of transnational corporations: its importance and a framework. <i>Globalization and Health</i> 12(1): 27. • McKee M, Stuckler D. (2018) Revisiting the corporate and commercial determinants of health. <i>American Journal of Public Health</i>. 108(9): 1167-1170. • Capewell S, Lloyd-Williams F (2018). The role of the food industry in health: lessons from tobacco?, <i>British Medical Bulletin</i>. 125(1): 131–143, https://doi.org/10.1093/bmb/ldy002 • Cowlshaw S, Thomas SL. (2018). Industry interests in gambling research: Lessons learned from other forms of hazardous consumption. <i>Addictive Behaviors</i>. 78:101-106. 	<ul style="list-style-type: none"> • Study Guide 11
Week 13 November 28	<ul style="list-style-type: none"> • Lifecourse • Behavioral Economics 	<ul style="list-style-type: none"> • Halfon N., Forrest C.B. (2018) The Emerging Theoretical Framework of Life Course Health Development. In: Halfon N., Forrest C., Lerner R., Faustman E. (eds) <i>Handbook of Life Course Health Development</i>. Springer, Cham. DOI https://doi.org/10.1007/978-3-319-47143-3_2 • Kagel JH, Winkler RC. (1972) Behavioral economics: areas of cooperative research between economics and applied behavioral analysis. <i>Journal of Applied Behavior Analysis</i>. 5(3): 335-342. • Patel MS, Asch DA, Volpp KG. (2015). Wearable devices as facilitators, not drivers, of health behavior change. <i>JAMA</i>, 313(5), 459-460. • Volpp KG, Asch DA. (2017). Make the healthy choice the easy choice: using behavioral economics to advance a culture of health, <i>QJM: An International Journal of Medicine</i>, 110(5): 271–275, https://doi.org/10.1093/qjmed/hcw190 	<ul style="list-style-type: none"> • Study Guide 12

Week 14 December 5	<ul style="list-style-type: none"> Complexity in Epidemiology 	<ul style="list-style-type: none"> Resnicow K, Page SE. (2008) Embracing chaos and complexity: a quantum change for public health. <i>American Journal of Public Health</i>, 98(8): 1382-1389. Gruenewald PJ. (2007). The spatial ecology of alcohol problems: niche theory and assortative drinking. <i>Addiction</i>, 102(6), 870-878. Galea S, Riddle M, Kaplan GA. (2010). Causal thinking and complex system approaches in epidemiology. <i>International Journal of Epidemiology</i>, 39(1): 97-106. Tracy M, Cerdá M, Keyes KM. (2018) Agent-based modeling in public health: current applications and future directions. <i>Annual Review of Public Health</i> 39(1): 77-94. 	<ul style="list-style-type: none"> Study Guide 13
Week 15 December 12	<ul style="list-style-type: none"> How do these different views of behavior fit together? What does a social/behavioral epidemiologist do? Where do we go from here? 	<ul style="list-style-type: none"> Glasgow RE. (2008) What types of evidence are most needed to advance behavioral medicine? <i>Annals of Behavioral Medicine</i>. 35(1): 19-25. Mooney, SJ, Westreich DJ, El-Sayed AM. (2015). Commentary: Epidemiology in the era of big data. <i>Epidemiology</i>, 26(3), 390-394. Glass TA, Goodman SN, Hernán MA, Samet JM. (2013) Causal inference in public health. <i>Annual Review of Public Health</i>. 2013; 34: 61–75 Farley TA. (2016). Asking the right questions: research of consequence to solve problems of significance. <i>106(10)</i>, pp. 1778–1779 Ramaswami R, Bayer R, Galea S. (2018) Precision medicine from a public health perspective. <i>Annual Review Of Public Health</i>. 39:153-168. Galea S. (2017). On the production of useful knowledge. <i>The Milbank Quarterly</i> 95, no. 4: 722-725. 	<ul style="list-style-type: none"> Study Guide 14

SPH AND UNIVERSITY POLICIES & RESOURCES

The School of Public Health maintains up-to-date information about resources available to students, as well as formal course policies, on our website at www.sph.umn.edu/student-policies/. Students are expected to read and understand all policy information available at this link and are encouraged to make use of the resources available.

The University of Minnesota has official policies, including but not limited to the following:

- Grade definitions
- Scholastic dishonesty
- Makeup work for legitimate absences
- Student conduct code
- Sexual harassment, sexual assault, stalking and relationship violence
- Equity, diversity, equal employment opportunity, and affirmative action
- Disability services
- Academic freedom and responsibility

Resources available for students include:

- Confidential mental health services
- Disability accommodations
- Housing and financial instability resources
- Technology help
- Academic support

EVALUATION & GRADING

Students will be evaluated based on their written responses to the study guide questions and their participation in class for each class session. Students will also provide a self-evaluation of their performance in the group discussion based on their contribution, critical thinking and engagement in the discussion. Students must complete each of the assignments in order to pass the course. These written assignments are due at the end of each class period. If a student is unable to attend class for any reason, that student must contact the instructor in advance to determine appropriate make up work. Each student will be graded for each class session for a total of 10 points and a total of 140 points for the semester. In addition, students will be graded for their leadership of one class discussion for a possible total of 10 points. The total number of points for the semester is 150 points.

Grading Scale

The University uses plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following, and you can expect the grade lines to be drawn as follows:

% In Class	Class Points	Grade	GPA
93 - 100%	140-150	A	4.000
90 - 92%	135-139	A-	3.667
87 - 89%	131-134	B+	3.333
83 - 86%	126-130	B	3.000
80 - 82%	120-125	B-	2.667
77 - 79%	116-120	C+	2.333
73 - 76%	110-115	C	2.000
70 - 72%	105-109	C-	1.667
67 - 69%	101-104	D+	1.333
63 - 66%	95-100	D	1.000
< 62%	< 95	F	

- A = achievement that is outstanding relative to the level necessary to meet course requirements.
- B = achievement that is significantly above the level necessary to meet course requirements.
- C = achievement that meets the course requirements in every respect.
- D = achievement that is worthy of credit even though it fails to meet fully the course requirements.
- F = failure because work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (Incomplete).
- S = achievement that is satisfactory, which is equivalent to a C- or better
- N = achievement that is not satisfactory and signifies that the work was either 1) completed but at a level that is not worthy of credit, or 2) not completed and there was no agreement between the instructor and student that the student would receive an I (Incomplete).

Evaluation/Grading Policy	Evaluation/Grading Policy Description
Scholastic Dishonesty, Plagiarism, Cheating, etc.	<p>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 (As defined in the Student Conduct Code). For additional information, please see https://z.umn.edu/dishonesty</p> <p>The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: https://z.umn.edu/integrity.</p> <p>If you have additional questions, please clarify with your instructor. 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.</p> <p>Indiana University offers a clear description of plagiarism and an online quiz to check your understanding (http://z.umn.edu/iuplagiarism).</p>
Late Assignments	Not accepted
Attendance Requirements	Students must attend each course session
Extra Credit	Not available

The S/N option is available for this course. A grade of B- or better is required for an S.

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.

