

PubH 6365-Section 001
Global Challenges in Infectious Disease Epidemiology
Fall, 2018

Credits: 2
Meeting Days: M, W, (9/5/18–10/22/18)
Meeting Time: 9:05am - 11:00am
Meeting Place: Malcolm Moos Health Sci Tower 5-125
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Office Hours: By appointment

I. COURSE DESCRIPTION

This course will focus on the considerable burden due to infectious diseases within middle and low-income countries, as well as the underlying risk factors that lead to their emergence and spread. Students will learn about and review different measures of disease burden and health status. Different diseases of international public health significance will be reviewed, with a focus on epidemiologic research and methods used describe and analyze disease determinants. The course will also expose students to different interventions (prevention and control strategies) that have been used in both emergency situation, and to reduce the burden of more endemic diseases that significantly impact the health of populations. The scientific literature concerning specific diseases of interest will be examined and discussed in order to illustrate these principles.

We recognize that it is impossible to cover all subjects in global health. Using a case-study approach, the course will instead select a variety of infectious diseases of international importance. We will focus instead on approaches to dealing with these different problems, and some of the methodologies used to study them. This course will allow students to gain both skills and a greater understanding of public health research and practice as it applies to international health.

II. COURSE PREREQUISITES

This class is available to Masters or Doctoral students from the School of Public Health; additional students may be admitted by permission of the instructor. Prerequisites include PUBH 6320 Fundamentals of Epidemiology or PUBH 6341 Epidemiologic Methods I.

III. COURSE GOALS AND OBJECTIVES

Learning objectives include greater appreciation and understanding of infectious diseases, with a particular focus on low and middle-income countries, including:

- Methodologies for disease surveillance and outbreak investigation in resource-limited settings
- Control strategies such as mass drug administration, screening, chemoprophylaxis, community health workers, immunization, education and behavior change, and infection control
- Social, economic, cultural, and other determinants of endemic and epidemic diseases
- Program evaluation and operational research
- Methodologies used for monitoring and evaluation of control and prevention programs
- Critical review of the medical literature
- Developing research proposals to design and evaluate intervention strategies

IV. METHODS OF INSTRUCTION AND WORK EXPECTATIONS

Each class will last two hours and include a combination of lecture (on a general cross-cutting topic) and class discussion

V. COURSE TEXT AND READINGS

The required text for this course is:

Communicable Diseases: A Global Perspective. Roger Webber, 2016. Boston MA: CABI

Additional reading will be assigned as described in the syllabus, and posted to the course web site

VI. COURSE OUTLINE/WEEKLY SCHEDULE

Sept. 5:

Lecture: Communicable Diseases and Global Health (overview)
Strategies for Prevention/Control of Infectious Diseases
Data used to monitor infectious diseases
Global burden, distribution, and interventions for infectious diseases of poverty

Class Discussion:

Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980–2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet* 2016; 388 (handed out in class).

Readings:

Weber: Chapter 1: Elements of Communicable Diseases

Weber: Chapter 6: Classification of Communicable Diseases

Sept. 10:

Lecture: Developing Research Protocols for Interventions in Infectious Disease
Eradication of Infectious Diseases

Class Discussion

Fenner F. A successful eradication campaign. Global eradication of smallpox. Rev Infect Dis 1982;4(5):916-30

Molyneux D, Sankara DP. Guinea worm eradication: Progress and challenges- should we beware of the dog? PLoS Negl Trop Dis. 2017;11(4):e0005495.

Readings:

Weber: Chapter 2: Communicable Disease Theory

Weber: Chapter 3: Control Principles and Methods

Sept. 12:

Lecture: Health Organizations/Systems Responsible for Communicable Disease Prevention
Outbreak Control

Class Student Presentation:

Ebola

Lassa Fever

Class Discussion: Ebola Outbreak

Bell et al. CDC. CDC's Response to the 2014-2016 Ebola Epidemic--West Africa and the United States. MMWR Suppl. 2016 Jul 8;65(3):4-11.

Breakwell et al. Early Identification and Prevention of the Spread of Ebola in High-Risk African Countries. MMWR Suppl. 2016 Jul 8;65(3):21-7.

Readings:

Weber: Chapter 4: Control Strategy and Organization

Weber: Chapter 14: Diseases Transmitted via Body Fluids

Sept. 17:

Lecture: Developing a Research Proposal: Background and Significance
Infectious Disease Surveillance

Class Student Presentation:

Rubella

Zika

Class Discussion: PAHO. Guidelines for surveillance of Zika virus disease and its complications, 2016.

Readings:

Weber: Chapter 5: Notification and Health Regulations

Weber: Chapter 18: Pregnancy and Infection

Sept. 19:

Lecture: Developing a Research Proposal: Research Question
Clinical and Community Trials for Infectious Diseases

Student Presentation: Hepatitis E

Class Presentation (Challenging Disease, Group 1): Cholera in Somalia

Class Discussion: Effectiveness of one dose of oral cholera vaccine in response to an outbreak: a case-cohort study. *Lancet GH* 2016; Volume 4, No. 11, e856–e863,

Readings:

Weber: Chapter 7: Diseases of Poor Hygiene

Weber: Chapter 8: Fecal–Oral Diseases

Sept. 24:

Lecture: Qualitative Research

Class Presentation (Challenging Disease, Group 2): Avian influenza in China

Class Discussion: Fleming JA et al. Implementation of maternal influenza immunization in El Salvador: Experiences and lessons learned from a mixed-methods study. *Vaccine*. 2018 Jun 27;36(28):4054-4061

Readings:

Weber: Chapter 13: Respiratory Diseases and Other Airborne-transmitted Infections

Weber: Chapter 17: Domestic and Synanthropic Zoonoses

WRITTEN ASSIGNMENT # 1 (Research question and significance)

Sept. 26:

Lecture: Study Subjects: Sampling, Recruitment, Enrollment

Class Presentation (Challenging Disease, Group 3): Yellow Fever in Brazil

Student Presentation:

Dengue

Schistosomiasis

Class Discussion: Andersson N et al. Camino Verde (The Green Way): evidence-based community mobilisation for dengue control in Nicaragua and Mexico: feasibility study and study protocol for a randomised controlled trial. *BMC Pub Health*. 2017;17(Suppl 1):407

Readings:

Weber: Chapter 11: Diseases of Water Contact

Weber: Chapter 15: Insectborne Diseases

October 1:

Lecture: Social Determinants of Health

Class Presentation Significance and Background (#1)

Student Presentation:

Soil transmitted helminths

Onchocerciasis

Class Discussion

Lakwo T, et al. Interruption of the transmission of *Onchocerca volvulus* in the Kashoya-Kitomi focus, western Uganda by long-term ivermectin treatment and elimination of the vector *Simulium neavei* by larviciding. *Acta Trop.* 2016 Dec 26. (16)31141

Karan A, Chapman GB, Galvani A. Influence of poverty and culture on the transmission of parasitic infections in rural Nicaraguan villages. *J Parasitol Res.* 2012;2012:47829

Readings:

Weber: Chapter 10: Diseases of Soil Contact

Hollingsworth TD. Counting down the 2020 goals for 9 neglected tropical diseases: what have we learned from quantitative analysis and transmission modeling? *Clin Infect Dis* 2018;66, (suppl 4): S237–S244

WRITTEN ASSIGNMENT # 2 (Study population)

October 3:

Lecture: Measurements, Survey Design

Class Presentation Significance and Background (#2)

Student Presentation:

Hepatitis C

Scabies

Class Discussion:

Vasylyeva TI, et al. Molecular epidemiology reveals the role of war in the spread of HIV in Ukraine. *Proc Natl Acad Sci U S A.* 2018 ;115(5):1051-1056.

Mumtaz GR, et al. HIV among people who inject drugs in the Middle East and North Africa: systematic review and data synthesis. *PLoS Med* 2014;11(6):e1001663

Readings:

Weber: Chapter 12: Skin Infections

Weber: Chapter 16: Ectoparasite Zoonoses

October 8:

Lecture: Social Determinants of Infectious Diseases

Class Presentation (Challenging Disease, Group 1b): Polio control in Pakistan

Student Presentation:

Rotavirus

Trachoma

Class Discussion

Iyun BF, Oke EA. Ecological and cultural barriers to treatment of childhood diarrhea in riverine areas of Ondo State, Nigeria. Soc Sci Med 2000 Apr;50(7-8):953-64.

Ansari M, et al. Mothers' beliefs and barriers about childhood diarrhea and its management in Morang district, Nepal. BMC Res Notes. 2012 Oct 24;5:576.

Readings:

Weber: Chapter 7: Diseases of Poor Hygiene

Weber: Chapter 9: Food-Borne Disease

October 10:

Lecture: Infections in Immigrants and Refugees

Class Presentation (Challenging Disease, Group 2b): MDR TB in Russian prisons

Student Presentation:

Syphilis

Chagas Disease

Class Discussion:

Santaniello-Newton A et al. Management of an outbreak of meningococcal meningitis in a Sudanese refugee camp in Northern Uganda. Epidemiol Infect. 2000;124(1):75-81.

Cossa HA, et al. Syphilis and HIV infection among displaced pregnant women in rural Mozambique. Int J STD AIDS. 1994;5(2):117-23.

Readings: Weber: Chapter 16: Ectoparasite Zoonoses

WRITTEN ASSIGNMENT # 3 (Measurements)

Oct. 15:

Lecture: Ethical issues in Infectious Disease Control

Class Presentation (Challenging Disease, Group 3b): HIV in MSM in Nigeria

Student Presentation:

Leprosy

Filariasis

Class Discussion:

Krosin MT, et al. Problems in comprehension of informed consent in rural and peri-urban Mali, West Africa. Clin Trials 2006;3:306-13.

Dolan K, et al. Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. Lancet. 2016;388:1089-1102

Readings: Weber: Chapter 16: Ectoparasite Zoonoses

Oct. 17:

Panel Discussion: Working in global health

Participants: (tentative):

Nicole Basta

Shalini Kulasingam

Kelley Searle

Lucy Slater

Kumi Smith

Readings: Weber: Chapter 19: New and Emerging Diseases

Oct. 22:

Class Presentation: Research protocols

VII. STUDENT DISEASE PRESENTATIONS:

In a short presentation of ~15 minutes, describe the following:

1. What is the cause (agent and pathogenesis, as appropriate) of the disease?
2. How is infection acquired (transmission)?
3. What are the symptoms of the disease? Is there asymptomatic infection? (pathogenicity). What is the case fatality rate?
4. How is the disease diagnosed?
5. Is there any treatment (and what is it)?
6. What are the prevention and control strategies?

VIII. CHALLENGING CASES:

Students will be assigned to groups, and asked how they would address a "challenging problem" in global health. The goal for each team is to tackle a real-life global health-related problem and to come up strategies for how this can best be addressed. Students will have two "challenging problems" to be discussed over the course. The class presentation should include discussion of the following points:

1. Describe the problem to be solved, including its epidemiology in the context of the specific country or geographic area.
2. What are some of the risk factors (both immediate and underlying) that may be contributing to this problem?
3. What are the main objectives of your intervention or approach to control or minimize this problem?
4. What specific intervention or strategic approach do you recommend to help control or minimize this problem?
5. Which organizations/stakeholders will you partner with to implement this intervention?
6. As part of your monitoring and evaluation plan, what measures or outputs will you use to help assess program impact?
7. What do you see as the challenges/barriers/limitations in implementing this intervention?

Group 1a Presentation:

A regional drought has displaced more than half a million people in Somalia and left the country at risk of famine. A cholera outbreak is further complicating relief efforts, in particular in the southern part of the country where some villages remain under al-Shabab control. Bay Regional Hospital, the biggest in the southwest federal state, is filled with patients suffering from stomach pain, vomiting, and diarrhea. Cholera has sickened more than 40 000 people in Somalia since December 2016. Most of the victims have been malnourished children. WHO cholera expert Dr Abdinasir Abubakar says the outbreak is getting worse due to security challenges. Somalia continues to report between 200 and 300 cases of cholera nationwide each day. (Note: From ProMED Digest, Vol 59, Issue 55)

Group 2a Presentation:

The National Health and Family Planning Commission of China (NHFPC) notified WHO of 18 laboratory-confirmed cases of human infection with avian influenza A (H7N9) virus in mainland China. The median age was 58 years old (age range among the cases is 4 to 74 years old). At the time of notification, there were three deaths, 14 cases were diagnosed as having either pneumonia (4) or severe pneumonia (10), and one case was diagnosed as mild. Seventeen cases were reported to have had exposure to poultry or live poultry market. One was reported to have had no known poultry exposure. To date, a total of 1439 laboratory-confirmed human infections with avian influenza A (H7N9) virus have been reported since early 2013. (Note: From WHO outbreak news May 2017).

Group 3a Presentation:

In Brazil, since the beginning of the outbreak, there were 3,131 cases of yellow fever reported, including 392 deaths. The case fatality rate (CFR) is 34% among confirmed cases. Early cases were reported from forested rural areas. However, confirmed epizootics in large cities, such as Salvador in Bahia, represent a high risk for a change in the transmission cycle (Note: From PAHO Outbreak News) As of April 2017, yellow fever virus transmission continues to expand towards the Atlantic coast of Brazil. These areas were previously considered to be at low risk of transmission and, consequently, yellow fever vaccination was not recommended. The introduction of the virus in these areas could potentially trigger large epidemics of yellow fever. There is also a risk that infected humans may travel to affected areas, within or outside of Brazil, where the Aedes mosquitoes are present and initiate local cycles of human-to-human transmission.

Group 1b Presentation:

You have been assigned to be the WHO representative to Pakistan, and have been assigned to the polio eradication program. Pakistan is one of a small number of countries where polio remains endemic. Just recently, a local community worker supported by WHO and who was part of the polio eradication initiative in Pakistan, was shot and killed; in a separate incident, two other WHO staff members who were supporting the implementation and monitoring of a vaccination campaign were shot and injured. Even prior to these incidents, there were a number of communities opposed to receiving polio vaccines.

Group 2b Presentation:

You have been assigned to be the CDC liaison to the tuberculosis control program in Russia. The particular project to which you have been assigned is the growing prevalence of multi-drug resistant TB which has been identified in the Russian prison system. Russian prisons are over-crowded and underfunded, with limited medical care and social service support. Many inmates have histories of homelessness, use of intravenous drugs or alcoholism, and a number are co-infected with HIV. For those in whom treatment is started in prison, medical follow-up after release is poor.

Group 3b Presentation:

You have been assigned to be the UNAIDS liaison to the HIV control program in Nigeria. In 2015, HIV prevalence among men who have sex with men had risen to 23%, and men who have sex with men are thought to account for 10% of all new HIV infections in the country. In 2014, the Nigerian government increased the punishment for homosexuality to 14 years in jail. Anyone “assisting couples” may face up to 10 years in prison. Many Nigerian men who have sex with men do not access HIV services

For each of these challenging problems:

1. Describe the problem to be solved, including its epidemiology in the context of the specific country or geographic area.
2. What are some of the risk factors (both immediate and underlying) that may be contributing to this problem (e.g., polio in Pakistan)?
3. What specific intervention or strategic approach do you recommend to help control or minimize this problem?
4. What are the main objectives of your intervention or approach to control or minimize this problem?
5. As part of your monitoring and evaluation plan, what measures or outputs will you use to help assess program impact?
6. What do you see as the challenges/barriers/limitations in implementing this intervention?

IX. CLASS DISCUSSION OF ARTICLES IN PEER-REVIEWED LITERATURE:

The instructor will select a journal article that represents either an epidemiologic investigation of an infectious disease, or an intervention study (clinical or community trial) to reduce disease burden. Students are expected to read this article in advance of the class. Class discussion will include the following points in relation to the article:

1. What is the research question this article is addressing? What is the underlying problem and why is it significant?
2. What is the study design? What are the advantages and disadvantages of this design and is it appropriate for this question?
3. What is the study setting? Who are the study subjects? How were they recruited? What are inclusion and exclusion criteria?
4. If a clinical or community trial, what is the primary intervention? If an observational study, what is the primary exposure? What are the other exposures? How were they measured?
5. What is the primary outcome? What are secondary outcomes? How were they measured?
6. What can one conclude from this study? Are there any serious limitations or biases? What are the implications for public health?

X. WRITTEN ASSIGNMENTS

Written Assignment #1

Select a communicable disease of public health significance, do which you will propose a research study. What is your research question? For this disease and your proposed research question, write a 2 page paper (single space) plus an additional page with at least 10 references, on the background and significance of the problem you propose to evaluate. Topics you may wish to address are: What is the incidence and prevalence of the disease in the geographic setting? What is the health burden (morbidity/mortality)? What are epidemiologic trends? What are the risk factors for this disease or health problem? Why is investigating this disease important?

Written Assignment #2

List your research question. In no more than one page, state: What is your study population? How will it be recruited and enrolled? What are your inclusion and exclusion criteria?

Written Assignment #3

List your research question. In 1-2 pages, state: What is your primary exposure (observational studies) or intervention? What is the primary outcome? What are the secondary outcomes? How will they be measured (e.g., data collection)? Aside from your intervention, what other measures (e.g., exposures, confounders, etc.) would you collect?

XI. EVALUATION AND GRADING

Below is a list of the activities by which you will be graded and their assigned weights:

Activity	Percent of Grade
Challenging problem presentation #1	15%
Challenging problem presentation #2	15%
Written Assignment #1	15%
Written Assignment #2	10%
Written Assignment #3	10%
Class presentation of protocol #1	10%
Class presentation of protocol #1	10%
Class participation	15%

Class Participation:

A sign-in sheet will be circulated each class, and will be counted as part of the student's overall grade in terms of participation. This reflects the core belief that coming to and participating in class is an essential part of the learning process.

Written Assignments:

Assignments are take-home exercises; each student should do their own work. Assignments are due in class on the due date indicated in the syllabus. In fairness to those who have turned in their papers on time, late papers will be penalized. Students should take time to make sure that their papers are well organized and written; written communication is important in public health.

Final grades will be assigned as follows:

Percent	Grade
100.0 - 92.5	A
89.9 - 92.4	A-
87.3 - 89.8	B+
82.4 - 87.2	B
80.0 - 82.3	B-
77.5 - 79.9	C+
72.4 - 77.4	C
70 - 72.3	C-
69 or below	F

Students may elect to take the class on a S/N basis, with satisfactory achievement equivalent to a grade of B- or better. For additional information, please refer to:

<http://policy.umn.edu/Policies/Education/Education/GRADINGTRANSCRIPTS.html>.

Course Evaluation

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

Incomplete Contracts

A grade of incomplete “I” shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an “I” requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements.

Extension for completion of the work will not exceed one year (or earlier if designated by the student’s college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: www.sph.umn.edu/grades.

University of Minnesota Uniform Grading and Transcript Policy

A link to the policy can be found at onestop.umn.edu.

XIII. 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>.

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.

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>

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.*

OR:

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

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

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, (Dr Kristin Anderson, SPH Dean of Student Affairs), or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost.

** Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students"*

Student Academic Success Services (SASS): <http://www.sass.umn.edu>:

Students who wish to improve their academic performance may find assistance from Student Academic Support Services. While tutoring and advising are not offered, SASS provides resources such as individual consultations, workshops, and self-help materials.