School of Public Health
Syllabus and Course Information

UNIVERSITY OF MINNESOTA
Driven to Discover℠

PubH 6134-001
Global Health
Fall, 2018

Credits:	**2**
Meeting Days:	**T T**
Meeting Time:	**5:25-7:20**
Meeting Place:	**1250 Mayo**
Instructor:	**W.A. Toscano**
Office Address:	**1165 Mayo Building**
Office Phone:	**612-859-2120**
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E-mail:	**tosca001@umn.edu**
Office Hours:	**By Appointment**

I. Course Description

This course is an introduction to global public health. It is intended for students who do not have extensive public health training. This class will focus on the effect of globalization on social and sustainable development on global health from a public health perspective. Topics will include the interplay between global stressors such as population, war, economics, urbanization, environment, water and sanitation, communicable and non-communicable conditions and their effects on human health globally. Enabling underserved populations, including women and children to promote population health, social determinants of global disease patterns, the emergence of new infectious and chronic diseases, food security and environmental health will be discussed.

Competencies

The core competencies for public health professionals are a consensus set of skills identified by the Council on Linkages (CoL) between academia and public health practice as being desirable for the delivery of the essential public health services. The CoL competencies identified for this course are:

Domain 2: Policy Development/Program Planning Skills
2.7 Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services

Domain 5: Community Dimensions of Practice Skills

5.2. Identifies relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)

Domain 8: Leadership and Systems Thinking Skills

8.2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels
8.4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
8.6. Provides opportunities for professional development for individuals and teams (e.g., training, mentoring, peer advising, coaching)
8.8. Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific)

II. Course Prerequisites

Graduate or professional school enrollment, or instructor's permission

III. Course Goals and Objectives

After completion of this course, students will be able to:

Discuss major determinants of global health

Identify issues of political economy on global health issues

Describe the action of the globalization movement on human health

Describe the most prevalent global diseases.

Identify disease prevention strategies

Discuss role of sustainability on global economic development and health

Identify risk factors, and major policy issues for prevention and control of diseases of global importance

IV. Methods of Instruction and Work Expectations

Lectures and in-class discussion. The course will include lectures, student presentations, and in-class discussion. Students are expected to attend all class sessions, and complete assigned readings prior to lectures so they are prepared to participate in hands-on activities and discussion. Students will be asked to identify and critique a resource on global public health issues and on a group project. It is expected that students will spend between three to six hours reading materials and working on a group presentation project.

Presentation of a group project. Grading will be based on class project, written discussion and oral presentation and participation in discussions.

Grades will be assigned for classroom participation. Students will be able to obtain full credit for classroom participation by asking questions, participating in discussion. There are two graded assignments, the first is global country project written presentation (40%), the second is a global country project oral presentation (40 %). These are group projects that consist of the in-class exercise and an oral report by each member of the group. **There is no make- up.**

V. Course Text and Readings

The required and optional readings are available through the UMN Library, which can be accessed through the course Moodle site.

Access Course Moodle Site

- go to https://idp2.shib.umn.edu/idp/umn/login click on the Moodle 2.6 Button.
- login with your University ID and password
- scroll to your course and click on the Moodle site link.

Required Text:

Kathryn H. Jacobson, *Introduction to Global Health*, 3rd edition Jones and Bartlett, NY, NY (2018). There are also many commonly available text books on global health that you may want to consult during the week. I suggest you go to the Biomedical library, or the U of M Library online catalog to consult those texts. I have provided a list of possibilities include:

1. Aellah, G.; Chantler, T.; Geissler, P.W. *Global health research in an unequal world: Ethics case studies from Africa*. CABI: Boston, MA, 2016; p 269.
2. Biehl, J.; Petryna, A. *When people come first: Critical studies in global health*. Princeton University Press: Princeton, NJ, 2013; p 446.
3. Buse, K.; Hawkes, S. Health in the sustainable development goals: Ready for a paradigm shift. *Global Health* **2015**, *11*.
4. Chen, M.; Zhang, H.; Zhang, Z. The global pattern of urbanization and economic growth: Evidence from the last three decades *PLoS One* **2014**, *2014; 9(8): e103799.*
5. Clinton, C.; Sridhar, D. *Governing global health: Who runs the world and why?* Oxford University Press: NY, NY, 2017; p 280.
6. D'ogra, N.A., A. C. *Representations of global poverty*. Palgrave Macmillan: NY, NY, 2014.
7. Farmer, P. *Reimagining global health*. University of California Press: Berkeley, CA, 2013; p 278.
8. Grover, A.; Joshi, A. An overview of chronic disease models: A systematic literature review. *Glob. J. Health Sci.* **2015**, *7*, 210-227.
9. Hunter, D.J.; Fineberg, H.V. *Readings in global health: Essential reviews from the New England Journal of Medicine*. Oxford University Press: NY, NY, 2016.
10. Jamison, D.T.; Summers, L.H.; Alleyne, G.; J Arrow, K.J.; Berkley, S.; Binagwaho, A.; Bustreo, F.; Evans, D.; Feachem, R.G., A.; Frenk, J.*, et al.* Global health 2035: A world converging within a generation. *Lancet* **2013**, *382* 1898 - 1955.
11. Keshavjee, S. *Blind spot: How neoliberalism infiltrated global health*. University of California Press: Berkeley, CA, 2014; p 240.
12. Krause, M. *The good project*. University of Chicago Press: Chicago, IL, 2014; p 219.
13. Lang, S. *Ngos, civil society, and the public sphere*. Cambridge University Press: NY, NY, 2013; p 272.
14. Lupton, R.D. *Toxic charity*. Harper: NY, NY, 2011.
15. Muening, P.; Su, C. *Introducing global health: Practice, Policy*. Josey Bass: San Francisco, CA, 2013; p 369.
16. Packard, R.M. *A history of global health*. Johns Hopkins University Press: Baltimore, MD., 2016; p 414.
17. Rosenberg, M.L.; Hayes, E.S.; Mcintyre, M.H.; Neill, N. *Real collaboration: What it takes for global health to succeed*. University of California Press: Berkeley, CA, 2010.

18. Shivji, I.G. *Silences in NGO discourse: The role and future of NGOs in Africa*. Fahamu: Nairobi, Kenya, 2007; p 66.
19. Stroud, C.; Kaplan, B.; Logan, J.E.; Gray, G.C. One health training, research, and outreach in north America. *Inf. Ecol. Epidemiol.* **2016**, *2016 6; 10.3402/iee. v6.33680*.
20. Birn, A.-E.; Pillay, Y.; Holz, T.H. *Textbook of public health, 4th ed.* Oxford University Press: NY, NY, 2017; p 674.

Read the Lancet Article: DT Jamison, LH Summers, G Alleyne, Global Health 2035, Lancet, 382,1898 – 1955 (2013) Prepare to discuss aspects of this seminal article.

It is expected that reading assignments will be completed before the class session for discussion during the class.

Some other reference resources you may find useful after the course, include:

PMID: 16078989 – Huynen, M. M., Martins, P., Hilderink, H. B. M., The Health Impacts of Globalization: A Conceptual Framework, *Globalization and Health* 1: 14- 26 (2005).

ABSTRACT: This paper describes a conceptual framework for the health implications of globalization. The framework is developed by first identifying the main determinants of population health and the main features of the globalization process. The resulting conceptual model explicitly visualizes that globalization affects the institutional, economic, social-cultural and ecological determinants of population health, and that the globalization process mainly operates at the contextual level, while influencing health through its more distal and proximal determinants. The developed framework provides valuable insights in how to organize the complexity involved in studying the health effects resulting from globalization. It could, therefore, give a meaningful contribution to further empirical research by serving as a 'think-model' and provides a basis for the development of future scenarios on health.

PMID: 23465103 Frenk J, Moon S. Governance challenges in global health., New Engl. J. Med. 368:936-944 (2013) No Abstract

PMID: 16477174 - Raymond, S. U., Leeder, S., and Greenberg, H. M., Obesity and cardiovascular disease in developing countries: a growing problem and an economic threat**. Curr. Opin. Clin. Nutr. Metab. Care 9**:111-116 (2006).

ABSTRACT: PURPOSE OF REVIEW: This review examines the rise of risk factors for cardiovascular disease, especially obesity, in developing countries and the implications for both health and economics. RECENT FINDINGS: In the majority of developing countries fertility and infant and child mortality have fallen markedly, and life expectancies have increased. Rapid urbanization, falling food prices, and globalization of economies have contributed to an increase in risk factors for chronic disease. Recent work indicates that the prevalence of these risk factors, including obesity, is rising faster than the historical experience of the West. The transition is affecting women in particular and increases in risk factors are more marked among lower incomes in growing economies than among the wealthy. Rather than the stereotypical problem of the rich, chronic disease is now a problem for the poor. SUMMARY: Significant research in this area of global health has only been undertaken in the last decade. Additional field research is needed in every dimension of the transition, both to document the problem itself and to determine its economic and societal impact and cost- effective responses. Two critical factors are virtually absent from existing work and should be emphasized. First, the impact of rising risk factors for, and mortality from, cardiovascular disease in the work force may imply a growing threat to continued economic progress. Second, because risk factor reduction requires society-wide strategies, broad public-private coalitions will be needed to mobilize sectors beyond healthcare.

PMID: 18033288 - Daar, A. S., Singer, P. A., Persad, D. L., Pramming, S. K., Matthews, D. R. \, Beaglehole, R., Bernstein, A., Borysiewicz, L. K., Colagiuri, S., Ganguly, N., Glass, R.I., Finegood, D. T., Koplan, J., Nabel, E. G., Sarna, G., Sarrafzadegan, N., Smith, R., Yach, D., and Bell, J.. Grand challenges in chronic non-communicable diseases. *Nature*: **450**: 494-497 (2007).

ABSTRACT: Chronic non-communicable diseases (CNCDs) are reaching epidemic proportions worldwide These diseases — which include cardiovascular conditions (mainly heart disease and stroke), some cancers, chronic respiratory conditions and type 2 diabetes — affect people of all ages, nationalities and classes.

PMID: 17851205 - Chang, H. Franczyk, J. Im, E. S., Kwon, W. T., Bae, D. H., Jung, I.W., Vulnerability of Korean water resources to climate change and population growth. *Water Sci. Technol.*56:57-62 (2007).

ABSTRACT: Freshwater availability is affected by changes in climate and growth. We assessed the freshwater vulnerability for five major Korean river basins for 2015 and 2030. We used a regional climate model based on the IPCC SRES A2 scenario, US Geological Survey's Precipitation Rainfall Simulation Model, and population and industrial growth scenarios for impact assessment. The model simulation results suggest increasing spatial and temporal variations of water stress for the basins that are already developed. While freshwater is more vulnerable to growth scenarios than the climate change scenario, climate change alone could decrease mean annual runoff by 10% in four major river basins by 2030. As the first national assessment of climate change, we suggest possible adaptive water resource management and policy strategies for reducing climate related risks in Korea.
http://www.iwaponline.com/wst/05604/0057/056040057.pdf

PMID: 18157736 – Sanli, B., Balcik, F. B., and Goksel, C., Defining Temporal Spatial Patterns of Mega City Istanbul to see the Impacts of Increasing Population. *Environ. Monit. Assess*. DOI 10.107/s10661-007-0078-4 (E pub ahead of print).

ABSTRACT – Rapid land use has taken place over the past few decades in Istanbul. As with most metropolitan areas, Istanbul faces increasing problems connected to increasing population and urbanization. In this study, temporal changes of Istanbul's land use/cover were defined using remotely sensed data and post classification change direction method.

PMID: PMC4389312: Buse, K., Hawkes, S. Health in the sustainable development goals: ready for a paradigm shift? Global Health. 2015; 11: 13., doi: 10.1186/s12992-015-0098-8

The Millennium Development Goals (MDGs) galvanized attention, resources and accountability on a small number of health concerns of low- and middle-income countries with unprecedented results. The international community is presently developing a set of Sustainable Development Goals as the successor framework to the MDGs. This review examines the evidence base for the current health-related proposals in relation to disease burden and the technical and political feasibility of interventions to achieve the targets. In contrast to the MDGs, the proposed health agenda aspires to be universally applicable to all countries and is appropriately broad in encompassing both communicable and non-communicable diseases as well as emerging burdens from, among other things, road traffic accidents and pollution.

We argue that success in realizing the agenda requires a paradigm shift in the way we address global health to surmount five challenges: 1) ensuring leadership for intersectoral coherence and coordination on the structural (including social, economic, political and legal) drivers of health; 2) shifting the focus from treatment to prevention through locally-led, politically-smart approaches to a far broader agenda; 3) identifying effective means to tackle the commercial determinants of ill-health; 4) further integrating rights-based approaches; and 5) enhancing civic engagement and ensuring accountability. We are concerned that neither the international community nor the global health community truly appreciates the extent of the shift required to implement this health agenda which is a critical determinant of sustainable development.

PMC4330845 Pega, F., Veale, J. F. The Case for the World Health Organization's Commission on Social Determinants of Health to Address Gender Identity, Am. J. Publ. Health., 105, e58-e62, 2015 We analyzed the case of the World Health Organization's Commission on Social Determinants of Health, which did not address gender identity in their final report.

Abstract We argue that gender identity is increasingly being recognized as an important social determinant of health (SDH) that results in health inequities. We identify right to health mechanisms, such as established human rights instruments, as suitable policy tools for addressing gender identity as an SDH to improve health equity.

We urge the World Health Organization to add gender identity as an SDH in its conceptual framework for action on the SDHs and to develop and implement specific recommendations for addressing gender identity as an SDH.

PMC4078594 Rajmil et al. **Impact of the 2008 Economic and Financial Crisis on Child Health: A** Systematic Review Int. J. Environ. Health Res. Publ. Health, 11, 6528-6546 (2014)

Abstract The aim of this study was to provide an overview of studies in which the impact of the 2008 economic crisis on child health was reported. Structured searches of PubMed, and ISI Web of Knowledge, were conducted. Quantitative and qualitative studies reporting health outcomes on children, published since 2007 and related to the 2008 economic crisis were included. Two reviewers independently assessed studies for inclusion. Data were synthesized as a narrative review. Five hundred and six titles and abstracts were reviewed, from which 22 studies were included. The risk of bias for quantitative studies was mixed while qualitative studies showed low risk of bias. An excess of 28,000–50,000 infant deaths in 2009 was estimated in sub-Saharan African countries, and increased infant mortality in Greece was reported. Increased price of foods was related to worsening nutrition habits in disadvantaged families worldwide. An increase in violence against children was reported in the U.S., and inequalities in health-related quality of life appeared in some countries. Most studies suggest that the economic crisis has harmed children's health, and disproportionately affected the most vulnerable groups. There is an urgent need for further studies to monitor the child health effects of the global recession and to inform appropriate public policy responses.
Victora et al. doi: http://dx.doi.org/10.1016/ S2214-109X (17)30077-3

The contribution of poor and rural populations to national trends in reproductive, maternal, newborn, and child health coverage: analyses of cross-sectional surveys from 64 countries, Lancet Global Health (2017)

Background Coverage levels for essential interventions aimed at reducing deaths of mothers and children are increasing steadily in most low-income and middle-income countries. We assessed how much poor and rural populations in these countries are benefiting from national-level progress.

Methods We analysed trends in a composite coverage indicator (CCI) based on eight reproductive, maternal, newborn, and child health interventions in 209 national surveys in 64 countries, from Jan 1, 1994, to Dec 31, 2014. Trends by wealth quintile and urban or rural residence were fitted with multilevel modelling. We used an approach akin to the calculation of population attributable risk to quantify the contribution of poor and rural populations to national trends.

Findings From 1994 to 2014, the CCI increased by 0·82 percent points a year across all countries; households in the two poorest quintiles had an increase of 0·99 percent points a year, which was faster than that for the three wealthiest quintiles (0·68 percent points). Gains among poor populations were faster in lower-middle-income and upper-middle-income countries than in low-income countries. Globally, national level increases in CCI were 17·5% faster than they would have been without the contribution of the two poorest quintiles. Coverage increased more rapidly annually in rural (0·93 percent points) than urban (0·52 percent points) areas.

Interpretation National coverage gains were accelerated by important increases among poor and rural mothers and children. Despite progress, important inequalities persist, and need to be addressed to achieve the Sustainable Development Goals.

PMC5131458 Stroud, C., et al. One Health training, research, and outreach in North America, Infect. Ecol. Epidemiol. 2016 6; 10.3402/iee.v6.33680 Background: The One Health (OH) concept, formerly referred to as 'One Medicine' in the later part of the 20th century, has gained exceptional popularity in the early 21st century, and numerous academic and non- academic institutions have developed One Health programs.
Objectives: To summarize One Health training, research, and outreach activities originating in North America.
Methods: We used data from extensive electronic records maintained by the One Health Commission (OHC) (www.onehealthcommission.org/) and the One Health Initiative (www.onehealthinitiative.com/) and from web-based searches, combined with the corporate knowledge of the authors and their professional contacts. Finally, a call was released to members of the OHC's Global One Health Community listserv, asking that they populate a Google document with information on One Health training, research, and outreach activities in North American academic and non-academic institutions.

Results: A current snapshot of North American One Health training, research, and outreach activities as of August 2016 has evolved.

PMC4806948 Mackey et al. **Emerging and Reemerging Neglected Tropical Diseases: a Review of Key Characteristics, Risk Factors, and the Policy and Innovation Environment,** 27: 949-979 (2014)

Abstract In global health, critical challenges have arisen from infectious diseases, including the emergence and reemergence of old and new infectious diseases. Emergence and reemergence are accelerated by rapid human development, including numerous changes in demographics, populations, and the environment. This has also led to zoonoses in the changing human-animal ecosystem, which are impacted by a growing globalized society where pathogens do not recognize geopolitical borders. Within this context, neglected tropical infectious diseases have historically lacked adequate attention in international public health efforts, leading to insufficient prevention and treatment options. This subset of 17 infectious tropical diseases disproportionately impacts the world's poorest, represents a significant and underappreciated global dis- ease burden, and is a major barrier to development efforts to alleviate poverty and improve human health. Neglected tropical dis- eases that are also categorized as emerging or reemerging infectious diseases are an even more serious threat and have not been adequately examined or discussed in terms of their unique risk characteristics. This review sets out to identify emerging and reemerging neglected tropical diseases and explore the policy and innovation environment that could hamper or enable control ef- forts. Through this examination, we hope to raise awareness and guide potential approaches to addressing this global health concern.

Agarwal, Y. Microfinance and Poverty Alleviation, Imp. J. Interdis. Res. (IJIR) , 2: 11 ISSN: 2454-1362, http://www.onlinejournal.in (2016)

Abstract: The paper discusses the rudiments of what has become known as the microfinance industry, prominently including microloans. It seeks to define with some measure of precision what a microloan is, which turns out not to be quite as straightforward as one might imagine. It attempts, further, to explain the benefits of microloans to the poor and the indigent in both developing and developed countries; and finally, to describe some of the problems that have beset the industry. It is argued that, while there is corruption in the microfinance industry, as there is in the finance industry in general, this is not a sufficient reason to discard the basic and essential idea

PMID 4796376 Grover, A., Joshi, J. An Overview of Chronic Disease Models: A Systematic Literature Review, Glob. J. Health Sci. 7:210- 227 Abstract Aims: **The objective of our study was to examine various existing chronic disease models, their elements and their role in the management of Diabetes, Chronic Obstructive Pulmonary Disease (COPD), and Cardiovascular diseases (CVD).** Methods: **A literature search was performed using PubMed and CINHAL during a period of January 2003- March 2011. Following key terms were used either in single or in combination such as "Chronic Disease Model" AND "Diabetes Mellitus" OR "COPD" OR 'CVD".** Results: **A total of 23 studies were included in the final analysis. Majority of the studies were US-based. Five chronic disease models included Chronic Care Model (CCM), Improving Chronic Illness Care (ICIC), and Innovative Care for Chronic Conditions (ICCC), Stanford Model (SM) and Community based Transition Model (CBTM). CCM was the most studied model. Elements studied included delivery system design and self-management support (87%), clinical information system and decision support (57%) and health system organization (52%). Elements including center care on the patient and family (13%), patient safety (4%), community policies (4%), built integrated health care (4%) and remote patient monitoring (4%) have not been well studied. Other elements including support paradigm shift, manage political environment, align sectoral policies for health, use healthcare personnel more effectively, support patients in their communities, emphasize prevention, identify patient specific concerns related to the transition process, and health literacy between visits and treatments have also not been well studied in the existing literature**

PMID 4123908 Chen et al. The Global Pattern of Urbanization and Economic Growth: Evidence from the Last Three Decades PLoS One. 2014; 9(8): e103799. Published online 2014 Aug 6. doi: 10.1371/journal.pone.0103799

Abstract: The relationship between urbanization and economic growth has been perplexing. In this paper, we identify the pattern of global change and the correlation of urbanization and economic growth, using cross-sectional, panel estimation and geographic information systems (GIS) methods. The analysis has been carried out on a global geographical scale, while the timescale of the study spans the last 30 years. The data shows that urbanization levels have changed substantially during these three decades. Empirical findings from cross-sectional data and panel data support the general notion of close links between urbanization levels and GDP per capita. However, we also present significant evidence that there is no correlation between urbanization speed and economic growth rate at the global level. Hence, we conclude that a given country cannot obtain the expected economic benefits from accelerated urbanization, especially if it takes the form of government-led urbanization. In addition, only when all facets are taken into consideration can we fully assess the urbanization process

E-journals are available from the University of Minnesota Library - http://tc.liblink.umn.edu/sfx_local/azlist/default

VI. Course Outline/Weekly Schedule

VI. Course Outline/ Daily Schedule

Date	Topic	Reading	Presenter
Module I	**Introduction to Global Health**	**Chapters 1, 2**	W. Toscano
	Sustainable development goals	**Chapter 4**	W. Toscano
	Social Determinants of Health	**Chapter 3**	W. Toscano
	Environmental Determinants of Health	**Chapter 4**	W. Toscano
Module II	**Health and Human Rights** **Women's and Children's Health**	**Chapter 5** **Chapter 11**	W. Toscano
	Who Pays for Global Health?	**Chapter 6**	W. Toscano
	Global Nutrition and Health	**Chapter 12**	W. Toscano
Module III	**Control of Infectious Diseases**	**Chapters 8, 9, 10**	**W. Toscano**
	Globalization and Chronic Diseases	**Chapters 13, 14, 15, 17**	**W Toscano**

October 11 and October 16, Student Presentations

VII. Evaluation and Grading

Basis for Grading:

- Participation in Class Discussions – 20 points/ 20% of grade
- Final project presentation - 40 points/40 % of grade
- Final project written presentation – 40 points/ 40% of grade

Policy on Make-up exam and absences:
Because there are no examinations, it is not possible to make up lost work. Attendance is mandatory.

The University utilizes plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following:

- **A/F letter grade will be determined by total effort as follows:**
- **S Represents achievement that is satisfactory, which is equivalent to a C- or better.**

A 4.000	Represents achievement that is outstanding relative to the level necessary to meet course requirements. **94-100 points/percent**
A- 3.667	**90-93 points/percent**
B+ 3.333	**87-89 points/percent**
B 3.000	Represents achievement that is significantly above the level necessary to meet course requirements. **83-86 points/percent**
B- 2.667	**80-82 points/percent**
C+ 2.333	**77-79 points/percent**
C 2.000	Represents achievement that meets the course requirements in every respect. **73-76 points/percent**
C- 1.667	**70-72 points/percent**
D+ 1.333	**65-69 points/percent**
D 1.000	Represents achievement that is worthy of credit even though it fails to meet fully the course requirements. **60-64 points/percent**
F = below 60%	Represents failure (or no credit) and signifies that the 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.

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.

VIII. Other Course Information and Policies

Grade Option Change (if applicable):
For full-semester courses, students may change their grade option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester courses) can be found at onestop.umn.edu.

Course Withdrawal:
Students should refer to the Refund and Drop/Add Deadlines for the particular term at onestop.umn.edu for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw.

Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Office of Admissions and Student Resources at sph-ssc@umn.edu for further information.

Student Conduct Code:
The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community.

As a student at the University you are expected adhere to Board of Regents Policy: *Student Conduct Code*. To review the Student Conduct Code, please see: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf.

Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."

Use of Personal Electronic Devices in the Classroom:
Using personal electronic devices in the classroom setting can hinder instruction and learning, not only for the student using the device but also for other students in the class. To this end, the University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used

in the classroom. For complete information, please reference:
http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html.

Scholastic Dishonesty:
You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis. (Student Conduct Code:
http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf) If it is determined that a student has cheated, he or she may be given an "F" or an "N" for the course, and may face additional sanctions from the University. For additional information, please see:
http://policy.umn.edu/Policies/Education/Education/INSTRUCTORRESP.html.

The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: http://www1.umn.edu/oscai/integrity/student/index.html. If you have additional questions, please clarify with your instructor for the course. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.

Makeup Work for Legitimate Absences:
Students will not be penalized for absence during the semester due to unavoidable or legitimate circumstances. Such circumstances include verified illness, participation in intercollegiate athletic events, subpoenas, jury duty, military service, bereavement, and religious observances. Such circumstances do not include voting in local, state, or national elections. For complete information, please see:
http://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html.

Appropriate Student Use of Class Notes and Course Materials:
Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community. For additional information, please see: http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html.

Sexual Harassment:
"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University activity or program. Such behavior is not acceptable in the University setting. For additional information, please consult Board of Regents Policy:
http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf

Equity, Diversity, Equal Opportunity, and Affirmative Action:
The University will provide equal access to and opportunity in its programs and facilities, without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. For more information, please consult Board of Regents Policy:
http://regents.umn.edu/sites/default/files/policies/Equity_Diversity_EO_AA.pdf.

Disability Accommodations:
The University of Minnesota is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center Student Services is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact DRC at 612-626-1333 or drc@umn.edu to arrange a confidential discussion regarding equitable access and reasonable accommodations.

If you are registered with DS and have a current letter requesting reasonable accommodations, please contact your instructor as early in the semester as possible to discuss how the accommodations will be applied in the course.

For more information, please see the DS website, https://diversity.umn.edu/disability/.

Mental Health and Stress Management:
As a student, you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance and may reduce your ability to participate in daily activities. University of Minnesota services are available to assist you. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health Website: http://www.mentalhealth.umn.edu.

The Office of Student Affairs at the University of Minnesota:
The Office for Student Affairs provides services, programs, and facilities that advance student success, inspire students to make life-long positive contributions to society, promote an inclusive environment, and enrich the University of Minnesota community.
Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development – Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Student Conduct and Academic Integrity, the Office for Student Engagement, the Parent Program, Recreational Sports, Student and Community Relations, the Student Conflict Resolution Center, the Student Parent HELP Center, Student Unions & Activities, University Counseling & Consulting Services, and University Student Legal Service.

For more information, please see the Office of Student Affairs at http://www.osa.umn.edu/index.html.

Academic Freedom and Responsibility: ***for courses that do not involve students in research:***
Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled. *

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.

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