

# School of Public Health

## Syllabus and Course Information



UNIVERSITY OF MINNESOTA  
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### PubH 6713

## Global Health in a Local Context: An experiential course on the social determinants, health equity, and leading change in Minnesota Fall 2018

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<b>Credits:</b>	3.0
<b>Meeting Days:</b>	Immersion Day 1: September 15 <sup>th</sup> , 2018 Immersion Day 2: October 6 <sup>th</sup> , 2018 Weekly Meetings: September 5 - December 12, 2018 Immersion Day 3: December 15, 2018
<b>Meeting Time:</b>	Immersion Days: 9am – 2pm (4-5 hours maximum) Weekly Meetings: Wednesdays 5:30pm – 8:30pm
<b>Meeting Place:</b>	Primarily classroom-less, meeting in a variety of community sites throughout St. Paul/Minneapolis and classroom at UMN
<b>Instructor:</b>	Michael Westerhaus MD, MA (Medical Anthropology) Adjunct Professor, School of Public Health Assistant Professor, Medical School, Department of Medicine Co-Director, SocMed
<b>Community Instructors:</b>	Jennifer Hines MD Medical Director, Health Partners Midway Clinic  Amy Finnegan PhD, MALD Co-Director, SocMed Chair, Justice and Peace Studies, University of St. Thomas
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<b>Office Hours:</b>	Weekly, Fridays from 11am-Noon, Weekly, Fridays from 11am-Noon, Virtual via WebEx with course faculty.

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### I. Course Description

*Global Health in a Local Context: An experiential course on the social determinants, health equity, and leading change in Minnesota* immerses students in the study of health equity, the social determinants of health, the principles and practice of global health in a local setting, and community-based healthcare. The discipline of social medicine provides a theoretical and practical framework to explore these topics. This course draws on the social sciences and social epidemiology to forge understandings of the social determinants of health; integrates the voice and decision-making power of individuals, families, and communities; is multidisciplinary and multi-sectoral in its responses; ensures an equity agenda; and is guided by deep, multi-faceted encounters with local contexts.

In this course, learners focus on the history, politics, and social and cultural narratives of Minnesota, with particular attention paid to refugee and immigrant experiences. Learners explore the concepts, theory, and practice of global health and of social medicine. The curriculum, which promotes a biosocial approach to health and illness, is informed by the disciplines of anthropology, sociology, economics, history, public policy, biomedicine, public health, and the arts. The course is divided into the following interwoven parts:

- **Part 1** – Social Determinants of Health: Accounting for Local and Global Contexts
- **Part 2** – Health Interventions: Paradigms of Charity, Development, and Social Justice
- **Part 3** – Core Issues in Social Medicine: Primary Health Care, Community Health Workers, Health and Human Rights, and Health Financing
- **Part 4** – Making Social Medicine Visible: Writing, Narrative Medicine, Photography, Research, and Political Engagement

Health equity requires community-building, social cohesion, leadership, and action. To create a learning environment that fosters these dynamics, course faculty and facilitators maintain a rigorous commitment to:

- **Praxis** – inspired by Paulo Freire, we believe that constant interplay between reflection and action generates critical analysis of the world and deepens our ability to effectively respond.
- **Personal** – who we are and where we come from matter deeply in health delivery. Critical self-awareness enhances our ability to undo harmful structural and societal factors of which we are all part.
- **Partnership** – community-building amongst individuals with varied demographic backgrounds offers the most innovative and just means of moving towards health equity.

The course integrates considerable reflection upon personal experiences with power, privilege, race, class, and gender; incorporates assignments that are action-oriented and focused on learning skills to lead change; and seeks to expand social cohesion in the communities of participants. These aspects of the course provide rich opportunities to develop the leadership, advocacy, and communication skills that are important for advancing health equity in partnership with communities.

## **II. Course Prerequisites**

Open to all UMN graduate and professional students (post-baccalaureate). The course is also open to a select number of members of the Twin Cities community with interest and experience in health-related careers.

Given the intensity of the course and strong enrollment demand, all participants must complete a brief application in order to receive instructor approval to register. Please visit CGHSR's website (<http://globalhealthcenter.umn.edu/education/global-local>) to complete the application.

**This is an intensive course that requires hands-on, continual in-person participation. If you anticipate the need to miss more than two class sessions, we discourage you from applying for this course.**

## **III. Course Goals and Objectives**

Following this course, students will be able to:

1. Describe and analyze the social determinants of health that influence health outcomes amongst different communities in the Twin Cities, with particular attention paid to refugee and immigrant communities.
2. Apply global health social theories and frameworks to evaluate various models of health intervention that respond to health inequities in Minnesota.
3. Engage in critical self-reflection on one's personal story and how that relates to one's future role leading efforts to advance health equity.
4. Demonstrate the ability to engage in deep listening, perform a root-cause analysis, effectively work as a member of a diverse team, describe one's own story, and build social cohesion.
5. Describe policies that affect refugee and immigrant health and use that knowledge to identify a strategy to advocate for social change.
6. Apply communication strategies with a diverse network of peers, faculty, and community members on health challenges and solutions.

#### IV. Methods of Instruction and Work Expectations

The course is “classroom-less” and takes place in numerous community settings. Approximately half of the learners in this course are UMN students and half are members of the broader community who are interested in and engaged with health equity work.

The course prioritizes experiential pedagogy including community engagement; classroom-based presentations and discussions; group and individual reflection; theater, film, and other art forms; and prioritization of narrative to understand patient, community, and health professional experiences. These approaches create an innovative and interactive learning environment in which students participate as both learners and teachers to advance the entire class’ understanding of the interactions between the biology of disease and the myriad social, cultural, economic, political, and historical factors that influence illness presentation and social experience of health and well-being.

The class delivery consists of:

- **Experiential Weekly Sessions** – these 3-hour sessions will take place on Wednesday evenings each week. With a few exceptions, these sessions are held in the community and provide experiential opportunities for exploring neighborhoods and interacting with people and organizations doing work related to the course topics.
- **Full day immersion sessions** – Three times during the semester (Saturday, September 15, Saturday, October 6<sup>th</sup>, & Saturday, December 15), the class will meet for an extended class session. These meetings serve to facilitate community-building, development of leadership skills and allow for deeper discussion and activities related to course topics.

As a course connected to current events and lived realities, facilitators strive to be flexible and nimble during the course in order to incorporate content and conversations related to current events. While course concepts and themes do not change, some course experiences and guest speakers are subject to the needs of the class and individual and organizational availability as the semester progresses.

#### V. Course Text and Readings

##### Text

Farmer, Paul. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press. Selected Chapters: 1, 2, 4, 5, 6, 8, & 9.

##### Readings

Course sessions will draw on the following body of literature, which will be uploaded to the course Moodle website:

1. Roberts, Maya. 2006. “Duffle Bag Medicine.” *JAMA* 295: 1491-1492.
2. Lindeke, Bill. 2015. “The Seward Friendship Store sparks return of the co-op war.” *Twin City Daily Planet*: <https://www.tcdailyplanet.net/the-seward-friendship-store-sparks-return-of-the-co-op-war/>
3. Ganz, Marshall. 2010. “Leading Change: Leadership, Organization, and Social Movements.” In: *The Handbook of Leadership Theory and Practice*, Edited by Nitin Nohria and Rakesh Khurana; Danvers: Harvard Business School Press, pp 509-550.
4. Porter, Dorothy. 2006. “How Did Social Medicine Evolve, and Where Is It Heading?” *PLoS Medicine* 3(10): e399.
5. Commission on the Social Determinants of Health. *Closing the gap in a generation. Health equity through action on the social determinants of health*. Geneva. World Health Organisation. 2008. Pages 26-34. [http://www.who.int/social\\_determinants/final\\_report/csdh\\_finalreport\\_2008.pdf](http://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf)
6. Virchow R. Report on the Typhus Epidemic in Upper Silesia. *Am J Public Health*. 2006;96(12):2102-2105. doi:10.2105/ajph.96.12.2102
7. Minnesota Department of Health. 2014. *Advancing Health Equity in Minnesota: Report to the Legislature*. Pages 3-8. [http://www.health.state.mn.us/divs/chs/healthequity/ahe\\_leg\\_report\\_020414.pdf](http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf)
8. Fanon, Frantz. 1994. “Medicine and Colonialism.” In: *A Dying Colonialism*. Grove/Atlantic Press.
9. Kleinman, Arthur. 2010. “Four Social Theories for Global Health.” *Lancet* 375: 1518-1519.
10. Foucault, Michel., 1973. *The Birth of the Clinic: An Archaeology of Medical Perception*. Tavistock Publications, pp 3-4.

11. Ta-Nehisi Coates. 2014. "The Case for Reparations." *The Atlantic*.
12. Hardeman, R. 2016. "Structural Racism and Supporting Black Lives – The Role of Health Professionals." *New England Journal of Medicine*.
13. Jones C. 2000. "Levels of racism: a theoretical framework and a gardener's tale" *Am J Public Health* 90(8): 1212-5.
14. Farmer P, Kim J, Kleinman A, Basilio M. *Reimagining Global Health*. Berkeley: University of California Press; 2013. Chapter 4, pp. 74-110.
15. Farmer, Paul. 1995. "Medicine and Social Justice." *America* 173(2):13-17.
16. McEwen, Bruce. 1998. "Protective and Damaging Effects of Stress Mediators." *NEJM* 338(3): 171-179.
17. Cueto, Marcos. 2004. "The Origins of Primary Health Care and Selective Primary Health Care." *American Journal of Public Health* 94(11): 1864-74.
18. Declaration of Alma-Ata. 1978.
19. Bleiker, Roland and Kay, Amy. 2007. "Representing HIV/AIDS in Africa: Pluralist Photography and Local Empowerment." *International Studies Quarterly* 51(4): 139-163.
20. Pérez, Leda, and Martinez, Jacqueline. 2008. "Community Health Workers: Social Justice and Policy Advocates for Community Health and Well-Being." *Am J Public Health* 98: 11-14.
21. Aviv, Rachel. 2015. "The Refugee Dilemma." *The New Yorker*. December 7, 2015.
22. Sampson, Robert J., Raudenbush, Stephen W., and Earls, Felton. "Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy." *Science* 277(5328): 918-924.

## VI. Course Outline/Weekly Schedule

Schedule of class sessions – Note that some sessions may shift to other locations if needed due to host availability or to take advantage of timely opportunities in the community.

Hours	Activity/Theme	Location	Readings
<b>Week 1 (September 5<sup>th</sup>)</b>			
3 hours	<ul style="list-style-type: none"> <li>- Introduction and Welcome</li> <li>- Getting to Know One Other: Partner Pairs</li> <li>- Neighborhood Block Walk/Political Tour –Honing Our Observation Skills</li> <li>- Class Structure, Content, and Ground rules</li> <li>- Social Medicine: What is it and Why Does it Matter?</li> </ul>	Center for Social Healing/Frogtown Farm	Porter (2006); Virchow (2006)
<b>Week 2 (September 12<sup>th</sup>)</b>			
3 hours	<ul style="list-style-type: none"> <li>- Connecting the Local and The Global: Refugee and Immigrant History in Minnesota</li> <li>- Changing Neighborhoods, Migration, and Gentrification</li> </ul>	East Side Freedom Library	Farmer (Chapter 2)
<b>Immersion Day 1: September 15<sup>th</sup> (9am-1pm)</b>			
4 hours	<ul style="list-style-type: none"> <li>- Attending to History: Structural Violence and the American Indian Experience (with Healing Minnesota Stories)</li> <li>- Colonialism and Health: Viewing the "Other"</li> </ul>	Fort Snelling State Park	Fanon (1994); Farmer (Chapter 1)
<b>Week 3 (September 19<sup>th</sup>) – Journal due</b>			
3 hours	<ul style="list-style-type: none"> <li>- The Social Determinants of Health and Health Inequities in Minnesota (including mental health)</li> <li>- Refugee Resettlement: Health in Minnesota</li> </ul>	Minnesota Department of Health – Refugee Health Office	WHO (2008); MDH (2014); Aviv (2015)
<b>Week 4 (September 26<sup>th</sup>)</b>			
3 hours	<ul style="list-style-type: none"> <li>- Community Engagement: Insiders and Outsiders</li> <li>- Neighborhood Stories and Structure</li> <li>- Skill-Building: Constructive Dialogue</li> </ul>	Sabathani Community Center/Seward Coop Friendship Store	Roberts (2006); Lindeke 2015.

<b>Week 5 (October 3rd) Journal Due</b>			
3 hours	<ul style="list-style-type: none"> <li>- Global Health Social Theories</li> <li>- Refugee Resettlement: Structures and Supports in Minnesota</li> </ul>	Brian Coyle Center	Kleinman (2010); Foucault (1973) Ganz (2010)
<b>Immersion Day 2 (October 6th) – 9am-2pm</b>			
5hours	<ul style="list-style-type: none"> <li>- Culture, Health, and Healing</li> <li>- Story of Self: Who Are We and Where Do We Come From?</li> <li>- Introduction to “Knowing Yourself and Others – Building Social Cohesion” with Wing Young Huie</li> </ul>	Hmong Farm	Ganz (2010)
<b>Week 6 (October 10<sup>th</sup>)</b>			
3 hours	<ul style="list-style-type: none"> <li>- The Story of Rondo Neighborhood</li> <li>- Race, Racism, and Oppression as a Structural Determinant of Health</li> <li>- Allostatic Load (<i>Unnatural Causes</i> Film)</li> </ul>	MLK Rec Center/Rondo Library	Coates (2014); Hardeman (2016); McEwen (1998); Jones (2000)
<b>Week 7 (October 17<sup>th</sup>) – No Class Journal Due</b>			
<b>Week 8 (October 24<sup>th</sup>)</b>			
3 hours	<ul style="list-style-type: none"> <li>- Neoliberalism, Cost-Effectiveness, and Global Health</li> <li>- Skill-building: Performing a Root Cause Analysis</li> </ul>	HealthPartners Conference Center	Farmer et al (2013); Farmer (Chapter 4 & 6)
<b>Week 9 (October 31<sup>st</sup>) – Journal Due</b>			
3 hours	<ul style="list-style-type: none"> <li>- Reflective Pause – Where We’re at and Where We’re Headed</li> <li>- Global Health on the Move: Charity, Development, and Social Justice</li> <li>- Story of Us (Leadership for Change)</li> </ul>	TBD	Farmer (1995); Farmer (Chapter 5)
<b>Week 10 (November 7<sup>th</sup>)</b>			
3 hours	<ul style="list-style-type: none"> <li>- Social Movements and Advocacy</li> <li>- Skill-Building: Using the Social Change Wheel for Strategic Action</li> </ul>	Urban Research and Outreach-Engagement Center	None
<b>Week 11 (November 14<sup>th</sup>) – Journal due</b>			
3 hours	<ul style="list-style-type: none"> <li>- Primary Care and Community Health Workers as a Social Change Strategy</li> <li>- Alma-Ata and Health for All</li> <li>- Skill-building: Narrative Health</li> </ul>	CUHCC	Alma-Ata (1978); Cueto (2004); Pérez and Martinez (2008)
<b>(November 21<sup>st</sup>)</b>			
	No Class – Thanksgiving Week		
<b>Week 12 (November 28<sup>th</sup>) - Journal due</b>			
3 hours	<ul style="list-style-type: none"> <li>- Hippocrates Café or Theatrical Production: The Arts in Understanding and Responding to the Social Determinants of Health</li> </ul>	Location and Exact Date TBD	Bleiker (2007)
<b>Week 13 (December 5<sup>th</sup>)</b>			

3 hours	<ul style="list-style-type: none"> <li>- Community-Based Participatory Action Research</li> <li>- Skill-building: Asset-Based Approaches</li> </ul>	SoLaHmo/West Side Community Health Center	Farmer (Chapter 8)
<b>Week 14 (December 12<sup>th</sup>)</b>			
3 hours	<ul style="list-style-type: none"> <li>- Building Social Cohesion to Foster Health</li> <li>- Story of Now and Zine Sharing</li> </ul>	The Third Place Studio	Sampson (1996)
<b>Immersion Day 3 &amp; Closing: December 15<sup>th</sup></b>			
6 hours	<ul style="list-style-type: none"> <li>- Final Exam</li> <li>- The Ethics of Action and Moral Frameworks: Why We Do What We Do and How We are Going to Do It</li> <li>- Community Meal: What We've Learned</li> <li>- Where Do We Go From Here: Staying Engaged, Harboring Optimism, and Leading Change</li> </ul>	Center for Social Healing	Farmer (Chapter 9)

### Expectations

1. Students are expected to communicate with the lead instructor if they will need to miss a week of class. Missing more than two class meetings will result in a conversation with the lead instructor about participation expectations, obstacles to full participation, and determining whether it makes sense to continue in the course.
2. **Class Participation:** 20% of grade: Each student will earn participation credit through full attendance, being on time, participating regularly in class discussions and activities, bringing course readings into discussion, acting courteously towards others, and through following directions. Being respectful of different learning styles, we are mindful to not distribute participation points solely on how often you speak in class but rather the quality of your engagement. Students are expected to miss no more than two class sessions.

### Assignments

1. **Bi-Weekly Journal:** 15% of grade: Each student will respond to journal prompts provided by the course instructors that promote deeper reflection on course themes. Students will submit journal reflections every two weeks, due on Sept 19; October 3, 17, & 31; Nov 14 & 28. Journal prompts are provided one week in advance (during the course prior to due date).

### Journal Grading Rubric

Exemplary (Full Points)	Satisfactory (High partial points)	Unsatisfactory (Low partial points)	Unacceptable (0 Points)
All questions in the prompt were answered and demonstrate a deeper level of engagement and critical thinking with the questions posed;	Responses do address the journal prompt but remain at a superficial level; responses incorporate ideas from class but don't push the ideas further, include personal reflection, or raise further questions.	not all questions in the journal prompt were answered; responses do touch on the themes of the course but feel incomplete and unorganized;	Responses are inappropriate
Responses connect with specific examples from class (readings, speakers, or experiences are referenced);	There is only slight reference to course readings, speakers, and class experiences.	No reference to any readings, speakers, or class experiences is included.	Responses do not relate to topic.

Responses include some element of personal reflection (not required but this definitely is viewed favorably).	Limited inclusion of personal reflection	No inclusion of personal reflection	
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2. **Knowing Yourself and Others – Building Social Cohesion:** 25% of grade: Each student will participate in a series of guided activities that deepen knowledge of self and others. These activities, inspired by the work of street photographer Wing Young Huie, aim to provide a framework for deepening familiarity with the space in which you reside and thereby increasing social cohesion, which has been shown to strengthen neighborhood health. Activities related to this component of the course will take place both in and outside of class. Evaluation will be based on full participation in the activities, the ability to identify how the social determinants of health and social cohesion interact, and sharing your experience of these activities with the class.

Project Steps	Knowing Yourself and Others (100 points total for Project)
<b>Explore the demographics of where you live</b> 1. Review the County Health Rankings and Roadmap website: <a href="http://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a> 2. Review the Minnesota Compass Website: <a href="http://www.mncompass.org/">http://www.mncompass.org/</a>	0
<b>Familiar/Unfamiliar Photos and Assignment – Due October 17<sup>th</sup></b> Photograph of something familiar and something unfamiliar in your neighborhood. Submit the two photos with a short description and explanation.	10 points
<b>Chalk Talk – Due November 14<sup>th</sup></b> <ul style="list-style-type: none"> <li>• “Chalk talk” photograph in your neighborhood with two-paragraph description of the photo and how you got it.</li> <li>• Two paragraph description should include reflection on each of these elements:               <ol style="list-style-type: none"> <li>i. Reflection on how you felt as you prepared to approach strangers and why you think you felt that way.</li> <li>ii. Anything that was a barrier or made things easier for this part of the assignment.</li> <li>iii. A description of the chalk talk and what prompt/question you used for it.</li> <li>iv. How your chalk talk connects to health and themes of this course.</li> </ol> </li> </ul>	20 points Total <ul style="list-style-type: none"> <li>• 15 points for two photos with descriptions</li> <li>• 5 points for incorporating all elements of reflection</li> </ul>

<p><b>"Zine" Creation and Presentation – Due December 12<sup>th</sup></b>          Create a 4-page “zine” and present to class at Wing Young Huie's studio. Zine criteria:</p> <ol style="list-style-type: none"> <li>i. Identifies social and structural determinants of health in the area you reside</li> <li>ii. Demonstrates newfound understandings of the place/people where you reside</li> <li>iii. Make suggestions about how (i) &amp; (ii) might be beneficial or detrimental to health</li> <li>iv. Suggest opportunities for building social cohesion in your neighborhood</li> <li>v. Incorporate your intellectual and emotional experience of completing this assignment. What did you learn about yourself and society by walking through these steps? How does this connect to health?</li> </ol>	<p>50 points total</p> <ul style="list-style-type: none"> <li>• 30 for zine creation</li> <li>• 15 for incorporating criteria</li> <li>• 5 points presentation</li> </ul>
<p><b>Reflective Essay – Due December 15<sup>th</sup></b>          In 1000 words or less, please reflect on this longitudinal assignment and how social cohesion connects to health. What did you learn in the process of doing the assignment? What was surprising? What was challenging? Attempt to link the lessons of this assignment to other course activities, themes, or experiences.</p>	<p>20 points</p>

3. **Refugee Health and Advocacy Project** (Team-based): 25% of grade: Students will be connected to refugee resettlement agencies to witness the refugee resettlement experience. This activity will provide the opportunity to participate in supporting newly arrived refugees (airport pick-ups, housing set-up, cultural orientation classes, etc.) as well as health-related experiences related to refugee care (visit to refugee clinic, visit to the MN State Refugee Health Office). Based upon those experiences, students will work in teams to analyze the impact of one social determinant of health on refugee health and develop an advocacy strategy based on that analysis. Teams of 4-6 learners will be assigned by the lead instructor. Team members will not be required to attend refugee resettlement activities together, but will draw on their individual experiences to generate a collective understanding of the social/structural determinants of refugee health.

Project Steps	Refugee Health & Advocacy Project Rubric (100 points total for Project)
<p><b>Read</b> the course resources on refugee resettlement that have been posted on the website at the top of the Moodle site under “General” with the label “Refugee Health Experience Resource”.</p>	<p>0</p>
<p><b>Visit</b> at least one Refugee Voluntary Resettlement Agency and <b>participate</b> in two refugee resettlement activities. As you participate in these activities, think about how what you are hearing connects to refugee health. What factors promote refugee health? What factors might hurt refugee health? Ask lots of questions to get answers to those things. (Individual activity)</p>	<p>25 points</p>



<p><b>Social Determinants of Health (SDOH) Ring Chart &amp; Root Cause Analysis – Due October 31<sup>st</sup></b></p> <p><b>Draw</b> a one-page SDOH Ring Chart for one health condition associated with Refugee Health (i.e., hypertension, PTSD, parasitic infection, Hepatitis B, etc.). <b>Identify</b> the biological, behavioral, social, and structural determinants of health for that particular condition. <b>Perform</b> a root cause analysis as a way to deepen your identification of the root causes of these determinants.</p>	<p>25 points</p> <ul style="list-style-type: none"> <li>• 5 points – picked one health condition associated with refugee health</li> <li>• 10 points – correctly identifying biological, behavioral, social, and structural determinants of health</li> <li>• 10 points – root cause analysis utilized to identify root causes</li> </ul>
<p><b>Develop Plan – Due December 5<sup>th</sup></b></p> <p>Use the social change wheel to identify one action step you propose taking to address one of the structural determinants of health for that particular condition and develop an advocacy strategy.</p>	<p>30 points</p> <ul style="list-style-type: none"> <li>• 5 points – Action step</li> <li>• 20 points – Advocacy Strategy</li> </ul>
<p><b>Class Presentation</b></p>	<p>20 points</p>

*\*\*Please note that the opportunities available and exact assignment is highly dependent on the state of refugee resettlement in the fall of 2018 which is highly unpredictable in the current political context. Modifications to the assignment may be made.\*\**

4. **Final Exam:** 15% of grade: Each student will take a multiple choice and short-answer exam at the end of class, immediately preceding the Immersion Day 2 on Dec 15<sup>th</sup>. The purpose of the exam is to evaluate your acquisition of the body of knowledge associated with social medicine.

## VII. Evaluation and Grading

### Student evaluation

PubH xxxx is graded on an A-F basis or on a S/N basis.

### Assignments, points, and basis of Evaluation

Activity	Points	Basis of evaluation
Class participation	20	Attendance, being on time, participating regularly in class discussions and activities, bringing course readings into discussion, acting courteously towards others, and through following directions. Being respectful of different learning styles, we are mindful to not distribute participation points solely on how often you speak in class but rather the quality of your engagement. Students are expected to miss no more than two class sessions.
Bi-Weekly Journal	15	Journal Grading Rubric (Above)

Assignment: Knowing yourself and Others – Building Social Cohesion Project	25	Knowing Yourself and Others Grading Rubric (Above)
Team Based Project: Refugee Health and Advocacy Project	25	Refugee Health Experience Grading Rubric (Above)
Final Exam	15	Exam score

Grade	Points	Interpretation
A	92-100	Achievement that is outstanding relative to the level necessary to meet the course requirements
A-	88-91	
B+	85-87	
B	80-84	Achievement that is significantly above the level necessary to meet the course requirements
B-	76-79	
C+	73-75	
C	69-72	Achievement that meets the course requirements in every respect
C-	65-68	
D	60-64	Achievement that is worthy of credit even though it fails to meet fully the course requirements
F	<60	Student has not met the objectives of the course and needs to repeat it
S	>65	Achievement that is satisfactory, which is equivalent to a C- or better

**For additional information, please refer to:**

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

**Course Evaluation**

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

CGHSR will do an additional evaluation of the course through GoogleForms. These evaluations are used for continued quality improvement of the course each time it is offered. The CGHSR evaluations delve deeper into gathering feedback on course topics, methods of instruction, group dynamics, etc. Please take the time to complete this additional evaluation, as CGHSR staff and course instructors do carefully review them and

consider the feedback while planning future iterations of the course.

### **Incomplete Contracts**

A grade of incomplete "I" shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an "I" requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student's college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: [www.sph.umn.edu/grades](http://www.sph.umn.edu/grades).

**University of Minnesota Uniform Grading and Transcript Policy** - A link to the policy can be found at [onestop.umn.edu](http://onestop.umn.edu).

## **VIII. Other Course Information and Policies**

### **Grade Option Change** (if applicable)

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

### **Course Withdrawal**

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

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

### **Student Conduct Code**

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

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

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

### **Use of Personal Electronic Devices in the Classroom**

Using personal electronic devices in the classroom setting can hinder instruction and learning, not only for the student using the device but also for other students in the class. To this end, the University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used in the classroom. For complete information, please reference: <http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

### **Scholastic Dishonesty**

You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional

endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis. (Student Conduct Code: [http://regents.umn.edu/sites/default/files/policies/Student\\_Conduct\\_Code.pdf](http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf)) If it is determined that a student has cheated, he or she may be given an "F" or an "N" for the course, and may face additional sanctions from the University. For additional information, please see: <http://policy.umn.edu/Policies/Education/Education/INSTRUCTORRESP.html>.

The Office for 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](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. Disability Services (DS) 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 DS at 612-626-1333 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.