

PubH 7200 - 001

Global Health in a Local Context: An experiential course on the social determinants, community engagement, and social action in Minnesota

Fall 2017

Credits: 3.0

Meeting Days: Immersion Day 1: September 16, 2017
Weekly Meetings: September 6 - December 13, 2017
Immersion Day 2: December 16, 2017

Meeting Time: Immersion Days: 9am – 3pm
Weekly Meetings: Wednesdays 5:30pm – 8:30pm

Meeting Place: Primarily classroom-less, meeting in a variety of community sites throughout St. Paul/Minneapolis

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Adjunct Professor, School of Public Health
Assistant Professor, Medical School, Department of Medicine
Co-Director, SocMed

Community

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I. Course Description

The University of Minnesota's Center for Global Health and Social Responsibility (CGHSR), in partnership with the organization SocMed, is pleased to again offer *Global Health in a Local Context: Social Determinants, Community Engagement, and Social Action in Minnesota* during the Fall semester of 2017. This course will immerse students in the study of health equity, the social determinants of health, global health in a local setting, and community-based healthcare. The course curriculum will be modeled on the dynamic SocMed curriculum currently utilized annually in Uganda and Haiti (www.socmedglobal.org), which offers a highly experiential, interdisciplinary, and inter-professional study of these topics.

These topics will be examined through the lens of social medicine, a discipline with a rich and storied history of efforts to address the social determinants of health. Social medicine has been identified by some as a particularly salient approach to engage the current collection of problems encompassed by global health. The practice of social medicine integrates the voice and decision-making power of individuals, families, and communities; is multidisciplinary and multi-sectoral in its approach; ensures an equity agenda; is guided by the local context to inform global policy; and assures a deep understanding of the social determinants of health and social science towards making an immediate difference in the health and lives of individuals. Successfully drawing upon the rich history of social medicine to tackle contemporary global and community health problems requires that the next generation of health professionals reinvigorate and re-imagine the principles and practice of global health and social medicine in partnership with patients and communities.

Global Health in a Local Context will merge unique pedagogical approaches 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. The curriculum promotes a biosocial approach to health and illness, thereby drawing on the disciplines of anthropology, sociology, economics, history, public policy, biomedicine, public health, and the arts. These approaches create an innovative and interactive learning environment in which students participate as both learners and teachers to advance the entire class's 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.

In order to examine the social determinants of health, this course will engage with local context through in-depth study of particular historical, political, and cultural narratives important to the locale, in this case

Minnesota. The course curriculum places considerable importance on building partnerships and encouraging students to reflect upon their personal experiences with power, privilege, race, class, and gender as central to effective partnership building in the health professions and health-related fields. In the spirit of *praxis* (a model of education that combines critical reflection with action) these components of the course give students the opportunity to discern their role as health professionals concerned about health equity and justice through facilitated, in-depth conversations with core faculty, community members, and student colleagues.

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 appropriate training.

All participants must obtain instructor approval in order to register. Once you receive instructor approval, you will be given a permission number to register in either OneStop (if applicable) or learning.umn.edu. Please visit CGHSR's website (<http://globalhealthcenter.umn.edu/education/global-local>) to download the application to receive instructor approval.

III. Course Goals and Objectives

Following this course, students will be able to:

1. Analyze and articulate the social determinants of health that influence health outcomes amongst different communities in the Twin Cities.
2. Differentiate behavioral, societal/cultural, and structural etiologies of health outcomes and explain how and why these etiologies are at times conflated.
3. Evaluate various models of health intervention to respond to health disparities in Minnesota.
4. Engage in critical self-reflection on one's personal relationship with social inequities and one's future role in responding to inequity.
5. Demonstrate the ability to engage in deep listening, perform a root-cause analysis, participate in constructive dialogue, and generate a strategy to act for social change.
6. Utilize an established network of diverse peers, faculty, and community members to dialogue on health challenges and solutions.

IV. Methods of Instruction and Work Expectations

The course content structure will be divided into the following interwoven parts:

- **Part 1** – Social Determinants of Health: Accounting for Local and Global Context
- **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

The course is “classroom-less” and takes place in a variety of community settings.

The class delivery consists of two components:

- **Experiential Weekly Sessions** – these 3-hour sessions will take place on Wednesday evenings each week (with the exception of the week of September 27, when we will likely meet on September 26). 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** – Twice during the semester (Saturday, September 16 & Saturday, December 16), the class will meet for an extended class session. These meetings serve to “open” the class by building community, setting expectations, sharing a unique experience, and cooking food as a group, and then “close” the class by offering an extended period for discussion, reflection, next-steps, putting concepts into practice, and sharing a closing meal.

This unique course structure derives from a philosophical 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.

We will be starting and closing the course with immersive sessions (September 16 and December 16), allowing for a richer engagement with each other and communities to facilitate the unfolding of these dynamics in the course.

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.

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. Porter, Dorothy. 2006. “How Did Social Medicine Evolve, and Where Is It Heading?” *PLoS Medicine* 3(10): e399.
3. 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. http://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf
4. 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

5. Minnesota Department of Health. 2014. Advancing Health Equity in Minnesota: Report to the Legislature. http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf
6. Kleinman, Arthur and Benson, Peter. "Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It." *PLoS Medicine* Oct 2006 3(10): 1673-1676.
7. Fanon, Frantz. 1994. "Medicine and Colonialism." In: *A Dying Colonialism*. Grove/Atlantic Press.
8. Kleinman, Arthur. 2010. "Four Social Theories for Global Health." *Lancet* 375: 1518-1519.
9. Foucault, Michel., 1973. *The Birth of the Clinic: An Archaeology of Medical Perception*. Tavistock Publications, pp 3-4.
10. Ta-Nehisi Coates. 2014. "The Case for Reparations." *The Atlantic*.
11. Hardeman, R. 2016. "Structural Racism and Supporting Black Lives – The Role of Health Professionals." *New England Journal of Medicine*.
12. Farmer P, Kim J, Kleinman A, Basilio M. *Reimagining Global Health*. Berkeley: University of California Press; 2013.
13. Keshavjee, Salmaan. 2014. "Epilogue: Reframing the Moral Dimensions of Engagement," In: *Blind Spot: How Neoliberalism Infiltrated Global Health*. University of California Press, pp. 136-144.
14. Farmer, Paul. 1995. "Medicine and Social Justice." *America* 173(2):13-17.
15. Heywood, Mark. 2009. "South Africa's Treatment Action Campaign: Combining Law and Social Mobilization to Realize the Right to Health." *Journal of Human Rights Practice*. 1(1): 14-36.
16. Latour, Bruno. 1979. Selections from *Laboratory Life: The Social Constructions of Scientific Facts*.
17. McEwen, Bruce. 1998. "Protective and Damaging Effects of Stress Mediators." *NEJM* 338(3): 171-179.
18. Cueto, Marcos. 2004. "The Origins of Primary Health Care and Selective Primary Health Care." *American Journal of Public Health* 94(11): 1864-74.
19. Declaration of Alma-Ata. 1978.
20. Bleiker, Roland and Kay, Amy. 2007. "Representing HIV/AIDS in Africa: Pluralist Photography and Local Empowerment." *International Studies Quarterly* 51(4): 1003-1006.
21. 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.
22. Aviv, Rachel. 2015. "The Refugee Dilemma." *The New Yorker*. December 7, 2015.
23. 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

Hours	Activity/Theme	Location	Readings
Week 1 (September 6)			
3 hours	<ul style="list-style-type: none"> - Introduction and Welcome - Getting to Know One Other: Partner Pairs - Neighborhood Block Walk Experience –Honing Our Observation Skills - Class Structure, Content, and Ground rules 	Center for Social Healing	Pre-reading: <i>Pathologies of Power</i>
Week 2 (September 13)			
3 hours	<ul style="list-style-type: none"> - Community Engagement: Insiders and Outsiders - Perception and the Conceptualization of Health 	Sabathani Community Center/Seward	Roberts (2006)

	Problems and Assets	Coop Friendship Store	
Immersion Day 1 (September 16)			
6 hours	<ul style="list-style-type: none"> - Culture, Health, and Healing - Our Stories: Who Are We and Where do We Come From 	Hmong Farm	None
Week 3 (September 20) – Journal due			
3 hours	<ul style="list-style-type: none"> - The Social Determinants of Health in Minnesota - The Context of Health Inequities - Introduction to the Refugee Resettlement Experience 	Minnesota Department of Health/Center for Health Equity	Porter (2006); WHO (2008); Virchow (2006); MDH (2014)
Week 4 (September 26/27)			
3 hours	<ul style="list-style-type: none"> - Attending to History: Structural Violence and the American Indian Experience - Colonialism and Medicine: Viewing the “Other” 	Minnesota History Museum and/or Franklin Corridor	Fanon (1994)
Week 5 (October 4) – Journal due			
3 hours	<ul style="list-style-type: none"> - Global Health Social Theories - Connecting the Local and The Global: Refugee and Immigrant Health in Minnesota 	Brian Coyle Center	Kleinman (2010); Aviv (2015); Foucault (1973)
Week 6 (October 11)			
3 hours	<ul style="list-style-type: none"> - Race and Racism as a Structural Determinant of Health - The Story of Rondo Neighborhood - Allostatic Load 	West Minnehaha Community Center/Rondo Library	Coates (2014); Hardeman (2016); McEwen (1998)
Week 7 (October 18) – Journal due			
3 hours	<ul style="list-style-type: none"> - Neoliberalism and Global/Community Health - Alma Ata and the Bamako Initiative - Skill-building: Performing a Root Cause Analysis 	HealthPartners Conference Center	Farmer (2013); Keshavjee (2014)
Week 8 (October 25)			
3 hours	<ul style="list-style-type: none"> - Reflective Pause – Where We’re at and Where We’re Headed - Global Health on the Move: Charity, Development, and Social Justice - Class Potluck 	Center for Social Healing	Farmer (1995)
Week 9 (November 1) – Journal due			
3 hours	<ul style="list-style-type: none"> - Social Movements and Advocacy - Skill-Building: Constructive Dialogue 	Neighborhoods Organizing for Change	Heywood (2009)
Week 10 (November 8)			
3 hours	<ul style="list-style-type: none"> - Community Health Workers in Action in Minnesota 	Community	Pérez and

	- Partners in Health: Pragmatic Solidarity, Bearing Witness, and Accompaniment	Site/WellShare	Martinez (2008)
Week 11 (November 15) - Journal due			
3 hours	- Community-Based Participatory Action Research - Skill-building: Asset-Based Approaches	SoLaHmo/West Side Community Health Center	Latour (1979)
(November 22)			
No Class – Thanksgiving Week			
Week 12 (November 29) - Journal due			
3 hours	- The Arts in Understanding and Responding to the Social Determinants of Health	Mixed Blood/Penumbra Theatre	None
Week 13 (December 6)			
3 hours	- Primary Care as a Social Change Strategy - The Social Determinants of Mental Health - Skill-building: Narrative Health	CUHCC	Alma-Ata (1978); Cueto (2004)
Week 14 (December 13) - Journal due			
3 hours	- Building Social Cohesion to Foster Health - Share Chalktalk Experiences (Based on Wing’s Assignment up front)	The Third Place Studio	Bleiker (2007); Sampson (1996)
Immersion Day 2 & Closing (December 16)			
6 hours	- Final Exam - The Ethics of Action and Moral Frameworks: Why We Do What We Do and How We are Going to Do It - Community Meal: What We’ve Learned - Where Do We Go From Here: Staying Engaged, Maintaining Energy, and Harboring Optimism	Center for Social Healing	None

Assignments and 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.
 - a. Small Discussion Groups – Each student will be assigned a partner to work with throughout the semester. Partner pairs will then be combined into small groups (4-6 students). Each week, the instructors will provide groups with 1-3 discussion questions connected to the week’s readings.

Groups are expected to meet (in person or remotely) and discuss the readings/discussion questions. Groups should come to class prepared to share their discussion summaries if called upon to do so.

3. **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 20; October 4 & 18; Nov 1, 15, & 29; and Dec 13.
4. **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, drawing on the work of street photographer Wing Young Huie, aim to provide a framework for 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. Concrete deliverables include:
 - a. Photograph of something familiar and something unfamiliar in your neighborhood, each with a one-paragraph description (Due Sept 16)
 - b. “Chalk talk” photograph in your neighborhood with two-paragraph description and in-class sharing (Due Dec 13)
 - c. Final Reflective Paper (max 1000 words, due Dec 16)
5. **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. Concrete deliverables expected as a group include:
 - a. Social/Structural Determinants Ring and Root Cause Analysis (wall chart, Due Oct 25)
 - b. Advocacy Strategy Proposal (maximum 1000 words, Due Dec 6)
6. **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 16. The purpose of the exam is to evaluate your acquisition of the body of knowledge associated with social medicine.

VII. Evaluation and Grading

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

A 4.000 - Represents achievement that is outstanding relative to the level necessary to meet course requirements

A- 3.667

B+ 3.333

B 3.000 - Represents achievement that is significantly above the level necessary to meet course requirements

B- 2.667

C+ 2.333

C 2.000 - Represents achievement that meets the course requirements in every respect

C- 1.667

D+ 1.333

D 1.000 - Represents achievement that is worthy of credit even though it fails to meet fully the course requirements

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

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.

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. 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.

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