

Credits: 2
Meeting Days: WF
Meeting Time: 1:25 p.m. – 3:20 p.m.
Meeting Place: 124 Amundson Hall
Instructor: Wendy Hellerstedt, MPH, PhD
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Office Hours: By appointment

I. Course Description

This two-credit course focuses on the major public health issues of adolescents in the United States and the programs and policies that improve the health and well being of this population. The course is designed to examine the prevalence and etiology of health and wellness indicators for youth. This course is designed for graduate students in the health sciences and other health-related areas.

II. Student Prerequisites

Public Health student, graduate student or instructor consent.

III. Course Goals and Objectives

At the completion of the course, the student should be able to:

1. Delineate the health status of adolescents with regard to the following indicators:
 - major mortalities and morbidities of youth (e.g., obesity, homicide, suicide, sexually transmitted infections, pregnancy)
 - the high-risk behaviors associated with these mortalities and morbidities (e.g., unsafe sexual activity; alcohol, tobacco, and drug use; food choices)
 - the social and environmental factors and contexts which influence the health and well-being of adolescents
2. Analyze the relationship between and among environmental, social, and personal factors that influence adolescent health.
3. Describe and analyze strategies for preventing public health problems and for improving adolescent health.
4. Synthesize research and theory to develop recommendations to prevent health-related problems and promote the health of adolescents.

IV. Methods of Instruction and Work Expectations

Methods of instruction:

1. Lecture
2. In-class assignments and class discussions

Students are responsible for:

1. Completing weekly reading assignments PRIOR to class.
2. Class attendance and active participation in class discussions and activities.
3. Active participation in one debate.
4. Leading a discussion, and preparing a factsheet, on a health issue related to vulnerable youth.
5. Leading a discussion, and preparing a factsheet, on a program or policy that could make the world better for youth.
6. Completing two take-home quizzes.

V. Course Readings

There is no text for the course. A packet of required readings is available at the bookstore. The course readings are also available on the WebCT course website. Optional readings are available on both WebCT course website and on E-reserve (access through <http://eres.lib.umn.edu/eres/courseindex.aspx?page=dept> and look under the listing for "Public Health"). The bookstore will also have a limited number of optional reading packets.

Note: The articles in the required and optional packets will be out of order.

January 17: Introduction

Optional reading (on course website and E-Reserve): Irwin CE Jr, Burg SJ, Cart CU. *America's adolescents: where have we been, where are we going?* J Adol Health 2002;31:91-121.

January 19: Measures and health indicators

- Krieger N. Stormy weather: race, gene expression, and the science of health disparities. Am J Public Health 2005;95:2155-60.
- Rosenbaum JE. Reborn a virgin: adolescents' retracting of virginity pledges and sexual history. Am J Public Health 2006;96(6):1098-1103.
- Newsweek article about Oprah Winfrey's school (provided by Hellerstedt on January 17).

Optional reading (on course website and E-Reserve): Afaible-Munsuz A, Speizer I, Magnus JH, Kandall C. A positive orientation toward early motherhood is associated with unintended pregnancy among New Orleans youth. MCH Journal 2006;10(3) (May):265-275.

January 24: Frameworks and approaches to adolescent public health

- Catalano RF, Hawkins JD, Berglund ML, Pollard JA, Arthur MW. Prevention science and positive youth development: competitive or cooperative frameworks? J Adol Health 2002;31(6 Suppl):230-9.

Optional reading: Conceptual Framework for Adolescent Health on: <http://www.amchp.org/policy/adolescent-conceptual.htm>

Check out Konopka's website (see WEBSITE LISTINGS)

January 26: Minnesota's health policies and programs

No required reading, but check out MDH's adolescent health website. SEE WEBSITE LISTINGS.

January 31: Environment: school

- Libbey HP. Measuring student relationships to school: attachment, bonding, connectedness, and engagement. *J School Health* 2004;74(7):274-83.

February 2: Relationships

- Miller BC. Family influences on adolescent sexual and contraceptive behavior. *J Sex Res* 2002;39:22-6
- Sipe CL. Mentoring programs for adolescents: a research summary. *J Adol Health* 2002;31:251-60.
- Wingood GM, DiClemente RJ, Crosby R, et al. Gang involvement and the health of African American female adolescents. *Pediatrics* 2002;31:216-225.
- Zimmer-Gembeck MJ. The development of romantic relationships and adaptations in the system of peer relationships. *J Adol Health* 2002;31:216-225.

February 7: Sexual health

- Afaible-Munsuz A, Brindis CD. Acculturation and the sexual and reproductive health of Latino youth in the United States: a literature review. *Perspect Sex Reproduct Health* 2006;38(4):208-19.
- Kirby D. Effective approaches to reducing adolescent unprotected sex, pregnancy, and childbearing. *J Sex Research* 2002;39:51-7.
- Santelli JS, Morrow B, Anderson JE, Duberstein Lindberg L. Contraceptive use and pregnancy risk among US high school students, 1991-2003. *Perspect Sexual Reproduct Health* 2006;38(2):106-111.
- Weinstock H, Berman S, Cates W Jr. Sexually transmitted diseases among American youth: incidence and prevalence estimates 2000. *Perspect Sexual Reproduct Health* 2004;36:6-10.
- Zimet GD. Improving adolescent health: focus on HPV vaccine acceptance. *J Adol Health* 2005;37:S17-S23.

Optional reading (on course website and E-Reserve): Geronimus AT. Damned if you do: culture, identity, privilege, and teenage childbearing in the United States. Soc Sci Med 2003;57:881-93.

Optional reading on course website: Henry Waxman's report on the scientific evidence supporting abstinence education. This critical report has both supporters and detractors.

February 9: Sex education curricula/minor consent

- Lindberg LD, Santelli JS, Singh S. Changes in formal sex education: 1995-2002. *Perspect Sex Reproduct Health* 2006;38(4):182-89.
- Jones RK, Boonstra H. Confidential reproductive health services for minors: the potential impact of mandated parental involvement for contraception. *Perspect Sexual Reprod Health* 2004;36:182-191.

February 14: Substance use

- Kypri K, Voas RB, Langley JD, Stephenson SCR, Begg DJ, Tippetts AS, Davie GS. Minimum purchasing age for alcohol and traffic crash injuries among 15- to 19-year-olds in New Zealand. *Am J Public Health* 2006;96:1260-131.
- Landrine H, Klonoff EA. Validity of assessments of youth access to tobacco: the familiarity effect. *Am J Public Health* 2003;93:1883-86.

February 16: Framing messages about sexual health

- Committee on Communications, American Academy of Pediatrics. Children, adolescents, and advertising. *Pediatrics* 2006;118(6):2563-69.

February 21: No readings, student presentations

February 23: Body image and nutrition

- Muise AM, Stein DG, Arbess G. Eating disorders in adolescent boys: a review of the adolescent and young adult literature. *Soc Adol Med* 2003;33:427-435.
- Olson AL, Starr P. The challenge of intentional tanning in teens and young adults. *Dermatol Clin* 2006;24:131-36.
- Story M, French S. Food advertising and marketing directed at children and adolescents in the US. *Int J Behav Nutrition Physical Activity* 2004;1:3. Available at: <http://www.ijbnpa.org/content/pdf/1479-5868-1-3.pdf>.

Optional reading: There are many journals that are worth scanning, but one you may not be aware of is the International Journal of Behavioral Nutrition and Physical Activity. It has some good articles on environmental and behavioral influences on nutritional health of adolescents (and adults):

<http://www.ijbnpa.org>

February 28: Mental health and violence exposure

- Goodman E, Slap GS, Huang B. The public health impact of socioeconomic status on adolescent depression and obesity. *Am J Public Health* 2003;93:1844-50.
- Morbidity and Mortality Weekly Report. Methods of suicide among persons aged 10-19 years – US, 1992-2001. *MMWR* 2004 (June 11);53.
- Resnick M, Ireland M, Borowski I. Youth violence perpetuation: what protects? Findings from the National Longitudinal Study of Adolescent Health. *J Adol Health* 2004;35:424e1-10.
- Rew L, Wong YJ. A systematic review of associations among religiosity/spirituality and adolescent health attitudes and behaviors. *J Adol Health* 2006;38:433-42.
- Smith-Khuri E, Lachan R, Scheidt PC, et al. A cross-national study of violence-related behaviors in adolescents. *Arch Pediatr Adolesc Med* 2004;158:539-44.

Optional reading: Behrman RE, Reich K, Culross PL. Children, youth and gun violence: analysis and recommendations. *The Future of Children* 2002;12(2). Available from:

http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=154414

March 2: Adolescent access to health care and GLBT youth

- Frankowski BL. Sexual orientation and adolescents. *Pediatrics* 2004;113:1827-32.

Websites of interest: www.pflag.org and www.transfamily.org.

March 7: Adolescents with special health care needs

Optional reading (on course website and E-Reserve): Rew L. Sexual health promotion in adolescents with chronic health conditions. *Fam Community Health* 2006;29(1S):61S-69S.

March 9: No readings, student presentations.

Optional web resources:

1. The Konopka institute has an extensive list of websites about adolescent health: <http://www.konopka.umn.edu/peds/ahm/konopka/links.html>
2. The Minnesota Department of Health has a good website with information about adolescent health: <http://www.health.state.mn.us/youth/>
3. The CDC's Youth Risk Behavior Surveillance System site is <http://www.cdc.gov/HealthyYouth/yrbs/>
4. Sexual health and sexual health policy is covered well (but with a liberal slant) on <http://www.guttmacher.org>. The National Campaign to Prevent Teen Pregnancy has some data summaries, but I am usually pretty careful when I go through their reports because I have found errors and they seem to be directed to a non-professional audience, <http://www.teenpregnancy.org>
5. The Forum on Child and Family Statistics has some data on adolescents, at <http://www.childstats.gov>
6. KidsCount, through the Annie E. Casey Foundation, has some data on adolescents, at <http://www.aecf.org/kidscount/> and Childtrends can be a good source <http://www.childtrends.org>.
7. The American Medical Association has a website with many links to other adolescent health websites, as well as summaries of adolescent health indices, <http://www.ama-assn.org/ama/pub/category/1947.html>
8. The Centers for Disease Control and Prevention has a good adolescent website: <http://www.cdc.gov/node.do/id/0900f3ec801e457a>. For some health indices, evidence-based programs and policies are listed. Also, there is a short list of federally funded adolescent health promotion campaigns on the homepage.
9. The Future of Children website has wonderful summary volumes about child and youth well-being, <http://www.futureofchildren.org>.
10. Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting has some good links, at <http://www.moapp.org>.
11. The Minnesota Student Survey has great state data: http://children.state.mn.us/mde/Learning_Support/Safe_and_Healthy_Learners/Minnesota_Student_Survey/index.html.

Accessing the course website

The course WebCT site will have PDF copies of course readings, a copy of the syllabus, copies of assignments, and course lecture slides from Dr. Hellerstedt (guest speakers may not provide slides). It will also have a discussion board, which has the potential for students to share resources and thoughts about adolescent health and well-being.

The easiest way to log in to a course site is to log in to the [myU portal](http://myuport.edu/) (<http://myuport.edu/>) and locate the link for your course site. Use your University of Minnesota Internet ID and password to log in. This is the same ID and password you use to get your e-mail at the University, access <http://myU.umn.edu>, and get dial-up access to the Internet through your campus modem pool.

- If you are a new student and have never used your Internet ID, go to <https://www.umn.edu/initiate> to initiate your account.
- If you are a staff member at the University of Minnesota, be sure to use your student Internet ID, and not your staff Internet ID.
- If you do not know your Internet ID and password or have other problems, contact the Technology Helpline for your campus.
 - Twin Cities: (612) 301-4357 (1-HELP on campus)

Accessing E-reserve

All optional readings are also available through the Biomed Library's E-reserve (<http://eres.lib.umn.edu/eres/courseindex.aspx?page=dept>) and looking under the listings for "Public Health."

VI. Course Outline/Weekly Schedule

A. BACKGROUND: FRAMEWORKS, MEASURES, AND PUBLIC HEALTH INFRASTRUCTURE

January 17 Course Introduction
What is "Adolescence"?

January 19 Measures of health and data sources

In-class small-group exercise: Hellerstedt will hand out reading

January 24 Frameworks and approaches to assuring adolescent public health

Kristin Teipel, BSN, MPH, Project Coordinator, State Adolescent Health Resource Center, Konopka Institute, University of Minnesota

B. CORRELATES OF ADOLESCENT HEALTH

January 26 Policy and programmatic supports for Minnesota youth
Jennifer O'Brien, MPH, Adolescent Health Coordinator, Minnesota Department of Health

January 31 School connectedness: what is it, how is it measured, and how does it associated with health outcomes?

February 2 Relationships: peers, parents, and romantic partners

Debate #1
Topic:

February 7 Sexual health

Debate #2
Topic:

February 9 Sex education and minor consent policies
Lisa Turnham, MPH, Program Manager and Lorie Alveshere, Policy Coordinator, MOAPPP

C. HEALTH CONDITIONS AND HEALTH BEHAVIORS

February 14 Substance use: alcohol policy and youth
Traci Toomey, MPH, PhD, Associate Professor, Division of Epidemiology & Community Health, University of Minnesota

Debate #3
Topic:

February 16 Strategic framing of messages to promote adolescent sexual health
Glynis Shea, BA, Communications Coordinator, Division of General Pediatrics and Adolescent Health, University of Minnesota

February 21 Vulnerable Youth
*****STUDENT PRESENTATIONS ABOUT HEALTH AND VULNERABLE YOUTH*****

February 23 Body image, and nutrition
In-class small-group exercise: Hellerstedt will hand out reading

February 28 Mental health and violence exposure

*******QUIZ DUE*******

D. YOUTH HEALTH PROMOTION AND SPECIAL POPULATIONS

March 2 Adolescent health-care access/meeting the needs of GLBT youth
Gloria Ferguson, MPH, Program Director, HealthStart

March 7 Adolescents with special health care needs
Peter Scal, MD, MPH, Assistant Professor, Division of General Pediatrics and Adolescent Health, University of Minnesota

March 9 Creating a better world for youth
*****STUDENT PRESENTATIONS AND DISCUSSIONS OF A POLICY OR PROGRAM TO ADDRESS DISEASE OR PROMOTE WELLNESS*****

VII. Evaluation and Grading

A. Class Readings and Participation (10%)

Your active participation in the class is key to its success. Please read the articles prior to class and come prepared to actively participate in discussions and activities.

Note: There are two class exercises, scheduled for **January 19** and **February 23**. Your classmates will grade your contributions to the small-group discussion. Each day will be worth 5% of your grade.

B. Debate (30%)

Due: February 2, 7, or 14

Public health researchers and practitioners are often called on to testify in front of legislative bodies or in other ways publicly state their views on public health issues. When preparing arguments to support your views, it is worthwhile to consider the opposing side's arguments. The goal of this assignment is to develop skills in articulating arguments related to important public health issues. Consider and address such issues as the health, fiscal, administrative, legal, social, and political implications of each option. If relevant, consider the feasibility and expected outcomes of and barriers to achieving each policy option.

Students will be asked on the first day of class to identify three debate topics—and choose one in which they will participate. The following are examples of some debate topics:

1. Should branded fast-food be served in schools?
2. Should schools implement mandatory drug testing as a drug prevention strategy?
3. Should universal screening for depression among youth be implemented as a suicide prevention strategy?
4. Should condom use be promoted among youth as an HIV prevention strategy?
5. Should pregnancy prevention programs be designed—and be targeted to—youth by race or ethnicity?

You do not have to choose any topic listed above; they are provided as examples. Think about an important adolescent health issue and make that your topic. Students will choose one debate topic and will be randomly assigned to the pro or con team. Arguments should be backed up with evidence (data). A search on the Internet will prove very useful in finding relevant information and data regarding the debate topics. It is recommended that you provide references for the data and information that you present.

During class, we will flip a coin to decide which team goes first. After both teams present for 10 minutes, each will then have up to 4 minutes to present a rebuttal. Following the formal presentations, the non-debating members of the class will determine who the winning team was and the teams will lead a class discussion on the topic. **Thus, think of salient issues to engage the entire class in a discussion after your debate.**

How to conduct the debate

Our debates will not be as formal as debates you may have participated in for formal debate societies. They will be time-limited, though, and will involve the major tasks.

1. Team 1 (pro or con, based on the coin flip): 10 minutes

Establish the pro or con position by providing a data-based discussion of the significance of your position and the harm of the opposite position or advantages of your position. You may want to

state how necessary it is to change the status quo (if you are presenting a plan for change). You can describe a specific pro or con proposal, with details, and describe how it will address a problem.

2. Team 2 (pro or con, based on the coin flip): 3 minutes

The purpose of this short period is to cross-examine Team 1's position: ask questions to help you understand their arguments (obviously ask questions to set up your argument against their position).

3. Team 2 (pro or con, based on the coin flip): 10 minutes

It is your turn to present a data-based discussion of your position (see item 1 above).

4. Team 1 (pro or con, based on the coin flip): 3 minutes

Ask questions (see item 2) to cross-examine and set up your rebuttal.

5. Team 2 (pro or con, based on the coin flip): 5 minutes

Challenge the position of Team 1, defend your position (you can introduce new issues, if they are data-based).

6. Team 1 (pro or con, based on the coin flip): 5 minutes

Same as item 5: challenge the position of Team 2, defend your position...

7. Team 2 (pro or con, based on the coin flip): 1 minute

Summarize the strengths of your position, the deficits in the position of Team 1.

8. Team 1 (pro or con, based on the coin flip): 1 minute

Summarize the strengths of your position, the deficits in the position of Team 2.

9. Non-debators have 5 minutes to ask questions of either team.

10. Non-debators will vote and select the winning team.

C. Vulnerable youth: Description of a health index or a population in special need (25%)

Due: February 21

The purpose of this assignment is to examine, in depth, a specific health issue affecting vulnerable youth or to describe a group of young people who may be considered vulnerable. Examples would be: contraceptive practices (a health index) of mentally challenged youth; mental health needs of youth with special physical health care problems; prevalence and concerns of homeless youth; health needs of incarcerated youth. Consider: (1) the epidemiology and etiology of the issue; and (2) the consequences of the health issue (e.g., social, psychological, economic).

You will prepare a factsheet (1-2 page) about your topic for all students in the class (n=16) and give a 10-minute informal talk about your topic, in a small group (you need not prepare Powerpoints or overheads).

D. Take-home quiz (10%)

Due: February 28

The purpose of this assignment (and of participation in class discussion of specific readings) is to develop and strengthen your critical thinking skills. In your career as a public health professional, you will be required to synthesize public health research and apply scientific knowledge to

promote the public's health. Therefore skill development in these areas is very important for your successful work.

Scientific journals publish a number of different types of papers, including review articles, commentary pieces, and original research. By the time a paper is published, it has usually been through a process of quality control, called peer review. However, this does not mean it will be perfect. Many published papers contain factual and statistical errors, and statements, which are really assertions, disguised as objective fact. Given this, and the fact that scientific knowledge is often provisional and changing, the proper attitude when reading scientific papers is one of skepticism; it is the task of the reader to judge whether the author's conclusions are justified. Thus, your take-home quiz and class discussions will be most successful if you apply critical thinking.

E. Creating a better world for youth: Developing a policy or a program (25%)

Due: March 9

Select a public health issue that affects adolescents and that you are interested in learning more about. Ideas for issues include, but are not limited to, the following: teenage pregnancy, motor vehicle crashes, alcohol use, tobacco use, obesity, suicide, HIV/AIDS, and violence. You can choose to narrow down the topic such as: obesity among African American adolescent girls, Asian youth gangs, or alcohol use among Hispanic youth.

Develop a policy or a program that recommends a strategy or strategies to prevent a health issue or promote health based on scientific evidence. When reviewing the literature and deciding on a recommendation you should:

- Critically review school, family, and community programs and policies designed to prevent the health problem or promote health.
- Assess if the strategies been evaluated with rigorous research designs.
- Determine the results of these strategies? Were they effective? What doesn't work?

Based on your critical review of the literature and scientific evidence of what works your policy or program must to be evidence-based and supported with research Develop a 2-4 page handout, describing the policy or the program

Your short paper, formatted like a factsheet (i.e., depend more on item bolts than on paragraphs), should include:

1. Short background about the health issue—magnitude, who is affected, severity.
2. Short review of programs and policies that currently address the health issue—approaches, evidence about efficacy, gaps in knowledge.
3. Description of your proposed policy or program: rationale, design, intended audience, implementation, and anticipated outcomes.
4. References. Aim for about 10 references. References need to be cited using AMA style.

Prepare a 10-minute presentation of your policy statement or program to be delivered informally in small groups. Also make a copy of your handout for all students and Dr. Hellerstedt (n=19). Following your presentation, your small group will discuss the feasibility of your program or policy.

In summary, grades will be based on the following percent distribution for a total of 100 points:

1. Class attendance and participation 10%
2. Debate (one debate/student) 30%
3. Vulnerable youth presentation and factsheet 25%
4. Take-home quiz 10%
5. Policy or program presentation and factsheet 25%

F. Grading Criteria

University grading policies are on: <http://www.umn.edu/usenate/policies/uniformgrading.html>
 Letter grades and associated points are awarded in this course as follows below, and will appear on the student's official transcript. The S grade does not carry points but the credits will count toward completion of the student's degree program if permitted by the college or program.

Grade Points	Description
A = 95-100 (4.0)	Represents achievement that is outstanding relative to the level necessary to meet course requirements.
A- = 90-94 (3.67)	
B+ = 87-89 (3.33)	
B = 83-86 (3.0)	Represents achievement that is significantly above the level necessary to meet course requirements.
B- = 80-82 (2.67)	
C+ = 77-79 (2.33)	
C = 73-76 (2.0)	Represents achievement that meets the course requirements in every respect.
C- = 70-72 (1.67)	
D+ 65-69 (1.33)	
D 55-64 (1.0)	Represents achievement that is worthy of credit even though it fails to meet fully the course requirements.
F <55	Represents failure and signifies that the work was completed but not at a level of achievement worthy of credit.

S/N Grade Option

The S/N option is available for this class. S represents achievement that is satisfactory, which is equivalent to a B- or better (i.e., at least 80 points earned). N represents no credit and signifies that the work was not completed at a level of satisfactory achievement and carries no grade points.

Make-up Policy

Most assignments are date dependent since they involve class time, so it is very important to have assignments completed on time. If you are unable to turn in an assignment by the assignment due date, you must arrange for an extension with Dr. Hellerstedt prior to the due date. Extensions may be granted for extreme circumstances, like unanticipated illnesses or other

emergencies. If you do not contact the instructor prior to the due date and turn it in late, the assignment will receive one grade below what it would have earned had it been submitted on time. An e-mail or phone message is appreciated for unanticipated absences.

Incomplete Grade

Note that Dr. Hellerstedt will not assign an incomplete unless there are extreme circumstances. The following represents University policy: An incomplete grade is permitted only in cases of exceptional circumstances and following consultation with the instructor. In such cases an “I” grade will require a specific written agreement between the instructor and the student specifying the time and manner in which the student will complete the course requirements. Extension for completion of the work will not exceed one year.

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) 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 Student Services Center at sph-ssc@umn.edu for further information

Student Conduct, Scholastic Dishonesty and Sexual Harassment Policies

Students are responsible for knowing the University of Minnesota, Board of Regents' policy on Student Conduct and Sexual Harassment found at www.umn.edu/regents/polindex.html.

Students are responsible for maintaining scholastic honesty in their work at all times. Students engaged in scholastic dishonesty will be penalized, and offenses will be reported to the Office of Student Academic Integrity (OSAI, www.osai.umn.edu).

The University's Student Conduct Code defines scholastic dishonesty as “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; or altering, forging, or misusing a University academic record; or fabricating or falsifying of data, research procedures, or data analysis.”

Plagiarism is an important element of this policy. It is defined as the presentation of another's writing or ideas as your own. Serious, intentional plagiarism will result in a grade of "F" or "N" for the entire course. For more information on this policy and for a helpful discussion of preventing plagiarism, please consult University policies and procedures regarding academic integrity: <http://writing.umn.edu/tww/plagiarism/>.

Students are urged to be careful that they properly attribute and cite others' work in their own writing. For guidelines for correctly citing sources, go to <http://tutorial.lib.umn.edu> and click on “Citing Sources”.

In addition, original work is expected in this course. It is unacceptable to hand in assignments for this course for which you receive credit in another course unless by prior agreement with the instructor. Building on a line of work begun in another course or leading to a thesis, dissertation, or final project is acceptable. If you have any questions, consult Dr. Hellerstedt.

Disability Statement

It is University policy to provide, on a flexible and individualized basis, reasonable accommodations to students who have a documented disability (e.g., physical, learning, psychiatric, vision, hearing, or systemic) that may affect their ability to participate in course activities or to meet course requirements. Students with disabilities are encouraged to contact Disability Services to have a confidential discussion of their individual needs for accommodations. Disability Services is located in Suite 180 McNamara Alumni Center, 200 Oak Street. Staff can be reached by calling 612/626-1333 (voice or TTY).