

Credits: 2
Meeting Days: MW (1/16/07 – 3/11/07)
Meeting Time: 8:00 a.m. – 9:55 a.m.
Meeting Place: D327 Mayo
Instructor: Wendy Hellerstedt, MPH, PhD
Office Address: 486 WBOB
Office Phone: 612-626-2077
Fax: 612-624-0315
E-mail: hellerstedt@epi.umn.edu
Office Hours: By appointment

I. Course Description

The purpose of this course is to examine perinatal, family planning and reproductive health issues, programs, services, and policies in the United States. The course content will emphasize social, economic, environmental, behavioral, and political factors that affect family planning, reproductive health, fertility, and pregnancy outcome. The course will have two areas of focus: (1) interventions to improve reproductive and perinatal health (both policy and programs); and (2) the measurement and interpretation of reproductive and perinatal indices.

II. Students Prerequisites

Public Health student, graduate student or instructor consent.

III. Course Goals and Objectives

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

- Analyze a maternal, perinatal, or reproductive health problem relative to the public health implications and develop outlines for policy or programmatic initiatives. For example, if asked what type of contraceptive services should be available to adolescents, the student should be able to provide a cogent discussion of the specific reproductive risks of adolescents.
- Describe the elements that contribute to effective interventions to improve the reproductive health of adolescents, men, and women.
- Describe the goals of programs to promote prenatal health.
- Understand the terminology and vocabulary used in the reproductive and perinatal literature.

- Understand how data collection and measurement problems can affect the validity of some perinatal or reproductive health indicators.
- Understand the value and limitations of various tools that are used to measure and monitor perinatal health. For example, the caveats associated with interpretation of vital records data.
- Appreciate the ramifications of public policy and public financing on individual family planning and pregnancy outcomes.
- Identify perinatal and reproductive 2010 Healthy People goals and potential barriers to achieving selected goals for Year 2010.
- Identify major demographic, behavioral and environmental factors that are associated with perinatal and reproductive risks.
- Identify trends in reproductive and perinatal health.

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. Submission of all assignments on their due date.

V. Course Text and Readings

The readings were carefully chosen to represent good and recent review articles, intervention results, and commentaries by respected reproductive and perinatal health researchers. Students are expected to read all of the required readings before class. The information in the readings are intended to complement the class lectures and will not be repeated in them.

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.

A. Reading list, by class session

#1 Introduction

Goldenberg R, Jobe AH. Prospects for research in reproductive health and birth outcomes. *JAMA* 2001;285:633-9.

Krieger N. Stormy weather: race, gene expression, and the science of health disparities. *Am J Public Health* 2005;95:2155-60.

#2 Sexual Activity

Bayer R. AIDS prevention and cultural sensitivity: are they compatible? *Am J Public Health* 1994;84:895-8.

DeLamater J, Friedrich WN. Human sexual development. *J Sex Research* 2002;39:10-14.

#3 Sexually Transmitted Infections

DesJarlais DC, Galea S, Tracy M, Tross S, Vlahov D. Stigmatization of newly emerging infectious diseases: AIDS and SARS. *Am J Public Health* 2006;96:561-67.

Genuis SJ, Genuis SK. Managing the sexually transmitted disease pandemic: a time of reevaluation. *Am J Obstet Gynecol* 2004;191:1103-12.

4 HIV

Kirshenbaum SB, Hirky AE, Correale J, et al. "Throwing the dice:" pregnancy decision-making among HIV-positive women in four US cities. *Perspect Sex Reproductive Health* 2004;36:106-13.

Pulver WP, Glebatis D, Wade N, et al. Trends from an HIV seroprevalence study among childbearing women in New York State from 1988 through 2000. *Arch Pediatr Adolesc Med* 2004;158:443-8.

Voelker R. Anti-HIV microbicide efforts press on. *JAMA* 2006;296(7):753-5.

#5 Contraception and Family Planning

Davidoff F, Trussel J. Plan B and the politics of doubt. *JAMA* 2006;296(14):1775-78.

Grossman D, Ellertson C, Abuabara K, Blanchard K, Rivas FT. Barriers to contraceptive use in product labeling and practice guidelines. *Am J Public Health* 2006;96:791-99.

Lindberg LD, Frost J, Sten C, Dailard C. The provision and funding of contraceptive services at publicly funded family planning agencies: 1995-2003. *Perspect Sex Reproductive Health* 2006;38(1):37-45.

#6 Unintended Pregnancy

Aries N. ACOG and the evolution of abortion policy: 1951-1973: the politics of science. *Am J Public Health* 2003;93:1810-9.

Kubicka L, Roth Z, Dytrych Z, Matejcek Z, David HP. The mental health of adults born of unwanted pregnancies, their siblings, and matched controls: a 35-year follow-up study from Prague, Czech Republic. *J Nerv Mental Dis* 2002;190:653-662.

Santelli J, Rochat R, Hatfield-Timajchy K, et al. The measurement and meaning of unintended pregnancy. *Perspect Sex Reproductive Health* 2003;35:94-101.

Santelli JS, Speizer IS, Avery A, Kendall C. An exploration of the dimensions of pregnancy intentions among women choosing to terminate pregnancy or to initiate prenatal care in New Orleans, LA. *Am J Public Health* 2006;96:2009-2015.

7 Adolescent Sexual Health

Coyle KK, Kirby DB, Martin BV, Gomez CA, Gregorich SE. Draw the line-respect the line: a randomized trial of a middle school intervention to reduce sexual risk behaviors. *Am J Public Health* 2004;94:843-51.

Jones RK, Boonstra H. Confidential reproductive health services for minors: the potential impact of mandated parental involvement for contraception. *Perspect Sex Reproductive Health* 2004;36:182-191.

Ott MA, Millstein SG, Ofner S, Halpern-Felsher BL. Greater expectations: adolescents' positive motivations for sex. *Perspect Sex Reproductive Health* 2006;38(2):84-9.

#8 Global Health: Student Presentations:

NO READINGS

#9 & 10: Prenatal Health and Outcomes

Bailey DB, Skinner D, Warren SF. Newborn screening for developmental disabilities: reframing presumptive benefit. *Am J Public Health* 2005;95:1889-93.

Kahn RS, Zuckerman B, Bauchner H, Homer CJ, Wise PH. Women's health after pregnancy and child outcomes at age 3 years: a prospective cohort study. *Am J Public Health* 2002;92:1312-8.

McGlade MS, Saha S, Dahlstrom DE. The Latina paradox: an opportunity for restructuring prenatal care delivery. *Am J Public Health* 2004;94:2062-5.

Pallin DJ, Sundaram V, Laraque F, Berenson L, Schomberg DR. Active surveillance of maternal mortality in New York City. *Am J Public Health* 2002;92:1319-22.

Roseboom TJ, van der Meulen JHP, Ravelli ACJ, et al. Perceived health of adults after prenatal exposure to the Dutch famine. *Paed Perinatal Epidemiol* 2003;17:391-7.

Optional Readings (on course website and E-Reserve):

Hogue CJR, Hoffman S, Hatch MC. *Stress and preterm delivery: a conceptual framework. Paediatric Perinatal Epidemiol* 2001;15(Suppl. 2):30-40.

Saltzman LE, Johnson CH, Gilbert BC, Goodwin MM. *Physical abuse around the time of pregnancy: an examination of prevalence and risk factors in 16 states. MCH Journal* 2003;7(1):31-43.

#11 Breastfeeding

Wolfe JH. Low breastfeeding rates and public health in the US. Am J Public Health 2003;93:2000-10.

#12 Environment and Reproductive Health

No readings, but something will likely be posted on the website.

#13 Reproductive Cancers

Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83,000 women with breast cancer from 16 countries. Lancet 2004;363:1007-16.

Genius SJ. Mini review – developments in reproductive medicine: health issues and the environment—an emerging paradigm for providers of obstetrical and gynaecological health care. Human Reprod 2006;21(9):2201-08.

Hewitt M, Devesa S, Breen N. Papanicolaou test use among reproductive-age women at high risk for cervical cancer: analyses of the 1995 National Survey of Family Growth. Am J Public Health 2002;92:666-9.

#14 & #15: Minnesota Perspective and Student Presentations

No readings

B. Web Resources

Remember: there are many electronic journals available from www.lib.umn.edu! Students are encouraged to explore the WWW for articles and data. This list is not exhaustive, but some good websites that are relevant to this class are:

- **Alan Guttmacher Institute (AGI).** Current data on reproductive health programs and policies, adolescent pregnancy, and family planning. Also has "International Journal of Family Planning" and "Perspectives on Sexual and Reproductive Health" abstracts and some full-text articles. www.agi-usa.org
- **Centers for Disease Control and Prevention,** www.cdc.gov, can get you to the **National Center for Health Statistics** (a great source for vital records data), **National Survey of Family Growth**, the only national surveillance focused on reproductive health, and **MMWR**, which has current data on STI incidence and prevalence as well as reports on pregnancy outcomes, sexual activity, etc. www.cdc.gov/epo/mmwr/
- **NIDA and NIAAA.** These can have good info on prenatal substance use. Try www.drugabuse.gov, www.steroidabuse.org, www.clubdrugs.org, or the National Clearinghouse for Alcohol and Drug info on <http://ncadi.samhsa.gov/>
- **Pediatrics.** The journal "Pediatrics" has a variety of articles relevant to perinatal health. Its electronic version has full text. <http://pediatrics.aappublications.org/search.dtl> (you can also download from www.biomed.lib.umn.edu). Also check out the umbrella organization of the Journal, the American Academy of Pediatrics www.aap.org

- **The Association of Maternal and Child Health Programs.** National non-profit for MCH directors and staff of state public health programs. Web site has some fact sheets and issue briefs. <http://www.amchp.org/>
- **Children's Defense Fund.** A private, non-profit to educate about the needs of children. www.childrensdefense.org
- **The Future of Children.** Great series of wonderful articles summarizing research and policy topics. www.futureofchildren.org
- **National Center for Education in Maternal and Child Health.** Database about MCH organizations and publications. www.ncemch.org
- **Urban Institute.** Policy research organization that focuses on broad areas of social and economic problems in the U.S. Information on Year 2000 goals and activities related to 2010 goals. www.urban.org
- **Healthy People 2010.** Information on Year 2000 goals and activities related to 2010 goals. www.healthypeople.gov
- For information about adolescent pregnancy, try AGI website, www.etr.org, or www.teenpregnancy.org
- **National Women's Health Information Center.** www.4woman.gov (toll-free: 1-800-994-woman).
- **National Women's Health Network.** Operates an information clearinghouse. www.nwhn.org
- **Melpomene Institute for Women's Health.** Local organization, sometimes data of variable quality, but they address a wide range of issues. www.melpomene.org
- **Dr. Susan Love** has a website about breast cancer and women's midlife health. www.susanlovemd.com
- **National Fetal Infant Mortality Review Program.** www.acog.org/goto/nfimir. The ACOG site is also great for other obstetrics and gynecology topics.
- **Planned Parenthood.** www.plannedparenthood.org
- **Engender Health** www.engenderhealth.org is a global reproductive health organization
- www.healthfinder.gov is the USDHHS' link to health information from over 1700 government agencies and nonprofit organizations.
- **Konopka Institute** covers all indices of adolescent health, but has a great set of weblinks for adolescent sexual health, <http://www.konopka.umn.edu/peds/ahm/konopka/links.html>
- **National Library of Medicine's Medline Plus.** <http://medlineplus.gov/>
- **Health Resource Center on Domestic Violence.** <http://endabuse.org> (1-888-rx-abuse).
- Lawrence Hinman's site on reproductive ethics: see <http://ethics.sandiego.edu/applied/bioethics/>
- **Harvard's global reproductive health forum:**

www.hsph.harvard.edu/Organizations/healthnet/frame1/researchlib.html

- **American Society for Reproductive Medicine:** www.asrm.org
- Information on genetics: www.ornl.gov/sci/techresources/Human_Genome/elsi/elsi.shtml

Note about downloading journal articles: The easiest thing to do if you want to access journal articles is probably to go to electronic journals on <http://www.biomed.lib.umn.edu/> and go to the electronic journals site. You will have to put in your UM I.D. and password. Then download from there. If the University does not have an electronic journal, try searching the journal name itself. You will be surprised how many journals allow some access to pdf files of their articles.

C. 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 reproductive and perinatal health.

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: (612) 301-4357 (1-HELP on campus)

D. 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

Week	Date	Topic
1	1/17/07	Introduction to perinatal/reproductive data
2	1/22/07	Sexual activity
Discussion: Bayer article		
3	1/24/07	Sexually transmitted infections
Coffee chat: Bring in one piece of information or a great question about sexually transmitted infections		
4	1/29/07	HIV
		Alan R. Lifson, MD, MPH, Professor, Division of Epidemiology & Community Health, School of Public Health, University of Minnesota
5	1/31/07	Contraception
Discussion: How would you measure contraceptive compliance?		
6	2/05/07	Unintended pregnancy and pregnancy resolution
Discussion: How would you measure pregnancy intention?		
QUIZ DUE AND TOPIC FOR GLOBAL HEALTH DUE TO HELLERSTEDT		
7	2/07/07	Adolescent sexual health
Coffee chat: Bring in one piece of information or a great question about adolescent sexual health		
8	2/12/07	Global Health: Student Presentations
9	2/14/07	Prenatal health
Discussion: Mandatory prenatal care at a worksite?		
10	2/19/07	Birth, infant, and maternal outcomes
11	2/21/07	Breastfeeding
		Mary Johnson, RD, MPH, LN Breastfeeding Coordinator Minnesota WIC Program Division of Community and Family Health Minnesota Department of Health

REACTION PAPER DUE

12 2/26/07 Environment and reproductive health

Maggie Stedman-Smith, MPH, MS, RN, PhD Student

TOPIC FOR FINAL PRESENTATION DUE

13 2/28/07 Reproductive cancers of women

Kristin Anderson, PhD, MPH, Associate Professor
Division of Epidemiology & Community Health
School of Public Health, University of Minnesota

14 3/05/07 Reproductive Health: Minnesota Perspective

Diane O'Connor RN, MPA, Policy and Planning Consultant
Minnesota Department of Health, Family Health Division
Reproductive Health Unit

15 3/07/07 **Student research presentations**

VII. Evaluation and Grading

This is a 2-credit class. One credit is generally defined as the equivalent of roughly 3 hours of learning effort/week. Thus, for a course like this, that meets 2 hours/week, one assumes roughly 4 hours of weekly coursework beyond the classroom. There are 15 class meetings so there should be roughly 60 hours of non-class work this semester.

Students must complete all of the following requirements to earn a passing grade in the course:

A. Completion of all the assigned readings for the course. **Assigned readings should be done before class** to enhance students' learning. The readings are important for completion of course papers and class discussion.

B. Reaction paper: 25% of the total grade. This short paper is intended to help the student critically examine reproductive and perinatal health issues. The paper will be student responses to a question, or questions, related to the course readings or lectures. The guidance for this paper will be provided by Dr. Hellerstedt 3-4 weeks prior to the due date. The paper is not research paper and thus formal citations and library work is not required.

The paper should be 3-5 typed pages, double-spaced. It should be carefully proofread for grammatical and spelling errors, because such errors could affect grading.

Due date: February 21, 2007

C. Quiz: 15% of the total. There will be one 10-item take-home quiz, which will be provided by Dr. Hellerstedt two weeks prior to its due date. Responses will be short answer.

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.

Due date: February 5, 2007

D. Global reproductive health presentation/student-led discussion: 25% of total grade (handout is 15%, presentation is 10%). This is an informal presentation that students will give in small groups of approximately 4-6 people. Its purpose is to allow students to explore a small question in global reproductive health, gather a bit of information, and share it with other students. The purpose is to give students an opportunity to organize a handout that will allow them to succinctly (10 minutes) educate others about one of the following broad areas: (1) a marker of global reproductive health (e.g., fertility, STIs—a specific STI is best, abortion, sterilization, maternal mortality)—students may describe either the magnitude of the health condition or how it can best be measured; (2) a program or intervention approach, or a health-care access issue, specific to another country or area of the world (e.g., treatment of HIV-positive mothers in Africa, prenatal care in Northern Europe; contraceptive access in Eastern Europe); or (3) a policy or international initiative that affects the provision of reproductive services (e.g., major statements from the Beijing or Cairo conferences, WHO position on HIV, the Global Gag Rule).

The goal of this project is to share evidence-based information. For example, a very appropriate presentation would be simply compiling a table of the most prevalent STIs (and the numbers of people affected) in Eastern Africa. The student could take this table—from a report (it does not have to be created by the student)—and in 10 minutes time inform her or his colleagues about the distribution of STIs in one area of the world. If the student wanted to be fancy (and more comprehensive) it would be cool to contrast the prevalence of these STIs against their prevalence in the U.S. Another appropriate presentation would be a simple description of China's One Child Rule: when was it started, why, and what is its status now? To get fancy, the student may choose to ask other students to respond to provocative questions, such as 'DOES ANY GOVERNMENT HAVE THE RIGHT TO IMPOSE FERTILITY MEASURES?' and thus use part of her/his presentation time to stimulate a debate among students (careful, though, stimulating discussion can be rough!).

What is the product of this presentation? The student should **produce a 1-2 page handout for everyone in the class (i.e., 40 of us)**. Even though the students will present in quite small groups it is important that the information they have be shared with everyone. NOTE: If a student chose to show the most prevalent STIs in Africa, for example, the handout should include a wonderful table (reproduced from another source is fine as long as a complete citation is included) and some bullet points. Nice handouts can be a great gift for everyone in the class! Also, relevant citations are important—it is necessary to cite reproduced material and it is nice to tell people where to look for further information. A good handout would have a small bibliography with relevant articles and websites.

Students must give Dr. Hellerstedt their topic, via e-mail, by **February 5, 2007**

Student-led discussion: February 12, 2007

E. One research presentation and handout on a reproductive or perinatal topic: 30% of the grade (handout is 20% and presentation is 10%)

Purpose: Give the student an opportunity to examine a topic in-depth.

What kind of topic: Any perinatal or reproductive issue of interest to the student. The presentation could concern gaps in clinical or medical research on a specific topic; ideas for interventions to address a perinatal or reproductive health issue; examination of policies that could affect--or do affect--reproductive or perinatal health; evaluation of methods to measure health outcomes or correlates of reproductive/perinatal health; or discussion of the involvement of specific populations in reproductive/perinatal health matters. The best presentation is one that describes a specific, single question in detail.

Students will present the major findings from their research papers. These presentations should be well-organized and not more than 10 minutes in length. The presentation is intended to give students experience in preparing information for brief dissemination and an opportunity to share findings with others. This is an informal presentation in a small group of 5-6 students; no overheads or slides are necessary. Students should prepare a 1-2 page handout for everyone (i.e., 40 people).

Due dates:

February 26, 2007: E-mail title of presentation to Hellerstedt so she can organize the small groups

March 7, 2007 (last day of class): Give presentation in small groups and handout to everyone

F. Attendance and participation: 5% of total grade There are only 15 class periods and it is expected that students attend each class because lecture materials are not replicated in the readings and it is hoped that students will participate in, and learn from, informal and structured student discussions.

There will be periodic **coffee chats**, informal small-group gatherings for which students will bring in a piece of information or a challenging question to present to other students. There will also be some **in-class small-group exercises, focused on salient measurement, program, or policy questions.**

G. There will be no final exam.

H. There will be no opportunity for "extra credit."

I. Students are encouraged to participate in the discussion board on the course website.

J. Evaluation and Grading

<u>Assignment</u>	<u>% of Final Grade</u>	<u>Due Date</u>
▪ Global health handout and presentation	25	2/12/07 topic to Hellerstedt: 2/05/07
▪ Reaction paper	25	2/21/07

▪ Quiz	15	2/05/07
▪ Research topic presentation and handout	30	3/07/07 topic to Hellerstedt: 2/26/07
▪ Attendance & participation	5	

K. 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).