Consumer Health Informatics, Spring 2021

Unique No.: 28339
Class time: Tuesday, 9:00-12:00PM
Classroom: Zoom
Instructor: Yan Zhang, Ph.D.
Office hrs: By appointment
Email: yanz@ischool.utexas.edu

1. Course description

The concept of consumer health informatics, health behavior theories, health information seeking and information retrieval, various forms of consumer health systems, and the design and evaluation of such systems

2. Course objectives

Upon successful completion of this course, a student will be able to:

1. Understand major theoretical perspectives to health behavior
2. Understand several widely-used health information seeking models
3. Examine health information seeking and information retrieval in the broader context of health behavior
4. Design effective consumer-oriented interventions for various purposes, including patient education, self-management, behavior change, and decision-making
5. Critically evaluate web-based consumer health information systems and applications
6. Analyze the social and ethical issues related to computerized healthcare information delivery.

3. Texts

Required readings will be available in Canvas: http://canvas.utexas.edu
Recommended texts:
Glanz, K., Rimer, B.K., & Viswanath, K. (2008). Health Behavior and Health Education: Theory, Research, and Practice. Jossey-bass (4th Ed.) [eBook full text online thorough the library at EBSCOhost]

Hayes, B.M., & Aspray, W. (2010). *Health Informatics: A Patient-Centered Approach to Diabetes*. Cambridge, Massachusetts, the MIT Press.

4. Policies

4.1 Policies concerning assignments

- Assignments must be submitted by midnight (11:59PM) on the due date.

- In fairness to students who turn in assignments on time, all late papers will be penalized by lowering the earned grade one grade level (e.g., from A- to B+; from B to B-) for each day that the assignment is late.

- No assignment submitted more than one week after the due date will be accepted.

- These penalties will not apply to students who know in advance that they will be submitting an assignment late, and let me know in advance. "In advance" means up until 24 hours before the class session in which the assignment is due.

4.2 Policies on class attendance and participation

- Reading assignments must be done before class so that you can meaningfully participate in class discussions.
- You must participate in class discussions. In-class discussions and activities play an important role in this class. Extensive participation in class discussion will be an essential element of your learning success on the subject of understanding and serving users. Active involvement in learning increases what is remembered, how well it is assimilated, and how the learning is used in new situations. Class participation will be graded as part of your final grade.
- Attending each class is highly recommended. If you know in advance that you must miss a class, let me know in advance (up until 24 hours before the class session).
- If you miss a class session, unexpectedly, get in contact with me or the TA ASAP.

4.3 Academic Integrity

Each student in the course is expected to abide by the University of Texas Honor Code:

> **"As a student of The University of Texas at Austin, I shall abide by the core values of the University and uphold academic integrity."**

This means that work you produce on assignments is all your own work.

Always cite your sources. If you use words or ideas that are not your own (or that you have used in previous class), you must make that clear otherwise you will be guilty of plagiarism and subject to academic disciplinary action, including failure of the course.

You are responsible for understanding UT's Academic Honesty Policy which can be found at the following web address: http://deanofstudents.utexas.edu/sjs/acint_student.php

5. Grading

5.1   Grading scale

In the School of Information, the following guidelines are used in grading:

A	4.00	Excellent. High degree of mastery of the course material.
A-	3.67	Very good.
B+	3.33	More than satisfactory.
B	3.00	Satisfactory. Work consistent with academic expectations of graduate students.
B-	2.67	Less than satisfactory.
C+	2.33	Unsatisfactory. May indicate the instructor's reservations about the student's ability to meet the iSchool's academic requirements.
C	2.00	Unsatisfactory. Indicates the instructor's reservations about the student's ability to meet the iSchool's academic requirements.
C-	1.67	Unsatisfactory. Indicates the instructor's strong reservations about the student's ability to meet the iSchool's academic requirements. Any course with a grade lower than C cannot be counted toward a student's degree.
D	1.00	Unacceptable. Indicates the instructor's very strong reservations about the student's ability to meet the iSchool's academic requirements and to earn a graduate degree. Any course with a grade lower than C cannot be counted toward a student's degree.
F	0.00	Failing.

Semester grades will be computed as follows:

A = 94-100; A- = 90-93
B+ = 87-89; B = 84-86; B- = 80-83
C+ = 77-79; C = 74-76; C- = 70-73
D+ = 67-69; D = 60-66
F = anything below 59

5.2   Grading rubric for presentations in the class

For all your presentations in this class (topic presentations and final project presentations), you are encouraged to use Powerpoint or some other presentation program (such as Open Office or Lotus Symphony). The grading rubric for the presentation is listed below (Note: This rubric was developed by Information Technology Evaluation Services, NC Department of Public Instruction. However, it was slightly modified for our purposes.)

Organization	
Unacceptable	Audience cannot understand presentation because there is no sequence of information
Acceptable	Audience has difficulty following presentation because presenter jumps around
Good	Presenter presents information in logical sequence which audience can follow
Excellent	Presenter presents information in logical, interesting sequence which audience can follow
Subject Knowledge	
Unacceptable	Presenter does not have grasp of information; presenter cannot answer questions about subject
Acceptable	Presenter is uncomfortable with information and is able to answer only rudimentary questions
Good	Presenter is at ease with expected answers to all questions, but fails to elaborate
Excellent	Presenter demonstrates full knowledge (more than required) by answering all class questions with explanations and elaboration
Graphics	
Unacceptable	Presenter uses superfluous graphics or no graphics
Acceptable	Presenter occasionally uses graphics that rarely support text and presentation
Good	Presenter's graphics relate to text and presentation
Excellent	Presenter's graphics explain and reinforce screen text and presentation
Spelling & Grammar	
Unacceptable	Presenter's presentation has more than one misspelling and more than one grammatical error
Acceptable	Presentation has exactly one misspelling and/or exactly one grammatical error, which a spell- or grammar checker would catch
Good	Presentation has exactly one misspelling and exactly one grammatical error, which a spell- or grammar checker would not catch
Excellent	Presentation has no misspellings or grammatical errors
Eye Contact	
Unacceptable	Presenter reads all of report with no eye contact
Acceptable	Presenter occasionally makes eye contact, but still reads most of report
Good	Presenter maintains eye contact most of the time but frequently returns to notes
Excellent	Presenter maintains eye contact with audience, seldom returning to notes
Elocution	
Unacceptable	Presenter mumbles, incorrectly pronounces terms, and speaks too quietly for audience in the back of room to hear
Acceptable	Presenter's voice is low. Presenter incorrectly pronounces terms. Audience members have difficulty hearing presentation.
Good	Presenter's voice is clear. Presenter pronounces most words correctly. Most audience members can hear presentation.
Excellent	Presenter uses a clear voice and correct, precise pronunciation of terms so that all audience members can hear presentation.

6. Assignments

6.1 Overview

This is an overview of the assignments for this course:

	Assignment	Due date	Points
1	Attending class		5
2	Participating in class discussions		15
3	Show and tell	Various dates	15
4	Project		
	Project proposal	Feb. 2	5
	1st check of project progress (report in-progress)	March 9	5
	2nd check of project progress (report in-progress)	April 13	5
	Final report	May 4	35
	Final presentation	May 4	15
			100

6.2 Requirements for each assignment

1. Attending class
Students are required to physically attend each class and arrive at each class promptly. Class attendance will be graded as part of your final grade. If you know in advance that you must miss a class, let me know in advance (up until 24 hours before the class session). If you miss a class session, unexpectedly, get in contact with me ASAP.

2. Participating in class discussions
Before each class, students are required to prepare one question, either about the readings or inspired by the readings, and post it to Canvas (http://canvas.utexas.edu) by noon (12:00PM) on each Monday. I will select among the posted questions for class discussion. You should also feel free to take advantage of the communication and discussion functions provided by Canvas to initiate discussion topics, express your opinions on certain topics, or share interesting readings.

3. Show and tell
Each student will make one show-and-tell over the semester. In the show-and-tell, you will select one consumer health system or application and present it to the class. The system that you present could be, but not limited to, the following categories:
- Consumer health information retrieval systems
- Patient information and education systems
- Social media and online communities
- Personal health records or patient portals
- Serious games
- Mobile apps for disease management
- Quantified self apps
- Others… (discuss with the instructor)

The presentation could include, but not limited to, the following information:
- ✓ What does the system/app do?
- ✓ Who created this system or application?
- ✓ How does this system/app work? (a demo)
- ✓ Are there similar systems?

✓ How do you think about the system (in comparison to similar systems/spps when applicable)?

The instructor is available for discussion about the show-and-tell. Each show-and-tell lasts about 10-15 minutes, followed by a Q&A session. This assignment will be evaluated based on the grading rubric for presentations (section 5.2).

4. Final project

The final project is a design project. Students will work in groups. Each group should not exceed four members. The rough steps for the project are:

- Propose a system that you are going to design (e.g., an iPad-based app on diabetes management for young adults, a web-based information and education system for breast cancer patients, an educational tool that helps educate patients on evaluating the quality of online health information);
- Perform a competitive analysis, i.e., conduct a review of existing similar systems (define your own rubrics in ways that would support your design decisions);
- Select one or multiple relevant health behavior or other theories and describe how the theories can inform the design;
- Create a design proposal outlining: goals that the system intends to achieve and major components of the system (in a table format listing system functions and theoretical foundations, if any, to support the design);
- Create a medium-fidelity mockup of the system (the mock-ups should include major components of the system (the top level) outlined in the proposal. When there are multiple major components, create one mock-up for each major component to represent major functionalities included in the component (the second level). No mock-ups are required for design at the third-level);
- Present your project. The presentation should be about 20 minutes long, with 5 additional minutes for Q&A. The grading criteria are listed in section 5.2.

Please discuss with the instructor if you want to choose alternative approaches (e.g., a literature review) to fulfill this assignment. The amount of work that you proposed should be equivalent to the work required by the design project outlined above.

7. Schedule & Readings

7.1   Schedule

	Date	Subject	Due…
1	Jan 19	Introduction	
2	Jan 26	What is CHI?	
3	Feb 2	Individual health behavior	*Project proposal*
4	Feb 9	Interpersonal health behavior	
5	Feb 16	Health behavior change: community and group models	
6	Feb 23	Health literacy, eHealth literacy, and health disparities	
7	Mar 2	Consumer health information seeking: Information sources	
8	Mar 9	Consumer health information seeking: Information needs	*First check of project progress*
9	Mar 16	** Spring Break, no class**	
10	Mar 23	Consumer health information retrieval and information seeking behavior	
11	Mar 30	Design consumer health systems: Theory-guided approach	
12	April 6	Design consumer health systems: User-centered approach	
13	April 13	mHealth	*Second check of project progress*
14	April 20	Games for health	
15	April 27	Personal health records, patient portals	
16	May 4	Project presentation	*Final report Project presentation*

7.2 Readings

1. Jan 19   Introduction
2. Jan 26   **Introduction; What is CHI** Eysenbach, G. (2000). Consumer health informatics. *BMJ, 320* (7251), 1713-1716. Available at: http://www.bmj.com/content/320/7251/1713.full Anderson, R. M., & Funnell, M. M. (2005). Patient empowerment: reflections on the challenge of fostering the adoption of a new paradigm. *Patient Education and Counseling, 57*(2), 153-157. Chaudhry, B., Wang, J., Wu, S., Maglione, M., Mojica, W., Roth, E., . . . Shekelle, P. G. (2006). Systematic review: impact of health information technology on quality, efficiency, and costs of medical care. Annals of Internal Medicine, 144(10), 742-752.

Gustafson, D. H., Hawkins, R. P., Boberg, E. W., McTavish, F., Owens, B., Wise, M., . . . Pingree, S. (2002). CHESS: 10 years of research and development in consumer health informatics for broad populations, including the underserved. *International Journal of Medical Informatics, 65*(3), 169-177.

Recommended reading:
Hayes, B., & Aspray, W. (2010). The informatics of diabetes: A research agenda for the socially and institutionally sensitive use of information technology to improve health care. In B. Hayes, & W. Aspray (Eds.). *Health Informatics: A Patient-Centered Approach to Diabetes* (pp. 3-81). The MIT Press. [Read P.31-49: Section 3 Information problems associated with a new diagnosis of diabetes]

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3. Feb 2   **Individual health behavior at the individual level**

Patterson, R. (2001). The new focus: Integrating behavioral science into disease management. In R. Patterson (Eds.). Changing Patient Behavior: Improving Outcomes in Health and Disease Management (pp. 1-20). CA: Jossey-Bass.

Champion, V.L., & Skinner, C.S. (2008). Chapter 3. The health belief model. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds,). Health Behavior and Health Education: Theory, Research, and Practice (pp.45-65). Jossey-bass.

Montano, D.E., & Kasprzyk, D. (2008). Chapter 4. Theory of reasoned action, theory of planed behavior, and the integrated behavioral model. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds,). Health Behavior and Health Education: Theory, Research, and Practice (pp.67-96). Jossey-bass.

Prochaska, J.O., Redding, C.A., & Evers, K.E. (2008). Chapter 5. The transtheoretical model and stages of change. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds,). Health Behavior and Health Education: Theory, Research, and Practice (pp.97-121). Jossey-bass.

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4. Feb 9   **Interpersonal health behavior**

McAlister, A.L., Perry, C.L., & Parcel, G.S. (2008). Chap. 8. How individuals, environments, and health behaviors interact: Social cognitive theory. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds,). Health Behavior and Health Education: Theory, Research, and Practice (pp.189-210). Jossey-bass.

Heaney, C.A., & Israel, B. A. (2008). Chap. 9. Social networks and social support. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds,). Health Behavior and Health Education: Theory, Research, and Practice (pp.45-65). Jossey-bass.

Glanz, K., & Schwartz, M. (2008). Chapter 10. Stress, coping, and health behavior. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds,). Health Behavior and Health Education: Theory, Research, and Practice (pp.211-236). Jossey-bass.

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5. Feb 16   **Health behavior change: community and group models**

Minkler, M., Wallestein, N., & Wilson, N. (2008). Chapter 13. Community and group models of health behavior change. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds,). Health Behavior and Health Education: Theory, Research, and Practice (pp.287-309). Jossey-bass.

Oldenburg, B., & Glanz, K. (2008). Chapter 14. Diffusion of innovations. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds,). Health Behavior and Health Education: Theory, Research, and Practice (pp.313-330). Jossey-bass.

Butteerfoss, F., Kegler, M.C., & Francisco, V.T. (2008). Chapter 15. Mobilizing organizations for health promotion: Theories of organizational change. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds,). Health Behavior and Health Education: Theory, Research, and Practice (pp.335-357). Jossey-bass.

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6. Feb 23   **Health literacy, eHealth literacy, and health disparities**

Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century | Health Promotion International | Oxford Academic. (2000). Retrieved August 20, 2018, from https://academic.oup.com/heapro/article/15/3/259/551108

Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low Health Literacy and Health Outcomes: An Updated Systematic Review. Annals of Internal Medicine, 155(2), 97. https://doi.org/10.7326/0003-4819-155-2-201107190-00005

Norman, C. D., & Skinner, H. A. (2006). eHealth literacy: Essential skills for consumer health in a networked world. Journal of Medical Internet Research, 8(2). Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1550701/?report=printable

St. Jean, B., Jindal, G., Liao, Y., & Jaeger, P. (2019). The Central Roles of Information in Health Justice, Part 1: Toward a New Field of Consumer Health Information Justice. The international Journal of Information, Diversity, &. Inclusion, 3 (3), 2574-3430. DOI: 10.33137/ijidi.v3i3.32961

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7. March 2   **Consumer health information seeking: Information sources**

Review the following websites:
- NLM: http://www.nlm.nih.gov
- National Network of Libraries of Medicine, NLM: http://nnlm.gov; Consumer health information resources (multiple languages) http://nnlm.gov/outreach/consumer/multi.html
- MeSH: https://www.nlm.nih.gov/mesh/
- MedlinePlus: http://www.nlm.nih.gov/medlineplus/
- NIH Senior: http://nihseniorhealth.gov/

Hung, M., Conrad, J., Hon, S. D., Cheng, C., Franklin, J. D., & Tang, P. (2013). Uncovering patterns of technology use in consumer health informatics. Wiley Interdisciplinary Reviews. Computational Statistics, 5(6), 432–447. https://doi.org/10.1002/wics.1276

Hawn, C. (2009). Take two aspirin and tweet me in the morning: How Twitter, Facebook, and other social media are reshaping health care. *Health Affairs, 28*(2), 361-368.

Preece, J. (1998). Empathic communities: researching out across the web. *Interactions, March + April*, 32-43.

Warren, E., Footman, K., Tinelli, M., McKee, M., & Knai, C. (2014). Do cancer-specific websites meet patient's information needs? Patient Education and Counseling, 95(1), 126-136.

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8. March 9   **Consumer health information seeking: Health information needs**

Fletcher, C., Flight, I., Chapman, J., Fennell, K., & Wilson, C. (2017). The information needs of adult cancer survivors across the cancer continuum: A scoping review. Patient Education and Counseling, 100(3), 383–410. https://doi.org/10.1016/j.pec.2016.10.008

Ormandy, P. (2011). Defining information need in health - assimilating complex theories derived from information science. Health Expectations: An International Journal of Public Participation in Health Care and Health Policy, 14(1), 92–104. https://doi.org/10.1111/j.1369-7625.2010.00598.x

De Choudhury, M., Morris, M. R., & White, R. W. (2014). Seeking and sharing health information online: Comparing search engines and social media. In Proceedings of CHI 2014, 1365-1375.

Klasnja, P., Civan-Hartzler, A., Unruh, K.T., & Pratt, W. (2010). Blowing in the wind : Unanchored patient information work during cancer care. In the *Proceedings of CHI 2010*, 193-202.

9. March 16   ** Spring break, no class**

10. March 23   **Consumer health information retrieval and information seeking behavior**

Lenz, E. (1984). Information seeking: A component of client decisions and health behavior. *Advances in Nursing Science, 6*(3), 59-71.

Eysenbach, G., & Kohler, C. (2002). How do consumers search for and appraise health information on the world wide web? Qualitative study using focus groups, usability tests, and in-depth interviews. BMJ, 324(7337), 573-577.

White, R. W., & Horvitz, E. (2009). Cyberchondria: Studies of the escalation of medical concerns in Web search. ACM Transactions on Information Systems (TOIS), 27(4), Article No. 23.

Case, D.O., Andrews, J.E., Johnson, J.D., & Allard, S.L. (2005). Avoiding verses seeking: the relationship of information seeking to avoidance, blunting, coping, dissonance, and related concepts. Journal of the Medical Library Association, 93(3). Available at: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1175801.

11. March 30   **Design consumer health systems: Theory-guided approach**

Pingree, S., Hawkins, R., Baker, T., duBenske, L., Roberts, L. J., & Gustafson, D. H. (2010). The value of theory for enhancing and understanding e-health interventions. American Journal of Preventive Medicine, 38, 103–109. https://doi.org/10.1016/j.amepre.2009.09.035

Toscos, T., & Connelly, K. (2010). Using behavior change theory to understand and guide technological interventions. In B. Hayes, & W. Aspray (Eds.). Health Informatics: A Patient-Centered Approach to Diabetes (pp. 295-326). The MIT Press.

Vorderstrasse, A., Shaw, R. J., Blascovich, J., & Johnson, C. M. (2014). A theoretical framework for a virtual diabetes self-management community intervention. Western Journal Of Nursing Research, 36(9), 1222-1237.

Gustafson, D. H., Shaw, B. R., Isham, A., Baker, T., Boyle, M. G., & Levy, M. (2011). Explicating an Evidence-Based, Theoretically Informed, Mobile Technology-Based System to Improve Outcomes for People in Recovery for Alcohol Dependence. Substance Use & Misuse, 46, 96–111. https://doi.org/10.3109/10826084.2011.521413

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12. April 6   Design consumer health systems: User-centered approach

Civan-Hartzler, A., McDonald, D.W., Powell, C., Skeels, M.M., Mukai, M., & Pratt, W. (2010). Bringing the field into focus: User-centered design of a patient expertise locator. In the *Proceedings of CHI 2010*, 1675-1684.

Khan, D.U., Siek, K.A., Meyers, J., Haverhals, L.M., Cali, S., & Ross, S.E. (2010). Designing a personal health application for older adults to manage medications. In *Proceedings of the IHI2010*, 849-858.

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13. April 13   mHealth

Klasnja, P., & Pratt, W. (2012). Healthcare in the pocket: Mapping the space of mobile-phone health interventions. Journal of Biomedical Informatics. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3272165/

Fiordelli, M., Diviani, N., & Schulz, P. J. (2013). Mapping mHealth research: A decade of evolution. Journal of Medical Internet Research, 15(5). Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3668610/

Lupton, D. (2013). Quantifying the body: monitoring and measuring health in the age of mHealth technologies. Critical Public Health, 23(4), 393–403. https://doi.org/10.1080/09581596.2013.794931

Pandey, A., Hasan, S., Dubey, D., & Sarangi, S. (2013). Smartphone Apps as a Source of Cancer Information: Changing Trends in Health Information-Seeking Behavior. Journal of Cancer Education, 28(1), 138-142.

Barton, A. J. (2012). The regulation of mobile health applications. BMC Medicine, 10(1). Available at: http://www.biomedcentral.com/1741-7015/10/46.

Recommended reading:
Mynatt, E.D., Abowd, G.D., Mamykina, L., & Kientz, J.A. (2010). Understanding the potential of ubiquitous computing for chronic disease management. In B. Hayes, & W. Aspray (Eds.). *Health Informatics: A Patient-Centered Approach to Diabetes* (pp. 85-106). The MIT Press.

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14. April 20   Games for health

Check out the following sites:
1. https://medlineplus.gov/games.html
2. https://medicine.yale.edu/intmed/genmed/games/
3. http://pbskids.org/games/healthy-habits/
4. https://www.webmd.com/a-to-z-guides/games/default.htm

Baranowski, T., Blumberg, F., Buday, R., DeSmet, A., Fiellin, L. E., Green, C. S., … Young, K. (2016). Games for Health for Children—Current Status and Needed Research. Games For Health Journal, 5(1), 1–12. https://doi.org/10.1089/g4h.2015.0026

Read J.L. (2011). Interactive games to promote behavior change in prevention and treatment. Journal of American Medical Association, 305(16), 1704-1705.

Harris, L., DeShazo, J., & Pratt, W. (2010). Diabetes and obesity: Can videogames help? In B. Hayes, & W. Aspray (Eds.). *Health Informatics: A Patient-Centered Approach to Diabetes* (pp. 131-149). The MIT Press.

15. April 27   **Personal health records, patient portals**

Kim, M. I., & Johnson, K. B. (2002). Personal health records: Evaluation of functionality and utility. *Journal of the American Medical Informatics Association, 9*(2), 171-180.

Ancker, J. S., Barrón, Y., Rockoff, M. L., Hauser, D., Pichardo, M., Szerencsy, A., & Calman, N. (2011). Use of an electronic patient portal among disadvantaged populations. Journal of General Internal Medicine, 26(10), 1117-1123.

Otte-Trojel, T., de Bont, A., Rundall, T. G., & van de Klundert, J. (2014). How outcomes are achieved through patient portals: a realist review. Journal of the American Medical Informatics Association: JAMIA, 21(4), 751-757.

Beard, L., Schein, R., Morra, D., Wilson, K., & Keelan, J. (2012). The challenges in making electronic health records accessible to patients. Journal of the American Medical Informatics Association: JAMIA, 19(1), 116-120.

16. May 4   Final project presentation

8. University Resources for Students

The university has numerous resources that support your learning, use them to help you succeed in classes.

Personal or Family Emergencies
If you experience a personal or family emergency (death in the family, protracted sickness, serious mental health issues) you should contact Student Emergency Services in the Office of the Dean of Students. As advocates, SES supports students by providing the most comprehensive outreach, assistance, intervention, and referrals. They will also work with you to communicate with me and your other professors and let them know of your situation.

Services and Accommodations for Students with Disabilities
Any student with a documented disability (physical or cognitive) who requires academic accommodations should contact the Services for Students with Disabilities area of the Office of the Dean of Students at 471-6259 (voice) or 471-4641 (TTY for users who are deaf or hard of hearing) as soon as possible to request an official letter outlining authorized accommodations.

The University Writing Center
The UWC provides free programs to support and empower all UT graduate students. UWC consultants provide one-on-one feedback on any project at any stage of your writing process. For group accountability and instruction, check out UWC monthly writing groups, workshops, and retreats.

The Sanger Learning Center
If you are looking to improve your study skills, writing skills, or public speaking skills you should take advantage of the Sanger Learning Center's classes and workshops, private learning specialist appointments, peer academic coaching, and tutoring.

Counseling and Mental Health Center
There are many helpful counseling and mental health resources available on campus and an important part of the college experience is learning how to ask for help. If you or anyone you know experiences any academic stress, difficult life events, or feelings like anxiety or depression, I strongly encourage you to seek support, including from the relevant university resources.

Land Acknowledgment

I would like to acknowledge that we are meeting on Indigenous land. Moreover, I would like to acknowledge and pay our respects to the Carrizo & Comecrudo, Coahuiltecan, Caddo, Tonkawa, Comanche, Lipan Apache, Alabama-Coushatta, Kickapoo, Tigua Pueblo, and all the American Indian and Indigenous Peoples and communities who have been or have become a part of these lands and territories in Texas, here on Turtle Island.

Important Safety Information
COVID-19 Update: While we will post information related to the contemporary situation on campus, you are encouraged to stay up-to-date on the latest news as related to the student experience. https://coronavirus.utexas.edu/students

If you have concerns about the safety or behavior of fellow students, TAs or Professors, call BCAL (the Behavior Concerns Advice Line): 512-232-5050. Your call can be anonymous. If something doesn't feel right – it probably isn't. Trust your instincts and share your concerns.

The following recommendations regarding emergency evacuation from the Office of Campus Safety and Security, 512-471-5767, http://www.utexas.edu/safety/

Occupants of buildings on The University of Texas at Austin campus are required to evacuate buildings when a fire alarm is activated. Alarm activation or announcement requires exiting and assembling outside.

- Familiarize yourself with all exit doors of each classroom and building you may occupy. Remember that the nearest exit door may not be the one you used when entering the building.
- Students requiring assistance in evacuation shall inform their instructor in writing during the first week of class.

- In the event of an evacuation, follow the instruction of faculty or class instructors. Do not re-enter a building unless given instructions by the following: Austin Fire Department, The University of Texas at Austin Police Department, or Fire Prevention Services office.
- Link to information regarding emergency evacuation routes and emergency procedures can be found at: www.utexas.edu/emergency

Evacuation Information

The following recommendations regarding emergency evacuation from the Office of Campus Safety and Security, 512-471-5767, http://www.utexas.edu/safety/

Other resources:
- https://hogg.utexas.edu/news-resources/mental-health-and-covid-19
- https://protect.utexas.edu/students-families/

Title IX Reporting

Title IX is a federal law that protects against sex and gender-based discrimination, sexual harassment, sexual assault, unprofessional or inappropriate conduct of a sexual nature, dating/domestic violence and stalking at federally funded educational institutions. UT Austin is committed to fostering a learning and working environment free from discrimination in all its forms. When unprofessional or inappropriate conduct of a sexual nature occurs in our community, the university can:
1. Intervene to prevent harmful behavior from continuing or escalating.
2. Provide support and remedies to students and employees who have experienced harm or have become involved in a Title IX investigation.
3. Investigate and discipline violations of the university's relevant policies.

Beginning January 1, 2020, Texas Senate Bill 212 requires all employees of Texas universities, including faculty, report any information to the Title IX Office regarding sexual harassment, sexual assault, dating violence and stalking that is disclosed to them. Texas law requires that all employees who witness or receive any information of this type (including, but not limited to, writing assignments, class discussions, or one-on-one conversations) must be reported. **I am a Responsible Employee and must report any Title IX related incidents** that are disclosed in writing, discussion, or one-on-one. Before talking with me, or with any faculty or staff member about a Title IX related incident, be sure to ask whether they are a responsible employee. If you would like to speak with someone who can provide support or remedies without making an official report to the university, please email advocate@austin.utexas.edu. For more information about reporting options and resources, visit http://www.titleix.utexas.edu/, contact the Title IX Office via email at titleix@austin.utexas.edu, or call 512-471-0419.

Although graduate teaching and research assistants are not subject to Texas Senate Bill 212, they are still mandatory reporters under Federal Title IX laws and are required to report a wide range of behaviors we refer to as unprofessional or inappropriate conduct of a sexual nature, including the types of conduct covered under Texas Senate Bill 212. The Title IX office has developed supportive ways to respond to a survivor and compiled campus resources to support survivors.

Student Emergency Services
   http://deanofstudents.utexas.edu/emergency/

ITS
   Need help with technology? http://www.utexas.edu/its/
Libraries
   Need help searching for information? http://www.lib.utexas.edu/
Canvas
   Canvas help is available 24/7 at https://utexas.instructure.com/courses/633028/pages/student-tutorials