

**Course Title:** *Creating Innovation for Impact*

**Course Number:** *UGPH 0712*

**Course Pre- and Co-requisite(s):** *DrPH Program enrollment*

**Course Location:** School of Public Health, Busch Campus, Piscataway, NJ (September 15<sup>th</sup> through 17<sup>th</sup>) and online synchronous sessions 10/13, 10/27, 11/10, 11/17, 12/1, 12/8 & 12/15 (via Zoom)

**Course Date & Time:** 1) In-person Executive Sessions held on 9/15, 9/16, and 9/17, and 2) Thursday evenings via Zoom, from 6:30 to 8:30 PM (Eastern Time), on 10/13, 10/27, 11/10, 11/17, 12/1, 12/8 & 12/15, *plus additional weekly Online 30 activities or assignments as noted*. Executive Sessions will be held September 15-September 17, in-person in New Brunswick, New Jersey. Students should plan travel arrangements for September 14 arrival and departure after 6:30pm on September 17.

**Course Instructor:** Vincent M. B. Silenzio, MD, MPH  
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**Office Hours:** *By Appointment Only*

**Course Website:** *Hosted via [canvas.rutgers.edu](https://canvas.rutgers.edu)*

**Required Course Text:** *N/A [N.B. Links to course readings will be included in the Reading List tab through the course website at [canvas.rutgers.edu](https://canvas.rutgers.edu)]*

**Additional/Supplemental Readings/Resources:** *Links to all course readings will be included in the Reading List tab through the course website at [canvas.rutgers.edu](https://canvas.rutgers.edu). A summary of these articles, as well as selected readings from the textbooks is as follows (N.B. This list may be modified during the semester; you should refer to the Reading List tab at the course Canvas site, which will reflect updates in real time and supersedes the information listed here):*

### **Weeks 1 and 2**

DiClemente, R., Nowara, A., Shelton, R., & Wingood, G. (2019). Need for Innovation in Public Health Research. *American Journal of Public Health* (1971), 109(S2), S117–S120. <https://doi.org/10.2105/AJPH.2018.304876>

### **Week 3**

Keller, L. O., Strohschein, S., Lia-Hoagberg, B., & Schaffer, M. A. (2004). Population-Based Public Health Interventions: Practice-Based and Evidence-Supported. Part I. *Public Health Nursing (Boston, Mass.)*, 21(5), 453–468. <https://doi.org/10.1111/j.0737-1209.2004.21509.x>

### **Week 3: Supplemental Materials**

Lezin et al. (n.d.). *Planning for and selecting high-impact interventions to improve community health*. <https://www.cdc.gov/nccdphp/dch/pdfs/planning-high-impact-interventions.pdf>

Kaplan, S. A., & Garrett, K. E. (2005). The use of logic models by community-based initiatives. *Evaluation and Program Planning*, 28(2), 167–172. <https://doi.org/10.1016/j.evalprogplan.2004.09.002>

*The Nuremberg Code*. (1949).

### **Week 4**

Chapter 1. (2017). In M. Baddeley, *Behavioural economics: a very short introduction* (First edition., p. xviii, 148 pages. Oxford University Press.

Hahn, R. A., & Inhorn, M. (Eds.). (2009). Chapter 1, pp. 1-5. In R. A. Hahn & M. C. Inhorn, *Anthropology and Public Health: Bridging Differences in Culture and Society* (pp. 1–5). Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780195374643.001.0001>

### **Week 4: Supplemental Materials**

Sangaramoorthy, T., & Kroeger, K. A. (2020). *OPTIONAL RESOURCE: Rapid Ethnographic Assessments: A Practical Approach and Toolkit For Collaborative Community Research* (1<sup>st</sup> ed., Vol. 1). Routledge. <https://doi.org/10.4324/9780429286650>

Harris, K., Jerome, N., & Fawcett, S. (1997). Rapid assessment procedures: A review and critique – Commentary. *Human Organization*, 56(3), 375–378. <https://doi.org/10.17730/humo.56.3.w525025611458003>

Pearl, J., & Mackenzie, D. (2018). *The Book of Why: The New Science of Cause and Effect*. Basic Books.

Needle, R. H., Trotter, R. T., Singer, M., Bates, C., Page, J. B., Metzger, D., & Marcelin, L. H. (2003). Rapid Assessment of the HIV/AIDS Crisis in Racial and Ethnic Minority Communities: An Approach for Timely Community Interventions. *American Journal of Public Health*, 93(6), 970–979. <https://doi.org/10.2105/AJPH.93.6.970>

## Week 5

Dingsøyr, T., Nerur, S., Balijepally, V., & Moe, N. B. (2012). A decade of agile methodologies: Towards explaining agile software development. *The Journal of Systems and Software*, 85(6), 1213–1221. <https://doi.org/10.1016/j.jss.2012.02.033>

## Week 5: Supplemental Materials

Flood, D., Chary, A., Austad, K., Diaz, A. K., García, P., Martinez, B., Canú, W. L., & Rohloff, P. (2016). Insights into Global Health Practice from the Agile Software Development Movement. *Global Health Action*, 9(1), 29836–6. <https://doi.org/10.3402/gha.v9.29836>

Wilson, K., Bell, C., Wilson, L., & Witteman, H. (2018). Agile research to complement agile development: a proposal for an mHealth research lifecycle. *Npj Digital Medicine*, 1(1), 46–6. <https://doi.org/10.1038/s41746-018-0053-1>

## Week 5

Chancellor, S., Birnbaum, M., Caine, E., Silenzio, V., & De Choudhury, M. (2019). A Taxonomy of Ethical Tensions in Inferring Mental Health States from Social Media (pp. 79–88). ACM. <https://doi.org/10.1145/3287560.3287587>

*The Belmont Report: Ethical Principles and guidelines for the Protection of human Subjects of Research* (Vol. 5, pp. 2822–2827). (2004).

The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. US Department of Health, Education, and Welfare. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>

van der Lelie, C. (2005). The value of storyboards in the product design process. *Personal and Ubiquitous Computing*, 10(2-3), 159–162. <https://doi.org/10.1007/s00779-005-0026-7>

## Week 5: Supplemental Materials

Sadilek, A., Kautz, H., DiPrete, L., Labus, B., Portman, E., Teitel, J., & Silenzio, V. (2017a). Deploying nEmesis: Preventing Foodborne Illness by Data Mining Social Media. *The AI Magazine*, 38(1), 37–. <https://doi.org/10.1609/aimag.v38i1.2711>

## Week 6

C. Levine, C. Grady, T. Block, H. Hurley, R. Russo, B. Peixoto, A. Frees, A. Ruiz, D. Alland (2021). Use, re-use or discard? Quantitatively defined variance in the functional integrity of N95 respirators following vaporized hydrogen peroxide decontamination during the COVID-19 pandemic. *Journal of Hospital Infection*, Volume 107, 50-56,

<https://doi.org/10.1016/j.jhin.2020.10.007>.

## **Week 7: Midterm Exam**

National Cancer Institute (U.S.) (Ed.). (1995). *Theory at a glance : a guide for health promotion practice*. U.S. Dept. of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute. GPO Cataloging Record Distribution Program (CRDP)

Abraham, C., & Michie, S. (2008). A Taxonomy of Behavior Change Techniques Used in Interventions. *Health Psychology, 27*(3), 379–387. <https://doi.org/10.1037/0278-6133.27.3.379>

## **Week 8**

Thorn, P., Hill, N. T. M., Lamblin, M., The, Z., Battersby-Coulter, R., Rice, S., Bendall, S., Gibson, K. L., Finlay, S. M., Blandon, R., de Souza, L., West, A., Cooksey, A., Sciglitano, J., Goodrich, S., & Robinson, J. (2020). Developing a Suicide Prevention Social Media Campaign With Young People (The #Chatsafe Project): Co-Design Approach. *JMIR Mental Health, 7*(5), e17520–e17520. <https://doi.org/10.2196/17520>

## **Week 8: Supplemental Materials**

Murray, E., Hekler, E. B., Andersson, G., Collins, L. M., Doherty, A., Hollis, C., Rivera, D. E., West, R., & Wyatt, J. C. (2016). Evaluating Digital Health Interventions: Key Questions and Approaches. *American Journal of Preventive Medicine, 51*(5), 843–851. <https://doi.org/10.1016/j.amepre.2016.06.008>

Robinson, J., Hill, N. T. M., Thorn, P., Battersby, R., The, Z., Reavley, N. J., Pirkis, J., Lamblin, M., Rice, S., & Skehan, J. (2018). The #chatsafe project. Developing guidelines to help young people communicate safely about suicide on social media: A Delphi study. *PLoS One, 13*(11), e0206584–e0206584. <https://doi.org/10.1371/journal.pone.0206584>

## **Week 9**

Lezin, N., & Orta. (2015b). *Planning for and selecting high-impact interventions to improve community health*. <https://www.cdc.gov/nccdphp/dch/pdfs/Planning-High-Impact-Interventions.pdf>

## **Week 9: Supplemental Materials**

Pentland, A. (2014). *Social Physics: How Social Networks Can Make Us Smarter*. Penguin Publishing Group.

Pentland, A., & Edmonds, D. (Eds.). (2017). *Sandy Pentland on social physics*. SAGE Publications, Ltd.

## **Week 10**

## **Week 10: Supplemental Materials**

Griffith, C. ., Livesey, K. ., & Clayton, D. (2010). The assessment of food safety culture. *British Food Journal*, 112(4), 439–456. <https://doi.org/10.1108/00070701011034448>

Sadilek, A., Kautz, H., DiPrete, L., Labus, B., Portman, E., Teitel, J., & Silenzio, V. (2017b). Deploying nEmesis: Preventing Foodborne Illness by Data Mining Social Media. *The AI Magazine*, 38(1), 37–. <https://doi.org/10.1609/aimag.v38i1.2711>

DiPrete, L. K. (2017). *Determining the Effects of Social Media Monitoring to Identify Potential Foodborne Illness in Southern Nevada*. ProQuest Dissertations Publishing. <https://search.proquest.com/docview/1978960774?pq-origsite=summon>

Sadilek, A., Caty, S., DiPrete, L., Mansour, R., Schenk, T., Bergtholdt, M., Jha, A., Ramaswami, P., & Gabrilovich, E. (2018). Machine-learned epidemiology: real-time detection of foodborne illness at scale. *Npj Digital Medicine*, 1(1), 36–36. <https://doi.org/10.1038/s41746-018-0045-1>

## **Week 11**

Luzón, M. J. (2013). Public Communication of Science in Blogs: Recontextualizing Scientific Discourse for a Diversified Audience. *Written Communication*, 30(4), 428–457. <https://doi.org/10.1177/0741088313493610>

Michie, Susan, Richardson, M., Johnston, M., Abraham, C., Francis, J., Hardeman, W., Eccles, M. P., Cane, J., & Wood, C. E. (2013). The Behavior Change Technique Taxonomy (v1) of 93 Hierarchically Clustered Techniques: Building an International Consensus for the Reporting of Behavior Change Interventions. *Annals of Behavioral Medicine*, 46(1), 81–95. <https://doi.org/10.1007/s12160-013-9486-6>

## **Week 11: Supplemental Materials**

Lezin, N., & Orta. (2015a). *Planning for and selecting high-impact interventions to improve community health*. <https://www.cdc.gov/nccdphp/dch/pdfs/Planning-High-Impact-Interventions.pdf>

## **Week 12**

Francis, L., Hunte, S.-A., Valadere, A. M., Polson-Edwards, K., Asin-Oostburg, V., & Hospedales, C. J. (2018). Zika virus outbreak in 19 English- and Dutch-speaking Caribbean countries and territories, 2015-2016. *Revista Panamericana de Salud Pública*, 42, e120–e120. <https://doi.org/10.26633/RPSP.2018.120>

## **Week 12: Supplemental Materials**

Sagiroglu, S., & Sinanc, D. (2013). *Big data: A review* (pp. 42–47). IEEE. <https://doi.org/10.1109/CTS.2013.6567202>

## **Week 12: Thanksgiving Recess: Supplemental Materials**

Michie, S, Yardley, L., West, R., Patrick, K., & Greaves, F. (2017). *Developing and Evaluating Digital Interventions to Promote Behavior Change in Health and Health Care: Recommendations Resulting From an International Workshop*.

## **Week 13**

World Health Organization. (2020). *Youth-centred digital health interventions: a framework for planning, developing and implementing solutions with and for young people*. World Health Organization.

Kirby, D. (2013). Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy ( Summary ). *American Journal of Health Education*, 32(6), 348–355. <https://doi.org/10.1080/19325037.2001.10603497>

Levitz, N., Wood, E., & Kantor, L. (2018). The influence of technology delivery mode on intervention outcomes: Analysis of a theory-based sexual health program. *Journal of Medical Internet Research*, 20(8), e10398–e10398. <https://doi.org/10.2196/10398>

Leslie Kantor. (n.d.). *Motivating Behavior Change: The Unified Theory of Behavior*.

## **Week 14: Final Exam and Presentations**

Yardley, L., Spring, B. J., Riper, H., Morrison, L. G., Crane, D. H., Curtis, K., Merchant, G. C., Naughton, F., & Blandford, A. (2016). Understanding and Promoting Effective Engagement With Digital Behavior Change Interventions. *American Journal of Preventive Medicine*, 51(5), 833–842. <https://doi.org/10.1016/j.amepre.2016.06.015>

Bradbury, K., Watts, S., Arden-Close, E., Yardley, L., & Lewith, G. (2014). Developing Digital Interventions: A Methodological Guide. *Evidence-Based Complementary and Alternative Medicine*, 2014, 561320–561327. <https://doi.org/10.1155/2014/561320>

## **Week 14: Supplemental Materials**

National Scientific Council on the Developing Child. (n.d.). *From Best Practices To Breakthrough Impacts*. [https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2016/05/From\\_Best\\_Practices\\_to\\_Breakthrough\\_Impacts-4.pdf](https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2016/05/From_Best_Practices_to_Breakthrough_Impacts-4.pdf)

Nguyen, H., Nguyen, D. T., & Nguyen, T. (2019). Estimating County Health Indices Using Graph Neural Networks. In H. Nguyen, D. T. Nguyen, & T. Nguyen, *Data Mining* (pp. 64–76). Springer Singapore. [https://doi.org/10.1007/978-981-15-1699-3\\_6](https://doi.org/10.1007/978-981-15-1699-3_6)

## **Week 15: Final Presentations (Supplemental Materials)**

Melissa Pennise, Roxana Inscho, Kate Herpin, John Owens, Brenden A. Bedard, Anita C. Weimer, Byron S. Kennedy, & Mary Younge. (2015). Using Smartphone Apps in STD



Interviews to Find Sexual Partners. *Public Health Reports* (1974), 130(3), 245–252.  
<https://doi.org/10.1177/003335491513000311>

Huang, E., Marlin, R. W., Young, S. D., Medline, A., & Klausner, J. D. (2016). Using grindr, a smartphone social-networking application, to increase HIV self-testing among black and latino men who have sex with men in Los Angeles, 2014. *AIDS Education and Prevention*, 28(4), 341–349. <https://doi.org/10.1521/aeap.2016.28.4.341>

### **Suggested Further Readings (optional)**

Baddeley, M. (2017). *Behavioural economics : a very short introduction* (First edition.). Oxford University Press.

Pentland, A. (2015). *Social physics : how social networks can make us smarter* . Penguin Books.

Thaler, R. H., & Sunstein, C. R. (2008). *Nudge: Improving Decisions about Health, Wealth, and Happiness*. Yale University Press.

Wilcox, C., Brookshire, B., & Goldman, J. G. (2016). *Science Blogging: The Essential Guide*. Yale University Press.

**Course Description:** Since restricting access to the Broad Street pump, interventions have had a long and storied history in public health. But, while history has much to teach us, public health practice in the future will rely on understanding and leveraging the rapid technological changes that continue to occur across the globe. Given this context, this course aims to accomplish three main goals. The first is to provide students with a foundation to rigorously identify and define targets for public health intervention, develop organizing conceptual frameworks to guide intervention development, and to interrogate and refine these targets and frameworks as new information comes to light. Second, this course further aims to provide a foundation in basic design and implementation principals used in diverse settings within the tech sector, and to adapt these approaches and principals to creating innovative public health interventions in ongoing collaboration with members of the targeted community and other stakeholders. In addition, relevant insights from areas such as Health Communication and Behavioral Economics will be brought to bear on the design process. Third and finally, the course aims to provide a basic foundation in selecting appropriate assessment, evaluation, and research techniques during this era of rapidly changing social, economic, and technological contexts.

**Selected Concentration Competencies Addressed:** The Council on Education for Public Health (CEPH) has defined the competencies required for doctoral degree programs in public health, including programs leading to the DrPH degree. The DrPH program competencies addressed in this course include the following:

4. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners

5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies (interventions)
12. Propose human, fiscal and other resources to achieve a strategic goal
14. Design a system-level intervention to address a public health issue
15. Integrate knowledge of cultural values and practices in the design of public health policies and programs
17. Propose Inter-Professional team approaches to improving public health

*Note: The numbers listed with each competency refers to the corresponding number of the competency being addressed as it is listed in the CEPH documentation of requirements for DrPH degree programs.*

Please visit the Concentration webpages on the School of Public Health's website at [sph.rutgers.edu](http://sph.rutgers.edu) for additional competencies addressed by this course for other degrees and concentrations.

**Course Objectives:** By the completion of this course, students will be able to:

- Demonstrate the use of rapid assessment approaches to problem definition to inform intervention design
- Develop testable causal model frameworks for use in intervention design, implementation, and evaluation
- Define the process of project co-design with intervention stakeholders
- List the key steps in Agile Development for project development and team management
- Demonstrate the ability to design and implement a basic communication strategy using microblogging, blogging, or related techniques for dissemination and scientific communication to general and targeted audiences
- Discuss at least three major ethical challenges in intervention design, implementation, and evaluation
- Define the major features of federated learning, blockchain, and other emerging approaches to privacy
- Demonstrate the successful completion of training and education in Human Subjects Protection in Social / Behavioral / Epidemiologic Research

**Course Requirements and Grading:** *In this section, Instructor should include*

- Students will be required to attend and participate in all synchronous class meetings and discussions, actively participate in and contribute to all Online 30 activities, complete all assignments, engage in an intervention design project (due at final term), and to complete all quizzes and examinations. The final projects are structured project design assignments, which can be completed individually or in project teams, with prior approval of the instructor. Students will be required to present their final design projects to the class. Design projects are expected to be of sufficient innovation and quality to warrant pursuit of funding to support further development. Students are encouraged to use the feedback and redirection gained through the class discussions to refine and prepare their final project presentations. All students will be required to complete a midterm and final examination.



- Given the experiential nature of the course design, attendance and participation in scheduled class sessions and asynchronous online activities are critical to successful mastery of the material. Students are expected to join each class session on time. Late arrivals or missed sessions will result in points deducted from the attendance portion of the final grade. Students must email the course instructor prior to, or as soon as possible afterward, in the event of emergencies or illness requiring you to miss class or other scheduled activities.
- Additional details about the course's projects and assignments will be provided during the semester.
- The following activities, assignments, projects, and exams will contribute to the course grade as follows:
  - Midterm Examination 25 pts.
  - Class Assignments 10 pts.
  - Final Project & Presentation 25 pts.
  - Final Examination 30 pts.
  - Class Participation 10 pts.
  - Total: 100 pts.
- Class participation will be assessed through weekly attendance. Full credit (10 points) will be granted for participation in all in-person, online synchronous, and online asynchronous class activities. Unexcused absences or late attendance, or failure to complete course assignments on time, will result in the loss of up to 5 points per occurrence.
- Summary of goal DrPH Foundational Competencies and planned course assessment approaches:*

Week	Date	Course Topic	Online 30	Assignments / Assessments	DrPH Foundational Competencies and Assessments
2.1	Sep 15	Course Introduction: Self-harming Teens, Healthy Lifestyles, Men Who Hook-Up With Men, and Other Stories	Discussion Board 1: Introductions		4, 12, 15  (Assessed by Class Participation, Assignments, and Midterm Exam)
2.2	Sep 15	Intervention Design Case Study: TB and Air Pollution in Sub-Saharan Africa			4, 15  (Assessed through Class Participation, Assignments, and Final Exam)

Week	Date	Course Topic	Online 30	Assignments / Assessments	DrPH Foundational Competencies and Assessments
2.3	Sep 15	A Taxonomy of Public Health Interventions		“Where does (or will) my own work fit in?”: Composing a short “Elevator Pitch”	14  (Assessed by Assignment Completion, Class Participation and Midterm Exam)
2.4	Sep 15	“What seems to be the problem, officer?”: Theory and Practice of Rigorously Defining (and Refining) Problems		“Vaccine Warrior” Design Assignment	15  (Assessed by Assignment Completion, Class Participation and Midterm Exam)
2.5	Sep 16	Intervention Design Case Study: Adolescent Suicide Prevention in the Digital Age			4, 15  (Assessed through Class Participation, Assignments, and Final Exam)
2.6	Sep 16	Public Health Research Ethics 1: Introduction to the Office of Research			5, 15  (Assessed through Midterm Exam and through documentation of CITI training completion)
2.7		Public Health Research Ethics 2: “Do The Right Thing”: Ethics in Intervention Design and Research		Begin CITI Human Subjects Protection [Re-] Certification (due by 10/6)	5, 15  (Assessed through Midterm Exam and through documentation of CITI training completion)

Week	Date	Course Topic	Online 30	Assignments / Assessments	DrPH Foundational Competencies and Assessments
2.8	Sep 16	Thinking Like an 'Anthropologist': Designing Culturally Competent Public Health Interventions in the Digital Era			
2.9	Sep 17	'Agile' Teams and Innovation Interdisciplinary Team Science		Agile Team Resource Mapping / Skills Census Assignment	4, 17 (Assessed through Assignment Completion, Class Participation, Midterm Project, Peer Review, and Midterm Exam)
2.10	Sep 17	Design Toolkit: Storyboarding, Logic Models, and Managing Projects		Preliminary Project Models and Storyboard Assignment	4, 15 (Assessed through Class Participation and Peer Review of Models and Storyboard Assignment)
3	Due 9/22	<b>N.B. No Class Session</b>	Discussion Board		
4	Due 9/29	<b>N.B. No Class Session</b>	Discussion Board		
5	Due 10/6	<b>N.B. No Class Session</b>	Discussion Board		
6	Oct 13	Intervention Design Case Study: From Sandy to Meningitis to Covid to Infinity, and Beyond!: How to Host a Crisis	Discussion Board: Assessing the RTR and corollary documents	Completion of CITI Human Subjects Protection [Re-] Certification  R2R Update assignment	4, 15 (Assessed through Class Participation, Assignments, and Final Exam)

Week	Date	Course Topic	Online 30	Assignments / Assessments	DrPH Foundational Competencies and Assessments
7	Due Oct 20	Midterm Exam (Take-home Format) <i>N.B. No Class Session</i>		Midterm Exam	5, 15 (Assessed through Midterm Exam and through documentation of CITI training completion)
8	Oct 27	Intervention Design Case Study: Communication Interventions: The #chatsafe Program	Discussion Board: Science Communication	The #chatsafe program and Designing Measurable Intervention Outcomes	4, 5, 12, 14, 15, 17 (Assessed through Class Participation, Assignments, and Final Exam)
9	Nov 3	<i>N.B. No Class Session</i>	Discussion Board: Midterm Projects Peer Review		4, 12, 14, 15, 17 (Assessed through Project Presentations, Class Participation, and Peer Review)
10	Nov 10	Intervention Design Case Study: Responding to the Zika Outbreak in Saint Lucia	Discussion Board: "Just Don't Get Pregnant"	Public Health in the Real World: Balancing Health and Economic Narratives	4, 5, 12, 14, 15, 17 (Assessed through Class Participation, Assignments, and Final Exam)
11	Nov 17	Intervention Design Case Study: Assessing Surgical Services in Colombia	Discussion Board: "Just Don't Get Sick"	Public Health in the Real World: Balancing Health and Economic Narratives	4, 5, 12, 14, 15, 17 (Assessed through Class Participation, Assignments, and Final Exam)
12	Nov 24	<i>Thanksgiving Recess</i>			
13	Dec 1	Intervention Design Case Study: The Chat/Text Program Efficacy Trial Results	Discussion Board: Interventions to Reduce Teen Pregnancy	Thoughts on Measuring Intervention Efficacy	4, 5, 12, 14, 15, 17 (Assessed through Class Participation, Assignments, and Final Exam)

Week	Date	Course Topic	Online 30	Assignments / Assessments	DrPH Foundational Competencies and Assessments
15	Dec 8	Final Exam Final Project Presentations Pt. 1	Discussion Board: Final Projects Peer Feedback & Review	Peer Feedback on Individual / Team presentations of Final Projects	4, 12, 14, 15  (Assessed through Final Project Presentation and Peer Review)
16	Dec 15	Final Project Presentations Pt. 2	Discussion Board: Final Projects Peer Feedback & Review	Peer Feedback on Individual / Team presentations of Final Projects	4, 5, 12, 14, 15, 17  (Assessed through Final Project Presentation and Peer Review and Final Exam)

- Course grading will conform to the RSPH school-wide uniform grading scale, which is summarized as follows:

*Grading Policy:* 94 – 100    A  
                           90 – <94    A-  
                           87 – <90    B+  
                           84 – <87    B  
                           80 – <84    B-  
                           77 – <80    C+  
                           70 – <77    C  
                           <70    F

**Course Schedule:**

**September 15<sup>th</sup> through 17<sup>th</sup>**

- Executive Format Weekend Sessions:
  - Course Introduction and Overview: Self-harming Teens, Healthy Pregnancies, Men Who Hook-Up With Men, and Other Stories
  - Intervention Design Case Study: Global Health: TB and Air Pollution in Sub-Saharan Africa. Stephan Schwander
  - Intervention Design Case Study: Global Mental Health: Adolescent Suicide Prevention in the Digital Age. Niu Lu
  - Public Health Interventions: A Taxonomy
  - “What seems to be the problem, officer?”: Theory and Practice of Rigorously Defining (and Refining) Problems
  - Thinking Like an ‘eAnthropologist’: Designing Culturally Competent Public Health Interventions in the Digital Era
  - Public Health Research Ethics: Introduction to the Office of Research

- Public Health Research Ethics: “Do The Right Thing”: Ethics in Interventions Design and Research
- Design Toolkit: ‘Agile’ Teams and Innovative Approaches to Interdisciplinary Team Science
- Design Toolkit: Storyboarding, Logic Models, and Managing Projects
- “Online 30”: Discussion Board 1: Introductions
- Assignments Due: Begin CITI Training (accessed via Rutgers NetID at <https://orra.rutgers.edu/trainingandeducation>)
- Assignments: “Vaccine Warrior” game app design assignment
- Assignments: Resource Mapping Assignment
- Assignments: nEmesis versus Emesis
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**September 22<sup>nd</sup> (N.B. No class session held this week)**

- “Online 30”: Discussion Board: Making An Inventory of Interesting Interventional Initiatives
- Competency 15 (Assessed by Class Participation and Midterm Exam)

**September 29<sup>th</sup> (N.B. No class session held this week)**

- “Online 30”: Discussion Board: Defining and Refining Problems
- Competency 15 (Assessed by Class Participation and Midterm Exam)

**October 6<sup>th</sup> (N.B. No class session held this week)**

- “Online 30”: Discussion Board 5: Protection of Human Subjects and Privacy
- Assignments Due: Completion of CITI Training (accessed via Rutgers NetID at <https://orra.rutgers.edu/trainingandeducation>)
- Competencies 4, 15 (Assessed through Class Participation, Assignments, Midterm and Final Exams)

**October 13<sup>th</sup>**

- “Intervention Design Case Study: From Sandy to Meningitis to Covid to Infinity and Beyond!”: How to Host a Crisis. Alex Ruiz.
- “Online 30”: Discussion Board 4: Models Storyboard Assignments Peer Review
- Assignments Due: Resource Mapping Assignment
- Competencies 4, 15, 17 (Assessed through Class Participation Peer Review, and Midterm Exam)

**October 20<sup>th</sup> (N.B. No class session held this week)**

- Midterm Exam
- Assignments Due: Completion of CITI Training (accessed via Rutgers NetID at <https://orra.rutgers.edu/trainingandeducation>)
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**October 27<sup>th</sup>**

- Intervention Design Case Study: Communication Interventions: The #chatsafe Program: Jo Robinson



- “Online 30”: Discussion Board 5: Protection of Human Subjects and Privacy
- Assignments Due: The #chatsafe program and Designing Measurable Intervention Outcomes
- Competencies 4, 12, 14, 15 (Assessed by Class Participation, Assignments, and Midterm Exam)

**November 3<sup>rd</sup> (N.B. No class session held this week)**

- “Online 30”: Discussion Board: XXX
- Competency 15 (Assessed by Class Participation and Final Exam)

**November 10<sup>th</sup>**

- Intervention Design Case Study: Global Health: Responding to Zika in Saint Lucia. Merlene Fredericks-James
- “Online 30”: Discussion Board: “Just Don’t Get Pregnant”
- Assignments Due: Project Proposal Outline
- Competencies 4, 5 (Assessed through Class Participation, Assignments, and Final Exam)

**November 17<sup>th</sup>**

- Intervention Design Case Study: Population Health: Assessing Surgical Services and Community Health Outcomes. Gregory Peck
- “Online 30”: Discussion Board:
- Assignments Due: Rough Draft of Project Proposal
- Competencies 4, 12, 14, 15, 17 (Assessed through Project Presentations, Class Participation, and Peer Review)

**November 25<sup>th</sup> (N.B. No class session held this week)**

- *Thanksgiving Recess*

**December 1<sup>st</sup>**

- Intervention Design Case Study 4: The Chat/Text Program Efficacy Trial Results. Leslie Kantor and Nicole Levin
- “Online 30”: Discussion Board: “Interventions to Reduce Teen Pregnancy”
- Assignments Due: Thoughts on Measuring Intervention Efficacy
- Competencies 4, 5, 12, 14, 15, 17 (Assessed through Class Participation, Assignments, and Final Exam)

**December 8<sup>th</sup>**

- Final Exam
- Project Presentations, Part 1
- “Online 30”: Discussion Board 11: Final Projects Peer Review/Feedback
- Assignments Due: Individual / Team Project presentations
- Competencies 4, 12, 14, 15 (Assessed through Final Exam, Project Presentation and Peer Review)

**December 15<sup>th</sup>**

- Project Presentations, Part 2

- “Online 30”: Discussion Board 11: Final Projects Peer Review/Feedback
- Assignments Due: Individual / Team Project presentations
- Competencies 4, 12, 14, 15 (Assessed through Project Presentation and Peer Review)

**Learning Management System:** Canvas will be used extensively throughout the semester for course syllabus, assignments, announcements, communication and/or other course-related activities. It is the student’s responsibility to familiarize themselves with Canvas and check it regularly. If you have difficulties accessing Canvas, please inform the instructor and Canvas Support ([help@canvas.rutgers.edu](mailto:help@canvas.rutgers.edu)). Canvas is accessible at [canvas.rutgers.edu](https://canvas.rutgers.edu).

**School of Public Health Honor Code:** The School of Public Health Honor Code is found in the School Catalog ([sph.rutgers.edu/academics/catalog.html](https://sph.rutgers.edu/academics/catalog.html)). Each student bears a fundamental responsibility for maintaining academic integrity and intellectual honesty in his or her graduate work. For example, all students are expected to observe the generally accepted principles of scholarly work, to submit their own rather than another’s work, to refrain from falsifying data, and to refrain from receiving and/or giving aid on examinations or other assigned work requiring independent effort. In submitting written material, the writer takes full responsibility for the work as a whole and implies that, except as properly noted by use of quotation marks, footnotes, etc., both the ideas and the works used are his or her own. In addition to maintaining personal academic integrity, each student is expected to contribute to the academic integrity of the School community by not facilitating inappropriate use of her/his own work by others and by reporting acts of academic dishonesty by others to an appropriate school authority. It should be clearly understood that plagiarism, cheating, or other forms of academic dishonesty will not be tolerated and can lead to sanctions up to and including separation from the Rutgers School of Public Health.

**Students with Disabilities:** Rutgers University welcomes students with disabilities into all of the University’s educational programs. In order to receive consideration for reasonable accommodations, a student must apply for Services by first completing a Registration Form with the Rutgers Office of Disability Services (ODS) at [ods.rutgers.edu](https://ods.rutgers.edu). The student will also be required to participate in an ODS intake interview and provide documentation. If reasonable accommodations are granted, ODS will provide you with a Letter of Accommodations which should be shared with your instructors as early in your courses as possible.

**Commitment to Safe Learning Environment:** The Rutgers School of Public Health is committed to helping create a safe learning environment for all students and for the School as a whole. Free expression in an academic community is essential to the mission of providing the highest caliber of education possible. The School encourages civil discourse, reasoned thought, sustained discussion, and constructive engagement. Provocative ideas respectfully presented are an expected result. An enlightened academic community, however, connects freedom with responsibility. The School encourages all students to disclose any situations where you may feel unsafe, discriminated against, or harassed. Harassment or discrimination of any kind will be not tolerated and violations may lead to disciplinary actions.

**Reporting Discrimination or Harassment:** If you experience any form of gender or sex-based discrimination or harassment, including sexual assault, sexual harassment, relationship violence, or stalking, know that help and support are available. You may report such incidents to the [RBHS Title IX Office](#) or to the School of Public Health’s [Office of Student Affairs](#). Rutgers University has staff members trained to support survivors in navigating campus life, accessing health and counseling services, providing academic and housing accommodations, and more. If you experience any other form of discrimination or harassment, including racial, ethnic, religious, political, or academic, please report any such incidents to the School’s [Office of Student Affairs](#). The School strongly encourages all students to report any incidents of discrimination or harassment to the School. Please be aware that all Rutgers employees (other than those designated as confidential resources such as advocates, counselors, clergy and healthcare providers as listed in Appendix A to [Policy 10.3.12](#)) are required to report information about such discrimination and harassment to the School and potentially the University. For example, if

you tell a faculty or staff member about a situation of sexual harassment or sexual violence, or other related misconduct, the faculty or staff member must share that information with the [RBHS Title IX Coordinator](#). If you wish to speak to a confidential employee who does not have this reporting responsibility, you can find a list of resources in Appendix A to University [Policy 10.3.12](#). For more information about your options at Rutgers, please visit [Rutgers Violence Prevention and Victim Assistance](#).

**Graduate Student Computer Policy:** Students are required to possess a personal laptop, no older than approximately two years, that must meet minimum requirements which may be found online at: [sph.rutgers.edu/student-life/computer-support.html](http://sph.rutgers.edu/student-life/computer-support.html)

**Policy Concerning Use of Recording Devices and Other Electronic Communications Systems:**

When personally owned communication/recording devices are used by students to record lectures and/or classroom lessons, such use must be authorized by the faculty member or instructor who must give either oral or written permission prior to the start of the semester and identify restrictions, if any, on the use of mobile communications or recording devices.

**Policy Concerning Use of Turnitin:** Students agree that by taking this course all required papers may be subject to submission for textual similarity review to Turnitin.com (directly or via learning management system, i.e. Canvas) for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Usage Policy posted on the Turnitin.com site. Students who do not agree should contact the course instructor immediately.

**Withdrawal/Refund Schedule:** Students who stop attending their course(s) without submitting a completed [Add/Drop Course](#) form will receive a failing grade. Furthermore, students dropping to zero credits for the semester are considered withdrawn and must submit a completed [Leave of Absence](#) form from the School of Public Health's Office of Student Affairs. The School of Public Health refunds tuition only. Administrative and technology fees are non-refundable. You may find the Withdrawal/Refund Schedule on the School of Public Health website at: [sph.rutgers.edu/academics/academic-calendar.html](http://sph.rutgers.edu/academics/academic-calendar.html)