

Course Title: *Dissemination and Implementation Research for Health Promotion*

Course Number: *PH:SBHS:0686J*

Course Pre- and Co-requisite(s): *N/A (PHCO0520 & PHCO0505 Recommended)*

Course Location: *Piscataway, NJ Room 3A&3B*

Course Date & Time: *Mondays 3:00-5:00pm*

Course Instructor: *Chongyi Wei, DrPH, Associate Professor, 683 Hoes Lane West, Office 312, Piscataway NJ. Email: Chongyi.Wei@rutgers.edu Phone: 732-235-2865*

Office Hours: *By Appointment Only*

Course Assistant: *None*

Course Website: canvas.rutgers.edu

Required Course Text: *Brownson R, Colditz G, Proctor E, eds. Dissemination and Implementation Research in Health: Translating Science to Practice. New York: Oxford University Press; 2nd Edition (ISBN-13: 978-0190683214)*

Additional/Supplemental Readings/Resources: *Journal articles, book chapters and other materials listed in Course Schedule available online or through library electronic resources. **All material posted online is for class use only and should not be reproduced / shared with others.***

Course Description: *This course provides an introduction to dissemination and implementation (D&I) research or science, a growing field of study that examines the process by which evidence-based interventions are adopted, implemented, and sustained in community or clinical settings. In particular, this course will focus on how D&I can promote health and reduce health inequities. Topics covered in this course include fundamental D&I concepts and terminology; commonly used theories and frameworks for research and practice; strategies, evaluation designs, methods, measures, and analysis; issues of sustainment and de-implementation; D&I in vulnerable populations and in global settings and future issues.*

Selected Concentration Competencies Addressed: Each Concentration identifies competencies for each degree offered. The competencies addressed in this course for the MPH in social and behavioral health sciences (SBHS) and health systems and policy (HSP) include:

1. Assess community health needs, disparities, and the health care delivery system within the context of social, cultural, political, legal, and economic forces (HSP);
2. Understand the importance and use of public health policy in health behavior change and health promotion (SBHS);
3. Utilize health behavior theories and models for understanding health behaviors (SBHS);
4. Design, implement, conduct, and evaluate health education/promotion programs in diverse settings (SBHS);

5. Describe and evaluate the political, social, and institutional contexts in which health policies are developed (HSP)

Please visit the Concentration webpages on the School of Public Health's website at 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:

1. Describe method(s) to assess health needs and disparities;
2. Demonstrate knowledge of D&I fundamental concepts and terminology;
3. Describe methods to adapt evidence-based interventions for D&I;
4. Describe theories and frameworks that are commonly used in D&I research and practice;
5. Describe the importance of context at multiple levels in D&I;
6. Describe implementation strategies and outcomes at multiple levels;
7. Describe various study designs, methods, and measures used in D&I;
8. Demonstrate an understanding of D&I methods and challenges across various populations and settings.

Course Requirements and Grading:

Assignments

1. **Class participation:** Students should come to class having done the readings and "Online 30" and be prepared to engage in thoughtful discussion of class topics through sharing opinions and asking questions.
2. **Learning Circle:** Student learning circles will be required to lead the class discussion one week during the semester. The learning circle must come to class prepared to facilitate a productive discussion of the week's topic. The instructor will attempt to give leaning circles their preference for week and/or topic. A grading rubric will be distributed at the beginning of the semester that outlines how the learning circle will be evaluated. Depending on the number of students enrolled in the course learning circles may be asked to address more than one topic in the syllabus.
3. **Assignment 1:** Identify and adapt an evidence-based intervention for the public health topic of your choice. A detailed grading rubric will be provided during the semester.
4. **Assignment 2:** Identify an appropriate D & I framework and select D & I strategies to guide the implementation of the adapted evidence-based intervention. A detailed grading rubric will be provided during the semester.
5. **Assignment 3:** Develop an evaluation plan to assess process and outcome measures of the implemented intervention. A detailed grading rubric will be provided during the semester.
6. **Final Presentation:** Students will present a summary of their Assignments 1-3 in the last session of the semester. Presentations will be a maximum of 20 minutes, including a 1-2 minutes for questions and answers. Students must use at least one visual aid to

enhance their presentation (e.g., PowerPoint, video, etc.). A grading rubric will be provided to students early in the semester.

7. **Attendance and Participation**: Attendance is required. Each student will be allowed one (1) absence without receiving a reduced grade. Each additional absence will result in a 2-point deduction in your attendance grade, for a maximum of 5-points. More than three or more absences may result in the student being dropped from the course. Absences may be considered excused (i.e., not impacting your grade) with appropriate medical documentation. Participation is key to active learning. Thus, you are expected to come to each class having read the required readings and being prepared to discuss them. The instructor and discussion leaders may call on students to answer questions or to discuss relevant topics and students are required to respond appropriately.

Grading

Assignment Point Allocation:

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|------------------------|---------------|
| 1. Class Participation | 10 pts |
| 2. Learning Circle | 15 pts |
| 3. Assignment 1 | 20 pts |
| 4. Assignment 2 | 20 pts |
| 5. Assignment 3 | 20 pts |
| 6. Final Presentation | <u>15 pts</u> |
| Total: | 100 pts |

| Competency | Course Objectives(s) | Lessons | Assessment(s) |
|------------|----------------------|-----------------------|------------------|
| 1 | 1, 5, 8 | 1, 2, 4, 14 | Assignment 1 |
| 2 | 5, 8 | 1, 8, 13 | Assignment 1 |
| 3 | 2, 4, 6 | 4, 5, 6, 7, 8 | Assignment 2 |
| 4 | 7, 8 | 9, 10, 11, 12, 13, 14 | Assignment 3 |
| 5 | 5, 7 | 8, 9, 10, 11, 12 | Assignment 1 & 3 |

Grading Policy:

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| 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:

| Week 1 (01/27) | |
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| Topic | Introduction of D & I: Context, rationale, and terminology |
| "Online 30" & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> • Chapter 1. Colditz GA & Emmons KM. The promise and challenges of dissemination and implementation research (p. 1-18) • Chapter 2. Rabin BA & Brownson RC. Terminology for dissemination and implementation research (p.19-45) • Glasgow RE, Vinson C, Chambers D, Khoury MJ, Kaplan RM, Hunter C. National Institutes of Health approaches to dissemination and implementation science: Current and future directions. <i>Am J Public Health</i> 2012;102(7):1274-81. <p>"Online 30" (required):</p> <ul style="list-style-type: none"> • NCI IS Webinar "Health disparities and implementation science: implications and opportunities": https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=1 <p>Optional readings:</p> <ul style="list-style-type: none"> • Lobb R, Colditz GA. Implementation science and its application to population health. <i>Annu Rev Public Health</i> 2013;34:235-51. • Geng EH, Peiris D, Kruk ME. Implementation science: Relevance in the real world without sacrificing rigor. <i>PLoS Med</i> 2017;14(4):e1002288 |
| Week 2 (02/03) | |
| Topic | Evidence-based interventions & Intervention Mapping |
| "Online 30" & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> • Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: a fundamental concept for public health practice. <i>Annu Rev Public Health</i> 2009;30:175-201. • Chapter 21. Dissemination and implementation research in community and public health settings. Vinson CA, Stamatakis KA, Kerner JF. (p.355-370) • National Center for Safe Healthy Children. Selecting evidence-based programs (https://healthysafechildren.org/sites/default/files/Selecting_EBPs_Website_508.pdf) • Bartholomew LK, Parcel GS, Kok Gerjo. Intervention mapping: A process for developing theory- and evidence-based health education programs. <i>Health Education & Behavior</i> 1998;25(5):545-63. <p>"Online 30" (required): None. Extra in Week 6.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Community Preventive Services Task Force Findings (a collection of evidence-based interventions): https://www.thecommunityguide.org/task-force-findings • Research-Tested Intervention Programs (Cancer specific): https://rtips.cancer.gov/rtips/index.do • Substance Abuse and Mental Health Services Administration Evidence-based Practices Resource Center: https://www.samhsa.gov/ebp-resource-center <p>Optional readings:</p> <ul style="list-style-type: none"> • Highfield L, Hartman MA, Mullen PD, et al. Intervention mapping to adapt evidence-based interventions for use in practice: increasing mammography among African American women. <i>BioMed Res Int</i> 2015;160103. |

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| | <ul style="list-style-type: none"> Truman BI, Smith-Akin K, Hinman AR, et al., Developing the <i>Guide to Community Preventive Services</i> – Overview and Rationale. <i>Am J Prev Med</i> 2000;18(1S):18-26. |
| Week 3 (02/10) | |
| Topic | Adaptation of evidence-based interventions/Fidelity |
| "Online 30" & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> Chapter 16. Allen JD, Shelton RC, Emmons KM, Linnan LA. Fidelity and Its Relationship to Implementation Effectiveness, Adaptation, and Dissemination (p.267-284) Chapter 17. Baumann A, Cabassa LJ, Stirman SW. Adaptation in Dissemination and Implementation Science (p.285-300) Stirman SW, Miller CJ, Toder K, Calloway A. Development of a framework and coding system for modifications and adaptations of evidence-based interventions. <i>Implement Sci</i> 2013;8(65):1-12. Stanton B, Guo J, Cottrell L, et al., The complex business of adapting effective interventions to new populations: an urban to rural transfer. <i>J Adolesc Health</i> 2005;37:163. <p>"Online 30" (required):</p> <ul style="list-style-type: none"> NCI IS Webinar "Balancing fidelity and adaptation": https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=15 <p>Optional readings:</p> <ul style="list-style-type: none"> Cohen DJ, Crabtree DF, Etz RS, et al., Fidelity versus flexibility: translating evidence-based research into practice. <i>Am J Prev Med</i> 2008;35(5 Suppl):S381-9. Rodriguez D, Naumann AA, Schwartz AL. Cultural adaption of an evidence-based intervention: from theory to practice in a Latino/a community context. <i>Am J Community Psychol</i> 2011;47:170-86. Bellg AJ, Borrelli B, Resnick et al., Enhancing treatment fidelity in health behavior change studies: best practices and recommendations from the NIH Behavior Change Consortium. <i>Health Psychol</i> 2004;23:443-51. |
| Assignment Due | Assignment 1 Due (12:00am 02/16) |
| Week 4 (02/17) | |
| Topic | Overview of D & I theories and frameworks |
| "Online 30" & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> Chapter 3. Dearing JW, Kee KF, Peng TQ. Historical roots of dissemination and implementation science (p.47-61). Chapter 5. Tabak RG, Chambers DA, Hook M, Brownson R. The conceptual basis for dissemination and implementation research (p.73-88). Nilsen P. Making sense of implementation theories, models, and frameworks. <i>Implement Sci</i> 2015;10:53 <p>"Online 30" (required):</p> <ul style="list-style-type: none"> NCI IS Webinar "Applying models and frameworks to D&I research: an overview and analysis": https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=17 <p>Resources:</p> <ul style="list-style-type: none"> All D & I models/frameworks: http://dissemination-implementation.org/viewAll_di.aspx <p>Optional readings:</p> |

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| | <ul style="list-style-type: none"> Green LW, Ottoson JM, Garcia C, et al., Diffusion theory and knowledge dissemination, utilization, and integration in public health. <i>Annu Rev Public Health</i> 2009;30:151-174. Tabak RG, Khoong EC, Chambers DA, Brownson RC. Bridging research and practice: models for dissemination and implementation research. <i>Am J Prev Med.</i> 2012;43(3):337-350. |
| Week 5 (02/24) | |
| Topic | Models and frameworks: CFIR & RE-AIM |
| "Online 30" & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. <i>Implement Sci</i> 2009;4:50. Kirk MA, Kelley C, Yankey N, et al., A systematic review of the use of the Consolidated Framework for Implementation Research. <i>Implement Sci</i> 2016;11:72. Glasgow RE, Vogt TM, Boles SM. 1999. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. <i>Am J Public Health</i> 1999;89(9):1922-27. Glasgow RE, Harden SM, Gaglio B, et al., RE-AIM planning and evaluation framework: adapting to new science and practice with a 20-year review. <i>Frontiers in Public Health</i> 2019;7:1-9. <p>"Online 30" (required):</p> <ul style="list-style-type: none"> NCI IS Webinar "Use of theory in implementation research: pragmatic application and scientific advancement of CFIR": https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=18 <p>Resources:</p> <ul style="list-style-type: none"> CFIR: https://cfirguide.org/ RE-AIM: http://www.re-aim.org/ <p>Optional readings:</p> <ul style="list-style-type: none"> Damschroder LJ, Lowery JC. Evaluation of a large-scale weight management program use the consolidated framework for implementation research (CFIR). <i>Implement Sci</i> 2013;8:51. Glasgow RE, Eckstein ET, ElZarrad MK. Implementation science perspectives and opportunities for HIV/AIDS research: Integrating science, practice, and policy. <i>J Acquir Immune Defic Syndr</i> 2013;63:26-31. Allcock M, Johnson LS, Leone L, et al. Promoting fruit and vegetable consumption among members of black churches, Michigan and north Carolina, 2008-2010. <i>Prev Chronic Dis</i> 2013;10:E33. |
| Week 6 (03/02) | |
| Topic | Models and frameworks: ISF & EPIS |
| "Online 30" & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> Chapter 9. Riley BL, Willis CD, Holmes B, Finegood DT, Best A, Mclsaac JD. Systems thinking in dissemination and implementation research (p.143-155) Wandersman A, Duffy J, Flaspohler P, Noonan R, Lubell K, et al. Bridging the gap between prevention research and practice: the interactive systems framework for dissemination and implementation. <i>Am J Community Psychol</i> 2008;41(3-4):171-81. Aarons GA, Hurlburt M, Horwitz SM. Advancing a conceptual model of evidence-based practice implementation in public service sectors. <i>Adm Policy Ment Health</i> 2011;38:4-23. |

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| | <p>“Online 30” (required):</p> <ul style="list-style-type: none"> • NCI IS Webinar “Use of theory in implementation research: using the ISF as a lens for readiness in cancer control?”: https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=20 • NCI IS Webinar “Use of theory in implementation research: the EPIS framework”: https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=19 <p>Resources:</p> <ul style="list-style-type: none"> • EPIS: https://episframework.com/ <p>Optional readings:</p> <ul style="list-style-type: none"> • Flaspohler P, Lesesne CA, Puddy RW, et al. Advances in bridging research and practice: introduction to the second special issue on the interactive system framework for dissemination and implementation <i>Am J Community Psychol</i> 2012;50:271-81. • Moullin JC, Dickson KS, Stadnick NA, et al., Systematic review of the EPIS framework. <i>Implement Sci</i> 2019;14:1. |
| Week 7 (03/09) | |
| Topic | D & I Strategies: Overview |
| “Online 30” & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> • Chapter 15. Kirchner JE, Waltz TJ, Powell BJ, Smith JL, Proctor EK. Implementation strategies (p.245-266) • Powell BJ, Waltz TJ, Chinman MJ, et al. A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. <i>Implement Sci</i>. 2015;10:21. • Powell BJ, Beidas RS, Lewis CC, et al. Methods to improve the selection and tailoring of implementation strategies. <i>J Behav Health Serv Res</i>. 2017;44(2):177-194. <p>“Online 30” (required):</p> <ul style="list-style-type: none"> • NCI IS Webinar “Identifying, specifying, and applying implementation strategies”: https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=31 <p>Optional readings:</p> <ul style="list-style-type: none"> • Powell BJ, Proctor EK, Glass JE. A systematic review of strategies for implementing empirically supported mental health interventions. <i>Research on Social Work Practice</i>. 2014;24(2):192-212. • Colquhoun HL, Squires JE, Kolehmainen N, et al., Methods for designing interventions to change healthcare professionals’ behavior: a systematic review. <i>Implement Sci</i> 2017;12:30. • Waltz TJ, Powell BJ, Matthieu MM, et al., Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study. <i>Implement Sci</i> 2015;10:109. |
| Week 8 (03/23): Dr. Thomas Mackie | |
| Topic | D & I Strategies: Organizational and policy |
| “Online 30” & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> • Chapter 8. Aarons GA, Moullin JC, Ehrhart MG. The role of organizational processes in dissemination and implementation research (p.121-142). • Chapter 26. Purtle J, Dodson EA, Brownson RC. Policy dissemination research (p.433-447) |

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| | <p>“Online 30” (required): None. Extra in Week 9.</p> <p>Optional readings: None.</p> |
| Assignment Due | Assignment 2 Due (12:00am 03/29) |
| Week 9 (03/30) | |
| Topic | Overview of Design and Analysis; Pragmatic implementation trials & hybrids |
| “Online 30” & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> • Chapter 13. Landsverk J, et al., Design and analysis in dissemination and implementation research (p.201-227). • Brown CH, Curran G, Palinkas LA, et al. An overview of research and evaluation designs for dissemination and implementation. <i>Annu Rev of Public Health</i>. 2017;38:1-22. • Glasgow RE, Magid DJ, Beck A, et al., Practical clinical trials for translating research to practice: design and measurement recommendations. <i>Med Care</i> 2005;43:551-7. • Curran GM, Bauer M, Mittman B, Pyne JM, Stetler C. Effectiveness-implementation hybrid designs: combining elements of clinical effectiveness and implementation research to enhance public health impact. <i>Med Care</i>. 2012;50(3):217-226. <p>“Online 30” (required):</p> <ul style="list-style-type: none"> • NCI IS Webinar “Sequential multiple assignment randomized trials & adaptive designs for implementation studies”: https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=24 • NCI IS Webinar “Hybrid designs – Combining elements of clinical effectiveness and implementation research”: https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=23 <p>Optional readings:</p> <ul style="list-style-type: none"> • Chapter 18. Green LW, Nasser M. Furthering dissemination and implementation research: the need for more attention to external validity (p.301-316) • Krist AH, Glenn BA, Glasgow RE, et al. Designing a valid randomized pragmatic primary care implementation trial: the my own health report (MOHR) project. <i>Implement Sci</i>. 2013;8:73. • Mazzucca S, Tabak RG, Pilar M, et al., Variation in research designs used to test the effectiveness of dissemination and implementation strategies: a review. <i>Frontiers in Public Health</i> 2018;6:32. |
| Week 10 (04/06): Dr. Shawna Hudson | |
| Topic | Design and Analysis: Participatory Research and Qualitative Methods |
| “Online 30” & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> • Chapter 11. Minkler M, Salvatore AL, Chang C. Participatory approaches for study design and analysis in dissemination and implementation research (p.175-190). • Nation Cancer Institute. <i>Qualitative methods in implementation science</i> (https://cancercontrol.cancer.gov/IS/docs/NCI-DCCPS-ImplementationScience-WhitePaper.pdf). • Mazzucca S, Tabak RG, Pilar M, et al., Variation in research designs used to test the effectiveness of dissemination and implementation strategies: a review. <i>Front Public Health</i> 2018;6:32 <p>“Online 30” (required):</p> |

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| | <ul style="list-style-type: none"> NCI IS Webinar “How engaged are we? Measuring community engagement and partnership”: https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=3 <p>Optional readings:</p> <ul style="list-style-type: none"> Miller WL, Rubenstein EB, Howard J, et al., Shifting implementation science theory to empower primary care practices. <i>Ann Fam Med</i> 2019;17:250-6. Balasubramanian NA, Cohen DJ, Davis MM, et al., Learning evaluation: blending quality improvement and implementation research methods to study healthcare innovations. <i>Implement Sci</i> 2015;10:31. |
| Week 11 (04/13) | |
| Topic | Design and Analysis: Mixed Methods |
| “Online 30” & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> Chapter 20. Palkinkas LA, Cooper BR. Mixed methods evaluation in dissemination and implementation science (p.335-353). Palinkas LA, Arons GA, Horwitz S, et al. Mixed method designs in implementation research. <i>Adm Policy Ment Health</i>. 2011;38(1):44-53. Powell BJ, Proctor EK, Glisson CA, et al. A mixed methods multiple case study of implementation as usual in children’s social service organizations: study protocol. <i>Implement Sci</i>. 2013; 8: 92. <p>“Online 30” (required):</p> <ul style="list-style-type: none"> NCI IS Webinar “Mixed methods in implementation science”: https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=26 <p>Optional readings:</p> <ul style="list-style-type: none"> Palinkas LA, Horwitz SM, Green CA, et al., Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. <i>Adm Policy Ment Health</i> 2015;42:533-44. Forman J, Heisler M, Damschorder LJ, et al., Development and application of the RE-AIM QuEST mixed methods framework for program evaluation. <i>Prev Med Rep</i> 2017;6:322-28. |
| Week 12 (04/20) | |
| Topic | D & I Measures and measurement issues |
| “Online 30” & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> Chapter 14. Lewis CC, Proctor EK, Browson RC. Measurement issues in dissemination and implementation research (p.229-244). Proctor E, Silmere H, Raghavan R, et al., Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. <i>Adm Policy Ment Health</i> 2011;38:65-76. Lewis CC, Fischer S, Weiner BJ, Stanick C, Kim M, Martinez RG. Outcomes for implementation science: an enhanced systematic review of instruments using evidence-based rating criteria. <i>Implement Sci</i>. 2015;10:155. <p>“Online 30” (required):</p> <ul style="list-style-type: none"> NCI IS Webinar “Reporting, guidelines, measures and harmonization: NIH D&I Working Meeting on Measures and Reporting follow up”: https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=8 <p>Resources:</p> <p>D & I Measure constructs: http://www.dissemination-implementation.org/measures.aspx</p> <p>Optional readings:</p> |

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| | <ul style="list-style-type: none"> Rabin BA, Lewis CC, Norton WE, et al. Measurement resources for dissemination and implementation research in health. <i>Implement Sci.</i> 2016;11:42. Clinton-McHarg. Psychometric properties of implementation measures for public health and community settings and mapping of constructs against the CFIR a systematic review. <i>Implement Sci</i> 2016;11:148 Chaudoir SR, Dugan AG, Barr CHI. Measuring factors affecting implementation of health innovations: a systematic review of structural, organizational, provider, patient, and innovation level measures. <i>Implement Sci.</i> 2013;8:22. |
| Assignment Due | Assignment 3 Due (12:00am 04/26) |
| Week 13 (04/27) Dr. Michael Gusmano | |
| Topic | Sustainment; De-implementation |
| "Online 30" & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> Shelton RC, Cooper BR, Stirman SW. The Sustainability of Evidence-Based Interventions and Practices in Public Health and Health Care. <i>Annu Rev Public Health</i> 2018;39:55-76 Chambers DA, Glasgow RE, Stange KC. The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change. <i>Implement Sci</i> 2013;8:117. Nielsen ME, Birken SA. Implementation science theories to inform efforts for de-implementation of urologic oncology care practices resulting in overuse and misuse. <i>Urologic Oncology: Seminars and Original Investigations</i> 2018;36:252-6. <p>"Online 30" (required):</p> <ul style="list-style-type: none"> NCI IS Webinar "Building a lasting impact: implementation science and sustainability": https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=5 <p>Optional readings:</p> <ul style="list-style-type: none"> Stirman SW, Kimberly J, Cook N, et al. The sustainability of new programs and innovations: a review of the empirical literature and recommendations for future research. <i>Implement Sci</i> 2012;7:17. Scheirer MA, Dearing JW. An agenda for research on the sustainability of public health programs. <i>Am J Public Health</i> 2011;101:2059-67. Colla CH, Mainor AJ, Hargreaves C, et al. Interventions aimed at reducing use of low-value health services: A systematic review. <i>Medical Care Research and Review</i> 2017;74:507-550. |
| Week 14 (05/04): Dr. Jennifer Tsui | |
| Topic | Racial/ethnic minority and other vulnerable populations; Global contexts; Future issues |
| "Online 30" & Readings | <p>Required readings:</p> <ul style="list-style-type: none"> Chapter 27. Yancey A, Glen BA, Ford CL, Bell-Lewis L. Dissemination and implementation research among racial/ethnic and other vulnerable populations (p.449-469) Chinman M, Woodward EN, Curran GM, Housmann LRM. Harnessing implementation science to increase the impact of health equity research. <i>Med Care</i> 2017;55:16-23. Chapter 28. Lobb R, Ramanadhan S, Murray L. Dissemination and implementation research in global context (p.471-480) Chapter 29. Browson RC, Colditz GA, Proctor EK. Future issues in dissemination and implementation research (p.481-490) |

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| | <p>“Online 30” (required):</p> <ul style="list-style-type: none"> • NCI IS Webinar “Writing implementation research grant proposals: ten key ingredients”: https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=2 <p>Optional readings:</p> <ul style="list-style-type: none"> • Glasgow RE, Askew S, Purcell P, et al. Use of RE-AIM to address health inequities: application in a low-income community health center-based weight loss and hypertension self-management program. <i>Transl Behav Med</i> 2013;3:200-10. |
| Week 15 (05/11) | |
| Topic/ Assignment Due | Student Final Presentations |

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). Canvas is accessible at 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). 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. 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

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