

Course Title:	Public Health Communications/Risk Communication
Course Number:	HBSP 0654
Course Location:	Remote – via Zoom https://rutgers.zoom.us/j/99348773353?pwd=UzE3S1k3RHJCTjBJbTRxTDkzSEtQT09 (Meeting id: 993 4877 3353, passcode: 0654; phone: +1 646 558 8656)
Course Date & Time:	Thursday, 6–8 pm
Course Instructor:	Stefanie Gratale, PhD, MPA Postdoctoral Fellow, Rutgers Center for Tobacco Studies skg83@cts.rutgers.edu
Office Hours:	Wednesday, 3:30–4:30 pm and by appointment (all via Zoom; passcode 0654) https://rutgers.zoom.us/j/92576338293?pwd=K1JVNXIjTHR5OUJkS0VTU1A1VFpwQT09 (Meeting id: 925 7633 8293, passcode: 0654; phone: +1 646 558 8656)
Course Text:	There is no required textbook. Citations and/or PDFs for readings will be posted to Canvas.

Course Description:

The purpose of this class is to familiarize students with health communication, and issues related to health advocacy and health risk information.

Selected Concentration Competencies Addressed:

Each Concentration identifies competencies for each degree offered. This course will reinforce the following competencies for the MPH for the Department of Social and Behavioral Health Sciences:

1. Utilize health behavior theories or models for understanding health behaviors;
2. Develop or critique health education, or health promotion, or health intervention materials, methods or programs;
3. Utilize principles of health communication and risk communication in addressing public health issues or concerns.

Please visit the Concentration webpages on the SPH website for more information.

Course Objectives:

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

- Discuss and analyze principles of health and risk communication and key factors in communicating health risk;
- Apply theory to considerations of public health campaigns and risk/crisis communication;
- Analyze challenges related to communicating data and health recommendations to the public;
- Assess key considerations, including media channels, for communicating health related information to a target audience.

Course Guidelines:

General Guidelines

- Regular attendance is encouraged, and engagement in the course will be considered when assigning the class participation grade.
- This course will adhere to all policies and procedures delineated in Rutgers-School of Public Health Student Handbook. “Failure to read the Student Handbook does not excuse a student from the requirements and regulations as described herein.”
- Reading assignments should be completed prior to class meetings

Canvas: The syllabus, details of assignments, and targeted class readings not readily available on the internet will be on Canvas for download. Students are responsible for checking the site for details on assignments and downloading readings. Course assignments should be submitted via Microsoft Word to Canvas by the date and time noted on the syllabus.

Course Requirements and Grading:

Health Communication Project: Students, working in pairs or groups of 3, will complete a health communication project that will entail three components: (1) Issue & audience analysis; (2) Theory application; and (3) Presentation. Detailed requirements for each component will be provided via Canvas.

Discussion Paper: Each student will be asked to prepare a discussion paper for the weekly readings ONCE during the semester, (if they choose, students may select the same day as their Health in the News discussion). The discussion paper should be a critique of the readings that covers an assessment of methodological strengths and weaknesses, key takeaways related to the specific weekly course topic, and general public health communication/advocacy implications and remaining questions.

Health in the News: Throughout the semester, the class will examine health-related information in current news. During each class session, one or two student(s) will present an example of a current issue in health news that relates to our course content for that day. Examples may be an article, a blog, or a news segment. Students must submit this to Canvas and to the class via email by 5 pm on the **Tuesday** before their assigned class, so that the class has time to review it. After each class, students will be expected to submit peer feedback via email for the weekly Health in the News presenter. Please cc the professor (you will not be graded on the feedback, but failure to complete it will affect your participation grade).

Required at-home (online 30): SPH’s 2-hour class system involves 2 hours of in person classtime each session and at least 30 minutes of at-home work. For our course, the online 30 will be devoted to reviewing the Health in the News submission by the weekly presenter and subsequently providing feedback. Students will be expected to contribute to the class discussion of these topics.

Class participation: In recognition of the virtual set-up of our course, class participation will be based on a variety of factors, including (but not limited to) engagement with class discussion, Health in the News, and peer feedback.

Grading: The table below lists the values and due dates of each assignment

Assignment	Points	Competencies	Date Due
Project: Topic Selection	N/A	N/A	Week 4
Project: Issue/Audience Analysis	20	1, 3	Week 8
Project: Theory Application	25	1, 3	Week 14
Presentation	10	1, 3	Weeks 14 & 15
Discussion Paper	20	1, 2, 3	Once/semester
Health in the News	15	1, 2, 3	Once/semester
Class Participation	10	1, 2, 3	Weekly

Note: All written assignments are due by the start of class on the assigned date.

Additional policies for assignments are as follows:

Lateness: All work is due at the start of class on the date assigned (unless otherwise noted), and assignments turned in after the due dates are considered late. Unless we have come to an arrangement at least one class before the assigned due date (or later with instructor approval, in extenuating emergent circumstances), your grade will be lowered 1/3 of a letter grade (e.g., from an A- to a B+) for each day written work is late.

Writing: Written communication is an important tool of health education and behavioral science. Please proofread your written assignments to ensure proper spelling/grammar and appropriate language, organization and citations, as these will be factored into the grade.

Citations: Citations should be in APA style. See <http://www.apastyle.org>.

Formatting Requirements: Written assignments should be double spaced, in 12-point font, with 1-inch top/bottom and 1- or 1.25-inch side margins. Assignments not completed within the specified page limits will be subject to a deduction of points.

- Our class observes the school-wide uniform grading scale, listed here.

The school-wide uniform grading scale is 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

WEEKLY CLASS SCHEDULE

(Weekly schedules and readings are subject to change; please check Canvas each week for finalized weekly reading list).

Part 1 - Foundations

1) Jan 20 Introductions, Course Overview, Intro to Health Comm Theory

Readings

- NCI Pink Book – P. 1-13
- Fishbein, M., & Cappella, J. N. (2006). The role of theory in developing effective health communications. *Journal of Communication, 56*(S1), S1-S17. doi: 10.1111/j.1460-2466.2006.00280.x
- Skovdal, M., Pickles, M., Hallett, T.B., Nyamukapa, C. and Gregson, S. (2020). Complexities to consider when communicating risk of COVID-19. *Public Health, 186*: 283-5.

2) Jan 27 Select Health Comm Theories (Health Belief Model, Transtheoretical Model, Normative Theory)

Readings

- Downing-Matibag, T. M., & Geisinger, B. (2009). Hooking up and sexual risk taking among college students: A health belief model perspective. *Qualitative Health Research, 19*(9), 1196-1209.
- Marcus, B. H., Banspach, S. W., Lefebvre, R. C., Rossi, J. S., Carleton, R. A., & Abrams, D. B. (1992). Using the stages of change model to increase the adoption of physical activity among community participants. *American journal of health promotion, 6*(6), 424-429.
- Rimal, R. N., & Real, K. (2003). Understanding the influence of perceived norms on behaviors. *Communication Theory, 13*(2), 184-203.

Supplemental Readings

- Rosenstock, IM. Historical origins of the health belief model. Health Education Monographs, 1974,2 328-335.
- Cialdini, R. B. (2003). Crafting normative messages to protect the environment. *Current Directions in Psychological Science, 12*(2), 105-109.

3) Feb 3 Understanding Audiences (Audience segmentation & key characteristics)
***Guest Speaker (tentative)**

Readings

- NCI – The Pink Book – P. 23-27
- Slater, M. D. (1996). Theory and method in health audience segmentation. *Journal of Health Communication, 1*(3), 267-284.
- Chapter 7 (Persuasion, audiences and social learning) in Woodward, G. C., & Denton, Jr., R. E. (2014). *Persuasion and influence in American life* (7th ed.). Long Grove, IL: Waveland Press.
- Bastardi, A., Uhlmann, E. L., & Ross, L. (2011). Wishful thinking: Belief, desire, and the motivated evaluation of scientific evidence. *Psychological science, 22*(6), 731.
- Grandpre, J., Alvaro, E. M., Burgoon, M., Miller, C. H., & Hall, J. R. (2003). Adolescent reactance and anti-smoking campaigns: A theoretical approach. *Health communication, 15*(3), 349-366.
- *Readings for Discussion Paper: Bastardi (2011) and Grandpre (2003)*

Supplemental Readings

- Chapter 2 in MDT Workbook
- Case, K., Crook, B., Lazard, A., & Mackert, M. (2016). Formative research to identify perceptions of e-cigarettes in college students: Implications for future health communication campaigns. *Journal of American College Health, 64*(5), 380-389.

4) Feb 10 Reaching Audiences: Channels & Approaches

Readings:

- NCI – The Pink Book – P. 27-35
- Pablo Briñol, P. and Petty, R.E. (2006). Fundamental Processes Leading to Attitude Change: Implications for Cancer Prevention Communications. *Journal of Communication, 56*:s1 S81
- Schooler, C., Chaffee, S. H., Flora, J. A., & Roser, C. (1998). Health campaign channels tradeoffs among reach, specificity, and impact. *Human Communication Research, 24*(3), 410-432.
- Jones K, Eathington P, Baldwin K and Sipsma H. The impact of health education transmitted via social media or text messaging on adolescent and young adult risky sexual behavior: A systematic review of the literature. *Sex Transm Dis* 2014 July; 41(7)413-9.
- Stephens, K. K., Rimal, R. N., & Flora, J. A. (2004). Expanding the reach of health campaigns: Community organizations as meta-channels for the dissemination of health information. *Journal of Health Communication, 9*(S1), 97-111.
- *Readings for Discussion paper (choose 2): Briñol (2006), Schooler (1998), Jones (2014), Stephens (2004)*

Supplemental Readings:

- Southwell, B. G., & Yzer, M. C. (2007). The roles of interpersonal communication in mass media campaigns. *Communication yearbook*, 31, 420.

5) Feb 17 Media and Risk

Readings:

- Mello, S., & Hornik, R. C. (2016). Media coverage of pediatric environmental health risks and its effects on mothers' protective behaviors. *Risk analysis*, 36(3), 605-622.
- World Health Organization. (2018). Risk communication and community engagement preparedness and readiness framework: Ebola response in the Democratic Republic of Congo in North Kivu.
- Weinstein, N. D. (1999). What does it mean to understand a risk? Evaluating risk comprehension. *JNCI Monographs*, 1999(25), 15-20.
- *Readings for Discussion Paper:* Mello (2016) and Weinstein (1999)

Supplemental Readings:

- Bakir, V. (2010). Media and risk: old and new research directions. *Journal of risk research*, 13(1), 5-18.
- Cho, H. and Kuang, K. (2015). *The Sage Handbook of Risk Communication. The Societal Risk Reduction Motivation Model.* Sage. Thousand Oaks: CA.

6) Feb 24 Message Principles for Risk Comm (Statistics vs. narratives/exemplars)

Readings:

- Kim, H. S., Bigman, C. A., Leader, A. E., Lerman, C., & Cappella, J. N. (2012). Narrative health communication and behavior change: The influence of exemplars in the news on intention to quit smoking. *Journal of Communication*, 62(3), 473-492.
- Kreuter, M. W., Holmes, K., Alcaraz, K., Kalesan, B., Rath, S., Richert, M., ... & Clark, E. M. (2010). Comparing narrative and informational videos to increase mammography in low-income African American women. *Patient education and counseling*, 81, S6-S14.
- Dahlstrom, M. F. (2014). Using narratives and storytelling to communicate science with nonexpert audiences. *Proceedings of the National Academy of Sciences*, 111(Supplement 4), 13614-13620.
- *Readings for Discussion Paper:* Kim (2012) and Kreuter (2010)

Supplemental Readings:

- Pot, M., Van Keulen, H., Paulussen, T., Otten, W., Van Steenberghe, J., & Ruiters, R. (2019). Mothers' Perceptions of their Daughters' Susceptibility to HPV-related Risk Factors: An Experimental Pretest Comparing Narrative and Statistical Risk Information. *Health Psychology Bulletin*, 3(1).
- De Wit, J. B., Das, E., & Vet, R. (2008). What works best: objective statistics or a personal testimonial? An assessment of the persuasive effects of different types of message evidence on risk perception. *Health Psychology*, 27(1), 110.

- Hinyard, L. J., & Kreuter, M. W. (2007). Using narrative communication as a tool for health behavior change: a conceptual, theoretical, and empirical overview. *Health education & behavior*, 34(5), 777-792.
- Adebayo, A. L., Davidson Mhonde, R., DeNicola, N., & Maibach, E. (2020). The Effectiveness of Narrative Versus Didactic Information Formats on Pregnant Women's Knowledge, Risk Perception, Self-Efficacy, and Information Seeking Related to Climate Change Health Risks. *International journal of environmental research and public health*, 17(19), 6969.

7) March 3 Message Principles for Risk Comm (Absolute vs. relative risk)

Readings:

- Brewer, N. T., & Hallman, W. K. (2006). Subjective and objective risk as predictors of influenza vaccination during the vaccine shortage of 2004–2005. *Clinical Infectious Diseases*, 43(11), 1379-1386.
- Gigerenzer, G., Gaissmaier, W., Kurz-Milcke, E., Schwartz, L. M., & Woloshin, S. (2007). Helping doctors and patients make sense of health statistics. *Psychological science in the public interest*, 8(2), 53-96.
- Peters, E., Hibbard, J., Slovic, P., & Dieckmann, N. (2007). Numeracy skill and the communication, comprehension, and use of risk-benefit information. *Health Affairs*, 26(3), 741-748.
- *Readings for Discussion Paper:* Brewer (2006), Gigerenzer (2007)

Supplemental Readings:

- Goldman, R. E., Parker, D. R., Eaton, C. B., Borkan, J. M., Gramling, R., Cover, R. T., & Ahern, D. K. (2006). Patients' perceptions of cholesterol, cardiovascular disease risk, and risk communication strategies. *The Annals of Family Medicine*, 4(3), 205-212.
- Rothman, A. J., & Kiviniemi, M. T. (1999). Treating people with information: an analysis and review of approaches to communicating health risk information. *JNCI monographs*, 1999(25), 44-51.
- Visschers, V. H., Meertens, R. M., Passchier, W. W., & De Vries, N. N. (2009). Probability information in risk communication: a review of the research literature. *Risk Analysis: An International Journal*, 29(2), 267-287.

Part 2: Applications

8) Mar 10 Interpersonal Health Comm. (continued)
***Guest Speaker (tentative)**

Readings:

- Politi, M. C., & Street, R. L. (2011). The importance of communication in collaborative decision making: facilitating shared mind and the management of uncertainty. *Journal of evaluation in clinical practice*, 17(4), 579-584.
- Alaszewski, A. (2005). A person-centered approach to communicating risk. *PLoS Medicine* 2(2): e41.
- Zimmerman, G. L., Olsen, C. G., & Bosworth, M. F. (2000). A 'stages of change' approach to helping patients change behavior. *American family physician*, 61(5), 1409-1416.

- Mazor, K. and Fisher, K. (2021, September 17). A direct recommendation from a doctor may help with vaccine hesitancy. *The Conversation* (via *UMass Med News*).
- *Readings for Discussion Paper (choose 2)*: Politi (2011), Alaszewski (2005), Zimmerman (2000)

Supplemental Readings:

- Lorié, Á., Reiner, D. A., Phillips, M., Zhang, L., & Riess, H. (2017). Culture and nonverbal expressions of empathy in clinical settings: A systematic review. *Patient education and counseling*, 100(3), 411-424.

March 17 Spring Break

9) Mar 24 Interpersonal Health Comm.

Readings:

- Travaline, J. M., Ruchinkas, R., & D'Alonzo, G. E. (2005). Patient-physician communication: why and how. *Journal of Osteopathic Medicine*, 105(1), 13-18.
- Gupta, A. (2015). The importance of good communication in treating patients' pain. *AMA journal of ethics*, 17(3), 265-267
- Henry, S. G., & Matthias, M. S. (2018). Patient-clinician communication about pain: a conceptual model and narrative review. *Pain Medicine*, 19(11), 2154-2165.
- Roter, D. L., Frankel, R. M., Hall, J. A., & Sluyter, D. (2006). The expression of emotion through nonverbal behavior in medical visits. *Journal of general internal medicine*, 21(1), 28-34.
- *Readings for Discussion Paper*: Henry (2018), Roter (2006)

10) Mar 31 Mass Media/Social Media: Health Campaigns and Advocacy
***Guest speaker (tentative)**

Readings:

- The White House Office of the First Lady. (2010). First lady michelle obama launches let's move: America's move to raise a healthier generation of kids. Letsmove.gov
- Batchelder, A., & Matusitz, J. (2014). "Let's Move" Campaign: Applying the Extended Parallel Process Model. *Social work in public health*, 29(5), 462-472.
- Freeman, B., Potente, S., Rock, V., & McIver, J. (2015). Social media campaigns that make a difference: what can public health learn from the corporate sector and other social change marketers. *Public Health Res Pract*, 25(2), e2521517.

Supplemental Readings:

- Yoo, S. W., Kim, J., & Lee, Y. (2018). The effect of health beliefs, media perceptions, and communicative behaviors on health behavioral intention: An integrated health campaign model on social media. *Health Communication*, 33(1), 32-40.

- Chung, J. E. (2016). A smoking cessation campaign on Twitter: understanding the use of Twitter and identifying major players in a health campaign. *Journal of health communication*, 21(5), 517-526.

11) April 7 Mass Media/Social Media: Health Campaigns and Advocacy

Readings:

- Snyder, L. B. (2007). Health communication campaigns and their impact on behavior. *Journal of nutrition education and behavior*, 39(2), S32-S40.
- Wakefield, M. A., Loken, B., & Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. *The Lancet*, 376(9748), 1261-1271.
- Maher, C. A., Lewis, L. K., Ferrar, K., Marshall, S., De Bourdeaudhuij, I., & Vandelandotte, C. (2014). Are health behavior change interventions that use online social networks effective? A systematic review. *Journal of medical Internet research*, 16(2), e40.
- Wong, F., Huhman, M., Asbury, L., Bretthauer-Mueller, R., McCarthy, S., Londe, P., & Heitzler, C. (2004). VERB™—a social marketing campaign to increase physical activity among youth. *Preventing chronic disease*, 1(3).
- *Readings for Discussion Paper (choose 2):* Wong (2004), Maher (2014), Wakefield (2010)

Supplemental Readings:

- Huhman, M. E., Potter, L. D., Duke, J. C., Judkins, D. R., Heitzler, C. D., & Wong, F. L. (2007). Evaluation of a national physical activity intervention for children: VERB™ campaign, 2002–2004. *American journal of preventive medicine*, 32(1), 38-43.
- Huhman, M. E., Potter, L. D., Nolin, M. J., Piesse, A., Judkins, D. R., Banspach, S. W., & Wong, F. L. (2010). The influence of the VERB campaign on children's physical activity in 2002 to 2006. *American Journal of Public Health*, 100(4), 638-645.

Part 3: Special Considerations

12) April 14 Crisis Communication

Readings:

- NCI – The Pink Book – P. 98
- MDT excerpt (Johnson & Johnson Tylenol poisoning case study)
- Mendy, A., Stewart, M. L., & VanAkin, K. (2020). A leader's guide: Communicating with teams, stakeholders, and communities during COVID-19. *McKinsey Quarterly Magazine [Internet]*. <https://www.mckinsey.com/business-functions/organization/our-insights/a-leaders-guide-communicating-with-teams-stakeholders-and-communities-during-covid-19> (2020, accessed 20 July 2020). *Google Scholar*.
- Coombs, W. T. (2020). Public sector crises: Realizations from covid-19 for crisis communication. *Partecipazione e conflitto*, 13(2), 990-1001.

Supplemental Readings:

- Benoit, W. L. (2018). Crisis and image repair at United Airlines: Fly the unfriendly skies. *Journal of International Crisis and Risk Communication Research*, 1(1), 2.

13) April 21 Special Topics: Health Disparities and Health Misinformation

Readings:

- Estrada, E., Ramirez, A. S., Gamboa, S., & Amezola de herrera, P. (2018). Development of a participatory health communication intervention: An ecological approach to reducing rural information inequality and health disparities. *Journal of health communication*, 23(8), 773-782.
- Lurie, N., & Dubowitz, T. (2007). Health disparities and access to health. *Jama*, 297(10), 1118-1121.
- Thompson, B., Molina, Y., Viswanath, K., Warnecke, R., & Prelip, M. L. (2016). Strategies to empower communities to reduce health disparities. *Health Affairs*, 35(8), 1424-1428.
- Southwell, B. G., Niederdeppe, J., Cappella, J. N., Gaysynsky, A., Kelley, D. E., Oh, A., ... & Chou, W. Y. S. (2019). Misinformation as a misunderstood challenge to public health. *American journal of preventive medicine*, 57(2), 282-285.
- Vraga, E. K., & Bode, L. (2017). Using expert sources to correct health misinformation in social media. *Science Communication*, 39(5), 621-645.
- *Readings for Discussion Paper (choose 2):* Lurie (2007), Thompson (2016), Estrada (2018)

Supplemental Readings:

- Niederdeppe, J., Bigman, C. A., Gonzales, A. L., & Gollust, S. E. (2013). Communication about health disparities in the mass media. *Journal of communication*, 63(1), 8-30.
- Freimuth, V. S., & Quinn, S. C. (2004). The contributions of health communication to eliminating health disparities.
- Viswanath, K., & Kreuter, M. W. (2007). Health disparities, communication inequalities, and eHealth. *American journal of preventive medicine*, 32(5), S131-S133.
- Swire-Thompson, B., & Lazer, D. (2019). Public health and online misinformation: Challenges and recommendations. *Annual Review of Public Health*, 41, 433-451.

14) April 28 Special Topics (continued) and Course Project Presentations

See Week 13 readings (continued)

15) May 5 Presentations (continued) and Course Conclusions (no readings)

Additional School Policies

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.

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

Special Circumstances During COVID-19 (For Spring 2021)

The School of Public Health recognizes that students may experience challenges or be negatively impacted due to the COVID-19 pandemic, mental and emotional health toll from systemic racism, altered personal and professional obligations, and other crises existing at the moment in our local, national, and global communities. Students are encouraged to discuss these challenges and circumstances with their instructor, if they feel they may need additional support or temporary accommodations at the beginning or during this course. The course instructor may consider making reasonable temporary adjustments depending on the student's situation. If additional support is needed, students may reach out to the [Office of Student Affairs\(studentaffairs@sph.rutgers.edu\)](mailto:studentaffairs@sph.rutgers.edu) or any of the appropriate referral resources listed on the [Student Connect Canvas page](#).

Remote Learning Policies

As you know, we are engaged in this course under extraordinary circumstances. Not only are we now conducting the class remotely, but we are all working under the repercussions of the COVID-19 pandemic. The following are class policies for our class sessions with Zoom. Please read carefully; these policies apply to the Spring 2022 semester. All students are expected to adhere to the policies.

General: Log into Zoom using your Rutgers NetID and sign-in with your full first name and last name as listed on the class roster. (If you use a different name than what is listed on the class roster, please email the instructor in advance of the class or send a private Chat message.) Using your full name allows the instructor to know who is in attendance and to quickly sort students into their groups when needed. Users who do not log into Zoom using their Rutgers NetID may have trouble accessing the Zoom classroom.

Video: Please turn on your video when possible. We recognize that this isn't always easy but this will help to build our class community. Seeing the faces of your classmates more closely duplicates the typical in-person learning experience and may shift your mindset into more focus and attention. Seeing each other can also provide each of us with positive social interactions.

- If you're unable to find an environment without a lot of visual distractions or prefer to not show your living space as a background, feel free to use a virtual background (several virtual background images created by the School of Public Health are available in the [SPH Student Connect Canvas page](#)).
- To save bandwidth, there may be times during class when the instructor asks students to turn off videos.
- Add a photo to your Zoom profile. (Then in times when videos are off, we'll see photos of everyone rather than an empty box.)
- If you have limited internet bandwidth or other issues impacting your video use, please inform the instructor.

Audio: Mute your microphone when you are not talking. This helps eliminate background noise.

- Use a headset, if possible. If you own headphones with a microphone, please use them. This improves audio quality.
- Be in a quiet place, if possible. Turn off any music, videos, etc. in the background.

Chat: Stay on topic and be respectful. Use the chat window for questions and comments that are relevant to class.

NOTE: Class meetings on Zoom will be recorded and made available for students in the course on Canvas only.

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