

Course Title: *Topics in Health Systems & Health Policy*

Course Number: *HBSP 0630*

Course Pre- and Co-requisite(s): *None.*

Course Location: *Via Zoom.*

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

Course Instructor: *Nir Eyal, DPhil: ne144@rutgers.edu*

Office Hours: *By Appointment Only*

Course Assistant: *Fred Choo, MA: frederick.choo@rutgers.edu (Canvas site created by Kayla Jackson)*

Course Website: canvas.rutgers.edu

Required Course Text: *None*

Additional/Supplemental Readings/Resources: Required reading materials may be found on the course's Canvas website and will include a combination of chapter texts, articles, websites and other sources.

Course Description: This course is a general introduction to “population-level bioethics”: the study of bioethical questions arising at the population and global levels. The course relays some of the central dilemmas of contemporary public health practice and research, such as equitable health resource distribution, health disparities, paternalism and “nudging”, and the ethics of health systems research. The course is structured around an ethical approach called “utilitarianism”. For each dilemma it asks WWUD, namely, what would a utilitarian do, and whether that application of utilitarianism seems reasonable. The course also touches on other approaches to public health ethics. Student evaluation will be based on participation in moderated discussions, case presentations, quizzes, and written assignments, including a final paper.

Selected Concentration Competencies Addressed: The competencies addressed in this course for the MPH in Health Systems and Policy include:

1. Analyze public health policies and practices recognizing legal and ethical implications for individuals and populations; and
2. Assess the role of social, cultural, political, legal, or economic factors in shaping healthcare delivery systems or public health policy..

Please visit the Concentration webpages on the School of Public Health's [website](#) for other additional competencies and addressed by this course for other degrees and concentrations.

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

- a) Understand the difference between clinical bioethics and population-level bioethics;
- b) Describe key controversies in contemporary population-level bioethics, including the measurement of inequality and disease burden, principles and criteria for priority setting in public health, personal responsibility for health, paternalistic public health policy, and controversies around human resources for health policy.

- c) Explain the main positions on these controversies, for example, how utilitarianism and some egalitarian (that is, pro-equality) theories bear on health resource allocation;
- d) Identify ethical controversies raised by concrete public health policies you encounter, including ones that were not discussed in class; and
- e) Form ethical arguments for and against given public health policies, and critically assess existing arguments.

Competency	Course Objectives(s)	Lessons	Assessment(s)
1	a, b, d, e	1-15	Case study, final term paper
2	a-e	1-15	Case study, final term paper

Course Requirements and Grading:

Grading Criteria

1. *Final term paper* (35%): The *final term paper* should be no longer than 1400 words long. It should be submitted *via Canvas* by 11:59 p.m. on April 19th. You must also:
 - Confirm the topic with Prof. Eyal via *Canvas* by April 30th. Please begin that correspondence as early as possible and no later than March 13th. I strongly suggest making the topic of your paper a narrower version of a topic discussed in your case study (see below). However, we will allow a different topic upon request. Please respond to this assignment by proposing a topic that you are considering, and 3-5 sentences to clarify what you mean and its relevance to the course.
 - Submit a (maximum 700 words long) draft by 11:59 p.m. on April 1st (pass/fail, but mandatory for writing a final term paper).
2. *Case study* (35%): In several sessions, a student (or group of students) will present a case related to that session's topic (once a term for each of you). Each presentation should last no more than 15 minutes, including basic facts giving rise to a dilemma, a proposal for how to handle the dilemma, and *pro et contra* arguments regarding that proposal, potentially leaving enough time for rebuttals. Note:
 - (a) Topics are listed below, under each class.
 - (b) Students should choose topics and dates via the course website.
 - (c) Case presentations will begin on 6/10 and grading for the opening presentation will get special consideration.
 - (d) Students who are uncomfortable with speaking up in class should contact the instructors immediately to consider other ways to contribute.
3. *Quizzes* (20%): There will be 2 pop quizzes and 3 *Online30* ones throughout the course which test your knowledge of the readings. These quizzes will be cumulative. If you do all, you will be able to drop one.
4. *Participation* (10%): Active participation in class is strongly encouraged.
 - (a) Participating in class counts, and participating especially helpfully counts more. We will explain in class what forms of contribution are especially helpful.
 - (b) Attendance is required. You're allowed one no-questions-asked absence. After that, your participation grade will suffer if your absence is unapproved.

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 (*SUBJECT TO CHANGE—please follow Canvas*):

Session 1 (1/22): INTRODUCTION TO POPULATION-LEVEL BIOETHICS

Online30: Read Kass, Nancy (2001). [An ethics framework for public health](#). *American Journal of Public Health* 91(11):1776–82 [an approach to public health ethics] and think about the similarities and the differences between this approach and that of Wikler and Brock, which is today's main reading.

Readings:

1. Wikler, Daniel, Brock, Dan W. (2007). [Population-level bioethics: mapping a new agenda](#). In Dawson Angus, Verweij, Marcel. (eds.). *Ethics, prevention, and public health*. Oxford: Oxford University Press: 78-94. [An introduction to population-level bioethics.]

Session 2 (1/29): UTILITARIANISM 101

Online30: *Watch*: “What is Utilitarianism?” by former course TA Jimmy Goodrich (available on the course's Canvas website).

Readings:

1. Sinnott-Armstrong, Walter, (2023 edition). [Consequentialism](#). In Edward N. Zalta & Uri Nodelman (eds.), *Stanford Encyclopedia of Philosophy*. October 4. Available at <https://plato.stanford.edu/entries/consequentialism/>. [An introduction to “utilitarianism” and to “consequentialism” in general; it is written for Philosophy students, and some of it is more advanced than we need, but hopefully some will stick.
2. Optional: Steinbock, Bonnie, London, Alex J., and Arras, John (2013). Introduction: Moral Reasoning in the Medical Context, from their *Ethical Issues in Modern Medicine: Contemporary Readings in Bioethics*, 8th edition: 1-42. [An introduction to ethics, and not only to utilitarianism or consequentialism, for medico types].

Session 3 (2/5): EQUALITY BETWEEN INDIVIDUALS + PRIORITIZNG HEALTH RESOURCES BY AGE

Online30: To continue reflecting on Session 2, explore the website www.utilitarianism.net [contains both general and advanced entries on utilitarianism, to which it is largely sympathetic].

Readings:

1. Sen, Amartya. (2002). [“Why Health Equity?”](#) *Health Econ* 11:659-666.
2. Ferranna, Maddalena, Hammitt, James K. and Adler, Matthew T. (2023). [Age and the value of life](#). In Bloom, David E., Sousa-Poza, Alfonso, and Sunde, Uwe (2023). *The Routledge Handbook of the Economics of Ageing*, 1st Edition. New York: Routledge. Ch. 32: 566-77 [Proposes the “fair innings” thinking that priority to the young in the allocation of resources that stave off death prioritizes the worse off because the young have not had their fair share of life years].
3. Nord, Erik (2005). [Concerns for the worse off: fair innings versus severity](#). *Social Science & Medicine* 60: 257–263 [Defends an approach to fairness that prioritizes the worse off differently, by giving consideration to disease severity not to young age.]

Case study: Was it acceptable to allocate COVID vaccines globally with a view to (a) minimizing lives lost to COVID, as opposed to (b) minimizing lost life years (and perhaps especially lost life years for the young, who haven’t had many life years yet)?

- For a debate on a high-impact proposal to allocate COVID vaccines with a view to b, watch www.youtube.com/watch?v=P9U5OjDZJKs, mainly the conversation between 27’:30”-58’, skipping 29’ -33’:15’.

Session 4 (2/12): EQUALITY BETWEEN GROUPS + COVID INTENSIVE CARE ALLOCATION AND RACIAL JUSTICE

Online30: Watch the panel “The Role of Social Justice in Triage”, Centre of Biomedical Ethics and Culture, University of Zurich, Nov 15 2023, accessible [here](#), especially the talks by Schmidt and Wilkinson and parts of the Q&A.

Readings:

1. Emanuel, Ezekiel J., Persad, Govind, et al. (2020). [Fair Allocation of Scarce Medical Resources in the Time of Covid-19](#). *New England Journal of Medicine* 382 (May 21): 2049-2055. [An influential paper on intensive care resource rationing during COVID.]
2. Schmidt, Harald. [The way we ration ventilators is biased](#). New York Times. April 15, 2020, <https://www.nytimes.com/2020/04/15/opinion/covid-ventilator-rationing-blacks.html>. For a more scholarly piece, which relays different options, see Schmidt, Harald, Roberts, D. E., Eneanya, Nwamaka. Dorothy. 2022. [Rationing, racism and justice: advancing the debate around 'colourblind' COVID-19 ventilator allocation](#). *J Med Ethics* 48 (2):126-30. Epub 20210106.
3. Optional: readings on how disparities played out in the allocation of vaccines, e.g.
 - Rumpler, Eva, Feldman, Justin M., Bassett, Mary T., Lipsitch, Marc (2023). [Fairness and efficiency considerations in COVID-19 vaccine allocation strategies: A case study comparing](#)

[front-line workers and 65-74 year olds in the United States](#). *PLOS Glob Public Health* 3(2):e0001378. Epub 20230206. doi: 10.1371/journal.pgph.0001378. [Focused on the allocation of vaccines, not intensive care; but interesting to compare to questions on allocating intensive care; please focus on the narrative discussion not on the method and mathematical operations]

- Steuwer, Bastian and Eyal, Nir (2023). [Ethical and legal race-responsive vaccine allocation](#). *Bioethics* 37 (8): 814-21. [Identifies an arguably-nondiscriminatory way to prioritize racial/ethnic groups at high risk of adverse outcomes, e.g. in COVID vaccine allocation]

Case study: Was NJ wrong to use creatinine levels as part of the score for allocating ICU access during COVID, even *if* creatinine levels and their variation predict short-/midterm mortality across racial groups? Use the readings by Harald Schmidt above, as well as

- White, Doug B. & Lo, Bernard (2021). [Mitigating Inequities and Saving Lives with ICU Triage during the COVID-19 Pandemic](#). *Am J Respir Crit Care Med* 203 (3), 287-295.

Session 5 (2/19): FAIR RESOURCE ALLOCATION AND DISABILITY

Online30: In fall 2023, NIH [called for comments and suggestions](#) on a proposal to change NIH's mission statement from:

- a. "To seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability" to
- b. "To seek fundamental knowledge about the nature and behavior of living systems and to apply that knowledge to optimize health and prevent or reduce illness for all people."

This change was one of the proposals made in an earlier [report](#) by the Advisory Committee to the Director Working Group on Diversity Subgroup on Individuals with Disabilities. For more details, see [this report](#) in *Nature* news. Can you consider this change, which we will discuss in class, what it achieves, if anything, and where it might be misguided?

Readings:

1. Barnes, Elizabeth (2023). [Introduction](#). In her *Health Problems: Philosophical Puzzles about the Nature of Health*. Oxford: Oxford UP [an approach that sees disability as different not worse].
2. Ottersen, Trygve, Førde, Reidun, Kakad, Meetal, Kjellevoid, Alice, Melberg, Hans O., Moen, Atle, Ringard, Ånen, Norheim, Ole F. (2016) [A new proposal for priority setting in Norway: Open and fair](#). *Health Policy*, 120 (3): 246-251. [A "prioritarian" policy proposal that gives added consideration to disadvantage, with likely mixed effects on people living with disabilities]
3. John, Tyler M., et al. (2017). [How to allocate scarce health resources without discrimination against people with disabilities](#). *Economics and Philosophy* 33(2): 161-186 [a piece authored by a current RU doctoral student as lead author and colleagues, on disabilities and discrimination].

Session 6 (2/26): FAIR RESOURCE ALLOCATION AND DELIBERATIVE PROCESSES

Online30: Watch ~30 minutes of Alex Voorhoeve's presentation in the panel on the World Bank Report "Open and Inclusive: Fair Processes for Financing Universal Health Coverage", available at <https://cplb.rutgers.edu/news/open-and-inclusive-fair-processes-financing-universal-health-coverage-seminar>, 3:00-43'-00. Do you agree that certain procedures always improve outcomes? Always improve fairness? Always improve something else? Do not always improve matters?

Readings:

1. Gruskin, Sophia & Norman Daniels (2008). [Process is the point: justice and human rights: priority setting and fair deliberative process](#). *Am J Public Health* 98 (9):1573-7. doi: 10.2105/AJPH.2007.123182.
2. Pierson, Leah (draft). "Process is not the point: substantive and procedural justice in health care priority setting" [draft: to be distributed later]

Session 7 (3/4): RESCUE, PREVENTION, AND THE ESSENCE OF PUBLIC HEALTH

Online30: Read a [Stanford Encyclopedia of Philosophy](#) entry about ethics, say, about one of the concepts discussed in this class ("[Distributive Justice](#)", "virtue ethics", "informed consent", "personal autonomy", "[The donation of human organs](#)", ...

Readings:

1. Brock, Dan W. and Dan Wikler (2009). [If AIDS Prevention Saves More Lives than Treatment: Ethical Challenges in Long Term Funding for HIV](#). *Health Affairs* 28(6): 1666-1676. [Claims that inasmuch as their population effects are equal, rescue should be given no priority over prevention].
2. Frick, Johann (2015). [Treatment vs Prevention in the Fight Against HIV/AIDS and the Problem of Identified vs Statistical Lives](#). *Identified vs. Statistical Persons*. I. G. Cohen, N. Daniels and N. Eyal. New York, Oxford University Press [a powerful response to the reading by Brock and Wikler].

Session 8 (3/18): ETHICAL QUESTIONS ABOUT COST-EFFECTIVENESS ANALYSIS (CEA)

Online30: The charity navigator [GiveWell](#) seeks to identify through cost effectiveness research "the charities that save or improve lives the most per dollar." For their fall 2023 recommendations, see <https://blog.givewell.org/2023/11/21/givewells-2023-recommendations-to-donors/>. Here is a list of charities that they have examined and either funded/recommend to donate money to or did not do so, including the reasons for their decision: <https://docs.google.com/spreadsheets/d/1TG7WRU85p1SEjir-5qvIEg4kVG9a4Lnzdgwucub8aKSs/edit#gid=0>. Examine items on this list. Are there items that, if GiveWell heeded ethical considerations beyond cost effectiveness, might be ranked higher or lower than they currently are, and, e.g. might make it to GiveWell's [top charity](#) list?

Readings:

1. Brock, Dan, Daniels, Norman, Neumann, Peter & Siegel, Joanna. (2016). [Ethical and Distributive Considerations](#). In Peter Neumann, Gillian D. Sanders, Louise B. Russell, Joanna E. Siegel & Theodore G. Ganiats (eds.), *Cost-Effectiveness in Health and Medicine*, 2nd ed.: 319-342. [An authoritative introduction to ethics in CEA.]
2. Ord, Toby (2013). [The moral imperative towards cost-effectiveness in global health](#). Center for Global Development, essay. [A strong defense of reliance on cost effectiveness in global health resource allocation].

Case study: Is it acceptable to ration expensive Sofosbuvir or Ledipasvir/Sofosbuvir (Sovaldi or Harvoni), which may cure hepatitis C, rather than offer it to all patients who may benefit—in the US, UK, and low-income countries?

- Gornall Jonathan, Hoey Amanda, Ozieranski Piotr. (2016) [A pill too hard to swallow: how the NHS is limiting access to high priced drugs](#). *BMJ* 354: i4117.

Session 9 (3/25): ETHICAL QUESTIONS IN THE MEASUREMENT OF THE BURDEN OF DISEASE

Online30: Using the GBD website www.healthdata.org, Explore a country you are especially interested in—what are the main sources of the burden of disease there? How does it compare to the global average and to specific other countries?

Readings:

1. Murray, Christopher J. & Schroeder, Andrew (2020). [Ethical Dimensions of the Global Burden of Disease](#). In Nir Eyal, Samia A. Hurst, Christopher J. Murray, Andrew Schroeder, and Dan Wikler, eds. *Measuring the Global Burden of Disease: Philosophical Dimensions*. Oxford University Press 2020: 24-50.
2. Hausman, Daniel (2020). [“Can health be measured?”](#) *Ibid.*: 51-60.
3. Salomon, Josh (2020). [“Health can be measured.”](#) *Ibid.*: 61-73.

Session 10 (4/1): RESPONSIBILITY FOR HEALTH

Online30: Watch the clip “Building a hypertension clinic” (minutes 4:31 onwards of Wikler Dan, McLane Hannah, Totushek Nate. Ethical reasoning in health priority setting Philadelphia, 2014. Available at: <https://vimeo.com/85057796>. Consider which group we should prioritize for hypertension screening. Trigger alert – this was done an entire decade ago, and is low budget and slightly imperfect, but focus on the fundamental ethical dilemma.

Readings:

1. Wikler, Dan (2006). [Personal and Social Responsibility for Health](#). In Sudhir Anand, Fabienne Peter & Amartya K. Sen (eds.). *Public health, ethics, and equity*. Oxford: Oxford UP, 2006, 107-31. [A review of ethical arguments for and (mainly) against policies that hold individuals responsible for their own choices on health].

2. Cappelen, Alexander W., & Norheim, Ole F. (2006). [Responsibility, fairness and rationing in health care](#). *Health Policy*, 76(3), 312-319 [A middle position on personal responsibility for health policies].

Case Study: Should states' departments of health direct less funding for diseases that result partly from the patient's own unhealthy choices (e.g. to take up smoking or engage in unsafe sex) than for congenital diseases when their effects on healthcare and the economy are similar?

- Roemer, John E. (1993). [A pragmatic theory of responsibility for the egalitarian planner](#). *Philosophy & Public Affairs*, 22(2), 146-166. [An economist's attempt to take heed of personal responsibility while remaining attuned to the social drivers of much personal choice].

Session 11 (4/8): MANDATING VACCINATION AND THE LEAST RESTRICTIVE ALTERNATIVE PRINCIPLE

Online30: Watch ~30 minutes of a session of your choice from the course "Introduction to Moral Philosophy" by ethicist Johann Frick (currently at UC Berkeley, though these lectures were recorded when he was at Princeton). This online course is available at: www.youtube.com/playlist?list=PLQGV9ho3Qh_X8sTpAVUI5PqCWq1Y5suZ7

Readings:

1. Feemster, Kristen A., Margulis, Jennifer, Elders, Jocelyn, & David Elliman and Helen Bedford. (2014). [Making Vaccination Mandatory for All Children—Room for debate](#). *New York Times*, March 23. [Perspectives from many stakeholders—please read all entries: we will discuss them in class.]
2. Gostin Larry O. (2015). [Law, ethics, and public health in the vaccination debates: politics of the measles outbreak](#). *JAMA*: E1-E2. [Argues that even slightly onerous exemption from vaccination might do the trick.]
3. *Optional reading:* Colgrove, John, Samuel, Sara J. (2022). [Freedom, Rights, and Vaccine Refusal: The History of an Idea](#). *American Journal of Public Health* 112(2):234-41. [A historical account of the US anti-vaccination movement's moral arguments].

Case Study: Should US courts hold people (or their parents) civilly liable when their having avoided (or stopped their kids from) undergoing vaccination is shown to have injured other kids or adults? (Please focus more on ethics than on legalities—you can imagine, e.g., minor changes to the law proposed in the reading, and of course focus on SARS-CoV-2 not on the infections addressed by the MMR vaccine discussed in the reading.)

- Caplan, Arthur L., Hoke, David, Diamond, Nicholas J., & Karshenboyem, Viktoriya (2012). [Free to Choose but Liable for the Consequences: Should Non-Vaccinators Be Penalized for the Harm They Do?](#) *Journal of Law, Medicine & Ethics* 40 (3): 606-11.

Session 12 (4/15): PATERNALISM

Online30: Watch the session “Commodification arguments and objections” from the online course “Bioethics: The Law, Medicine, and Ethics of Reproductive Technologies and Genetics” by I. Glenn Cohen (Harvard Law School), available at: <https://www.youtube.com/watch?v=KGsErrhew1g>, and consider what, if anything, is morally wrong with selling (a) priority to scarce ICU beds to the highest bidder, and with (b) houses in neighborhoods with relatively low levels of air pollution (which is also a determinant of better health).

Readings:

1. Conly, Sarah (2012). [Introduction: the argument](#). In *Against Autonomy: Justifying Coercive Paternalism* (pp. 1-15). New York: Cambridge University Press. [A defense of paternalism, in public health and beyond]
2. Wikler, Dan (1978). [Persuasion and coercion for health: Ethical issues in government efforts to change life-styles](#). *The Milbank Memorial Fund Quarterly: Health and Society*, 303-333. [A nuanced suggestion for more paternalism in some areas than in others.]

Session 13 (4/22): NUDGES FOR HEALTH

Online30: Watch 2 out of these 4 clips explaining the Nudge approach, and determine which explains it better, and why:

- a. A lecture by Cass Sunstein: <https://www.youtube.com/watch?v=1jrrY2otrJk>
- b. A lecture by Richard Thaler: <https://www.youtube.com/watch?v=xoA8N6nJMRs>
- c. This animation video, by a group of Dutch behavioral psychologists: <https://www.youtube.com/watch?app=desktop&v=OLBgjd8bbQw>,
- d. This video by a young behavioral psychology influencer: <https://www.youtube.com/watch?v=fA5eGIMZTRQ>

Readings:

1. Sunstein, Cass R. (2008). *Nudge: Improving decisions about health, wealth, and happiness*. New York: Penguin: 1-16, 177-84. [The “nudge” approach, which seeks to reconcile paternalism and libertarianism through behavioral psychology.]
2. Hausman, Daniel M, Welch, Brynn. [To Nudge or Not to Nudge](#). *Journal of Political Philosophy* 2010;18(1):123–36. [A powerful critique of the “nudge” approach.]

Session 14 (4/29): E-CIGS AND TOBACCO HARM REDUCTION

Online30: Watch Shelly Kagan, *Death with Shelly Kagan*, Session 17. The badness of death, Part II: The deprivation account, at www.youtube.com/watch?v=t7knGxL5DaU&list=PLEA18FAF1AD9047B0&index=17, and consider why public health should try to reduce premature mortality (if they should), and not only suffering and disease.

Readings:

1. Balfour, David. J. K., Benowitz, Neal L., et al. (2021). [Balancing Consideration of the Risks and Benefits of E-Cigarettes](#). *American Journal of Public Health* 111 (9):1661-72 [reviews the harms of e-cigarettes and their potential benefits for tobacco harm reduction].
2. Magalhaes, Monica (2020). [Vaping Restrictions: Is Priority to the Young Justified?](#) *Nicotine & Tobacco Research* 23(1):32-5. doi: 10.1093/ntr/ntaa175. [Argues in favor of tobacco harm-reduction approaches].

Session 15 (5/6): THE ETHICS OF HEALTH POLICY TRIALS

Online30: Watch another ~30 minutes of a session of your choice from the course "Introduction to Moral Philosophy" by ethicist Johann Frick, available available at: www.youtube.com/playlist?list=PLQGV9ho3Qh_X8sTpAVUI5PqCWq1Y5suZ7.

Readings:

1. MacKay, Doug (2020). [Government Policy Experiments and the Ethics of Randomization](#). *Philosophy and Public Affairs* 48 (4): 319-352.

Case Study: Defending his decision not to evaluate the success of the "Millennium Villages" project with control villages, economist Jeffrey Sachs wrote that it would have been unethical to deprive some villages of interventions like access to clean water, sanitation and basic healthcare, which are strongly expected to be beneficial. Was he right?

- Clemens, Michael, Demombynes Gabriel (2013). [The New Transparency in Development Economics: Lessons from the Millennium Villages Controversy](#). *Center for Global Development, working paper* 342. September 9 2013. [Some of the required and further readings may be relevant too; please be sure to focus only on the study question, not on further debates.]

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.

Student Well-Being: The School of Public Health recognizes that students may experience stressors or challenges that can impact both their academic experience and their personal well-being. If the source of your stressors or challenges is academic, 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. For personal concerns or if additional support is needed, students may reach out to the [Office of Student Affairs](#) or any of the appropriate referral resources listed on the [SPH Student Connect](#) Canvas page.

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 Appendices 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 Appendices A to University [Policy 10.3.12](#). For more information about your options at Rutgers, please visit [Rutgers Violence Prevention and Victim Assistance](#).

Overview of School Policies: Academic and non-academic policies and procedures, such as Auditing a Course, Retaking Courses, Grade Grievance and others that cover

registration, courses and grading, academic standing and progress, student rights and responsibilities, graduation and more may be found under [Policies](#) on the School of Public Health website. Below are select specific policies; however, students are responsible for keeping informed about academic and non-academic policies and procedures beyond those noted on this syllabus.

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:

<https://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.

Addendum: **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 Fall 2020 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 [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.