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MEMORANDUM

To: Donna E. Shalala, President

From: Tomas A. Salerno
Chair, Faculty Senate

Date: October 30, 2014

Subject: Faculty Senate Legislation #2014-06(B) – Doctor of Philosophy (PhD) in Prevention Science and Community Health, Miller School of Medicine

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The Faculty Senate, at its October 22, 2014 meeting, voted unanimously to approve the proposal for a PhD in Prevention Science and Community Health at the Miller School of Medicine. Prevention science and community health involve serving communities and developing leaders. Accordingly, these courses will emphasize civic engagement at multiple levels. As noted in the proposal, the purpose of the program is to train the next generation of researchers who are committed to reducing the mortality and morbidity attributable to behaviorally based, preventable causes of illness, disability, and death – and to promoting community health – in the United States and abroad. We propose to train doctoral students whose expressed objectives are to join the prevention research workforce.

There are only 10 to15 such programs nationally, and this would be the first of its kind in Florida. With the expected increased demand for prevention scientists, this program comes at the right time.

This legislation is now forwarded to you for your action.

TAS/rh

Enclosure

cc: Thomas LeBlanc, Executive Vice President and Provost
Pascal Goldschmidt, Sr. Vice President and Dean, Miller School of Medicine
Guillermo Prado, Professor, Miller School of Medicine

CAPSULE: Faculty Senate Legislation #2014-06(B) – Doctor of Philosophy (PhD) in Prevention Science and Community Health, Miller School of Medicine

APPROVED: _____ DATE: 12/15/2014
(President's Signature)

OFFICE OR INDIVIDUAL TO IMPLEMENT: DEAN GOLDSCHMIDT

EFFECTIVE DATE OF LEGISLATION: IMMEDIATELY
(if other than June 1 next following)

NOT APPROVED AND REFERRED TO: _____

REMARKS (IF NOT APPROVED): _____

To: Dr. Tomas Salerno
Chair, Faculty Senate

From: Guillermo Prado, PhD, Chief, Division of Prevention Science and Community Health
Seth J. Schwartz, PhD, Professor, Division of Prevention Science and Community Health

Subject: Proposal for a PhD Degree in Prevention Science and Community Health

Date: September 29, 2014

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1. Purpose and Goals

The purpose of the proposed PhD program in prevention science and community health is to train the next generation of researchers who are committed to reducing the mortality and morbidity attributable to behaviorally based, preventable causes of illness, disability, and death – and to promoting community health – in the United States and abroad. We propose to train doctoral students whose expressed objectives are to join the prevention research workforce. There is already a great deal of prevention-related expertise in the Department of Public Health Sciences, where the proposed PhD program would be housed, as well as in other schools and departments around the University of Miami. Doctoral students will have ready access to faculty who can train students in cutting-edge prevention models and methods as well as community health. The time is right for such an endeavor.

The importance of prevention is underscored by the leading causes of death between 1990 and 2000 (Mokdad, Marks, Stroup, & Gerberding, 2004). Of the top nine causes of death during that time, seven were behaviorally based and preventable: tobacco use, poor diet and physical inactivity, alcohol consumption, motor vehicle crashes, firearm use, unsafe/unprotected sexual behavior, and illicit drug use. The National Prevention Strategy (http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf), an important component of the Affordable Health Care Act, was adopted by the Obama Administration in 2011 as a way of addressing the problem of preventable causes of illness and death. The priorities within the National Prevention Strategy include creating healthy and safe communities, eliminating health disparities, providing clinical and community prevention services, and empowering people. Similarly, the University of Miami Miller School of Medicine's mission includes personalized preventive care and health promotion, integration of prevention and wellness principles into medical practice, emphasizing a scholarly approach to wellness and health, and promoting health equity across various segments of the population. These principles dovetail nicely with the field of prevention science and community health, and with the expertise among the faculty within the University of Miami Department of Public Health Sciences, and specifically within the Division of Prevention Science and Community Health.

Prevention is an interdisciplinary field and draws on disciplines as diverse as psychology, education, medicine, epidemiology, biostatistics, environmental health, geography, nursing, and others. Currently, prevention-based research is conducted in these various departments, with only some overlap or collaboration between and among them. We have a unique opportunity to bring together this interdisciplinary expertise, with the Department of Public Health Sciences faculty, and particularly those in the Division of Prevention Science and Community Health, in a lead role. Further, prevention research involves collaborating with communities – rather than the top-down approach adopted in much academic research. The Department of Public Health Sciences'

Division of Prevention Science and Community Health faculty will bring this expertise to the various streams of prevention work at the University.

Paralleling the fragmentation of prevention research at the University, currently, UM students interested in prevention-based coursework and training must cobble together coursework and mentoring in public health, education, psychology, nursing/health studies, medicine, and other departments or schools and fields. By its very nature, prevention science and community health is an interdisciplinary exercise. Preventive interventions are built on etiologic work done by scholars in basic-science fields such as epidemiology, population-health sciences, and developmental psychology; are designed by clinicians in fields such as clinical psychology, medicine, and education; and are disseminated and implemented by community-based scholars in fields such as health services, nursing, community psychology, and education. Our goal is to construct a PhD program where students can formalize their interdisciplinary training in prevention science and community health while interacting with faculty who specialize in all stages of the process – etiology, intervention design, community-based participatory research, intervention evaluation, and intervention implementation and dissemination– as well as in various prevention methodologies such as community-based participatory research and mixed-methods research.

Prevention science is a new and emerging field that began to coalesce in the late 1990s and early 2000s, and it has grown exponentially in the years since (Sloboda & Petras, 2014). The field emerged as a response to the difficulties involved in treating problems after they had already appeared. As opposed to treatment approaches, which are targeted toward individuals with specific presenting symptoms, prevention approaches can be targeted toward those with varying levels of risk (including those for whom no risks have yet appeared, in the case of universal preventive interventions; Flay et al., 2005). Prevention science provides a flexible, cost-effective set of models through which personally and socially harmful or destructive outcomes can be avoided or ameliorated.

Within the larger field of public health, prevention science interfaces with epidemiology and biostatistics in many important ways. Broadly, epidemiology focuses on the distribution of disease within populations, and to the etiology of disease risk factors, markers, processes, and outcomes. Biostatistics is the science of developing and refining analytic tools to summarize biomedical and public health data. Prevention science overlaps with epidemiology in that etiological findings are used to design, modify, and target interventions to inhibit the development or exacerbation of disease. Prevention science overlaps with biostatistics in that advanced biostatistical methods are used to design, and analyze the results of, intervention process and outcome studies. A PhD program in prevention science and community health would therefore complement UM's existing PhD programs in epidemiology and in biostatistics, and it is a natural fit to house all three PhD programs within the Department of Public Health Sciences.

(The existing PhD programs in epidemiology and in biostatistics are already housed within this department.) The Council on Education for Public Health (CEPH), which is responsible for accrediting programs and schools of public health, requires that three PhD programs be in place before a school of public health can be accredited (see http://ceph.org/assets/SPH-Criteria-2011.pdf, page 14, third paragraph). Supported by Dean Pascal Goldschmidt and President Donna Shalala, the Department of Public Health Sciences is launching a $25 million campaign (as part of Momentum2) to complete the accreditation process, as well as recruit the faculty and establish the endowed chairs necessary to establish the school.

By investing in the growth of this new and exciting field through training the next generation of prevention scientists, the University of Miami stands to make a major contribution to addressing and reducing the prevalence and incidence of preventable causes of disease and death in the United States and elsewhere. Through being trained by faculty who are conducting cutting-edge research and who are active in promoting healthy individuals, families, and communities, students in the proposed PhD program will be well-equipped to step to the forefront of programs such as the National Prevention Strategy and the Affordable Health Care Act. The program therefore has the potential to bring considerable prestige to the University in terms of improving the University's graduate program rankings and to further solidify the University's position as an essential partner in the local, national, and international health communities.

Our proposed PhD program carries practical as well as scholarly-related benefits to the University community. Most granting agencies within the National Institutes of Health have branches dedicated to prevention, including the National Institute of Mental Health (NIMH), the National Heart, Lung, and Blood Institute (NHLBI), the National Institute of Drug Abuse (NIDA), the National Cancer Institute (NCI), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Having a PhD program dedicated to prevention science and community health is likely to help increase scholarship, including grant funding and high-impact scholarly publications, for faculty involved in this program, as well as to attract new faculty recruits who are interested in collaborating with other prevention scientists.

Given the importance of the National Prevention Strategy and of the role of behavior in several of the leading causes of death, prevention science and community health appears to be a clear priority for a new PhD program. In particular, there is a need to bring preventive services into the primary care system and into regular pediatric and mental health care (Olson, Kelleher, Kemper, Zuckerman, Hammond, & Dietrich, 2001), as well as to schools, communities, media, and other important social arenas.

There are three specific goals of the proposed PhD program in prevention science and community health:

(1) Train and graduate PhD students who have demonstrated abilities to conduct research at one or more levels of prevention (etiology, intervention design, intervention evaluation, and intervention implementation and dissemination), using one or more methodological approaches (family-based prevention, school-based prevention, community-based participatory research), and to publish in international peer-reviewed journals.

(2) Generate additional research in etiology, intervention design, community-based participatory research, intervention evaluation, and intervention implementation.

(3) Provide support in translating research findings into preventive interventions, in designing intervention trials, and in implementing evidence-based preventive interventions in community and clinical settings.

The proposed PhD program aligns with the mission of the University of Miami's Department of Public Health Sciences, as well as with the missions of the Graduate Programs in Public Health and of the Division of Prevention Science and Community Health. Specifically, the goal of our proposed PhD program is to enhance the health of the public, reduce the burden of disease, and create health equity among various segments of the population. The proposed program also aligns with the University of Miami's mission to "educate and nurture students, to create knowledge, and to provide service to our community and beyond" and to "develop future leaders of our nation and the world." Prevention science and community health, by definition, involve serving communities and developing leaders. Accordingly, our courses will emphasize civic engagement at multiple levels.

2. Rationale:

(a) Title of Degree: Doctor of Philosophy in Prevention Science and Community Health.

(b) Demand and Job Market

Given the preponderance of preventable causes of death, the development of the National Prevention Strategy, the passing of the Affordable Health Care Act, and the importance of prevention science and community health at the National Institutes of Health, the demand for prevention scientists is growing. In this emerging field, no more than 15 PhD programs in prevention science and closely related fields (see Comparables Chart) are in existence in the United States. Local, state, and federal government agencies are focusing more and more on prevention; the National Prevention Strategy (National Prevention Council, 2011) is a prime example of this shift to prevention. School systems are adopting evidence-based prevention programs, like the Good Behavior Game (Kellam et. al, 2011) and the Life Skills Training Program (Botvin & Griffin, 2004); and recreation-based obesity prevention programs have been (or are being) evaluated by states and counties (e.g., Messiah et al., in press). The focus on prevention within the Affordable Health Care Act has led to an increased focus on prevention within the health care system. Accordingly, prevention scientists will be in increasing demand in the coming years. Research on integrating preventive services within the primary care system is needed (Green, Brancati, Albright, & Primary Prevention of Diabetes Working Group, 2012); and medical, educational, and public health prevention practices need to be based on empirically-supported principles and strategies (Brownson et al., 2009). The growing field of implementation science is focused on moving evidence-based interventions into community practice – which will be important in achieving the goal of integrating preventive, well-care services into primary care, other medical care settings, and other settings including school systems (Glisson et al., 2008).

The proposed PhD in prevention science and community health would be the first of its kind in Florida and one of only 10-15 such programs nationally. Florida International University has a Department of Health Promotion and Disease Prevention within its School of Public Health, but none of the courses in the program cover etiologic research, preventive intervention design, intervention evaluation, or implementation science. Only general public health courses are offered. The University of Florida College of Public Health has a Department of Behavioral Science and Community Health, but again, no prevention-based courses are offered through the PhD program. The University of South Florida School of Public Health has a Department of Community and Family Health, but no PhD program is offered through this department. Florida State University has a Department of Medical Humanities and Social Sciences, but this department does not have a PhD program.

(c) Relationships to Other Fields and Interactions with Other Programs at UM.

The PhD in Prevention Science and Community Health will be situated within the University of Miami's Department of Public Health Sciences (DPHS), and specifically within the Division of Prevention Science and Community Health. The PhD program in Prevention Science and Community Health will interface with the Department's other two doctoral programs in epidemiology and biostatistics. Three doctoral programs are required for our Department to transition into a future accredited School of Public Health. Our proposed program, therefore, not only fills a major need in the local, national, and global community, but it also represents a critical step toward establishing an accredited School of Public Health.

PhD students in Prevention Science and Community Health will be required to take at least two graduate biostatistics and epidemiology courses as well as the Department's graduate courses in Clinical Trials and Advanced Research Methods. Additionally, we have obtained letters of support from Dr. José Szapocznik, Chair of the Department of Public Health Sciences, and Dr. David Lee, Director of Graduate Programs for the Department of Public Health Sciences (see Appendix G for all letters of support).

Outside of the DPHS, there are other departments and programs at UM that will overlap with, and complement, the proposed PhD program. For example, the School of Education's doctoral program in community well-being emphasizes strengths and resources within communities and how these can be mobilized to improve well-being. Students in this program receive excellent training in community theory and practice, which is also important for students completing a doctoral program in prevention science and community health. As another example, students in clinical psychology have to evaluate the efficacy of intervention strategies, which is also essential in prevention science and community health. Both clinical psychology and prevention science students, therefore, must master the analytic techniques used to evaluate intervention programs, including structural equation modeling and hierarchical linear modeling. These courses are offered within the Department of Psychology and the School of Education. Additionally, the School of Nursing and Health Studies has an undergraduate program in public health that can serve as a source of student recruitment. Faculty from each of these programs have agreed to serve as graduate faculty in the proposed PhD program (see Appendix F). Additionally, we have obtained letters of support from the respective deans and chairs of these schools/departments (see Appendix G).

To facilitate interdisciplinary backgrounds among our students (and among other students at UM), we will encourage students from other UM programs to take our courses, and we will encourage our students to take courses in other programs. For example, students in the Community Well-Being PhD program may wish to take our courses in designing preventive interventions, community-based participatory research, or prevention research methods. Students in our proposed PhD program may wish to take courses such as Community Well-Being and Change (EPS 606), Community Based Research (EPS647), Developmental Methodology

(PSY636), and Research Methods and Evidenced-Based Practice (NUR630). Students from other programs who are interested in prevention science and community health will be encouraged to include our faculty on their dissertation committees, and our students will be encouraged to include faculty from other UM programs on their dissertation committees.

(d) Relationships to Undergraduate and Professional Programs at UM.

The proposed PhD program would interact with existing undergraduate and professional programs in two primary ways:

First, students with degrees or coursework from other UM departments or schools can bring their expertise into our PhD program. For example, undergraduate courses in public health (offered through the School of Nursing and Health Studies), community well-being (offered through the School of Education and Human Development), or developmental, clinical, or health psychology (offered through the Department of Psychology) can help to prepare students for material on determinants of health, health disparities, community-based participatory research, and designing or adapting and evaluating preventive interventions. The PhD courses that we propose do not overlap substantially with other courses offered at UM, meaning that students with degrees from other departments – and whose interests are in prevention science and community health – would likely not find another department (or set of courses) through which they would be able to receive the coursework and training that our proposed PhD program will provide. However, our proposed PhD program will *complement* other UM programs and will provide opportunities for students and faculty to collaborate with students and faculty in other departments. We have met with the Dean of the School of Nursing and Health Studies, the Dean of the School of Education and Human Development, and the leadership of the Departments of Psychology and Family Medicine, as well as with the leadership of the University's Master's Program in Clinical and Translational Science. All of these key stakeholders have expressed their support for our proposed PhD program and have agreed that there is only minimal overlap between our program and theirs.

Second, our proposed program will offer coursework that will likely be of interest to students from other departments and programs, and that they cannot find elsewhere at UM. Indeed, as noted above, there are no other universities in the state of Florida that offer coursework dedicated to prevention science and community health.

3. Physical Resources

(a) Library Analysis

The University of Miami library system is comprised of Richter Library (on the Coral Gables Campus) and Calder Medical Library (on the Medical Campus). Because our proposed PhD program will be largely behavioral, most of the books and journals relevant to our students will be located at the Richter Library. Because most journals are available online, the physical location of the journals is likely not important. However, many books are not available online, so it is essential to have key etiology, prevention, and community health books available at the Calder Medical Library. We have spoken to JoAnn Van Schaik at Calder Medical Library regarding acquiring these resources. The Director of the Division of Prevention Science and Community Health will purchase the books, and one journal (Journal of Prevention and Intervention in the Community) to which UM does not currently have access. We have informed Ms. Van Schaik that these titles will be added to Calder Medical Library's holdings.

The following is a sampling of key prevention science and community health journals and the UM libraries' holdings:

Accident Analysis and Prevention: UM has issues online from 1969-present
AIDS and Behavior: UM has all issues online from 1997-present
AIDS Education and Prevention: UM has all issues online from 1998-present
American Journal of Community Psychology: UM has all issues online from 1973-present
American Journal of Preventive Medicine: UM has all issues online from 1998-present
American Journal of Public Health: UM has all issues online from 1971-present
Applied and Preventive Psychology: UM has all issues online from 1992-2010
British Journal of Preventive and Social Medicine: UM has all issues online from 1953-1977
Cancer Detection and Prevention: UM has all issues online from 1992-2010
Cancer Epidemiology, Biomarkers, and Prevention: UM has all issues online from 1991-1 year ago
Childhood Obesity: UM has all issues online from 2005-2012
Community Mental Health Journal: UM has all issues online from 1965-present
Crime Prevention and Community Safety: UM has issues online from 2007-1 year ago
Environmental Health and Preventive Medicine: UM has all issues online from 1996-present
Epidemiology and Community Health: UM has all issues online from 1979- 2007
European Journal of Cancer Prevention: UM has all issues online from 1991-present
Health Affairs: UM has issues online from 1981-1 year ago
Health and Social Care in the Community: UM has issues online from 1993-present
Health Education and Behavior: UM has all issues online from 1997-present
Health Education Research: UM has all issues online from 1986-present
Injury Prevention: UM has all issues online from 1995- present
International Quarterly of Community Health Education: UM has issues from 1998-2008
Journal of Community Health: UM has all issues online from 1975-present

Journal of Community Psychology: UM has all issues online from 1973-present
Journal of Prevention and Intervention in the Community: UM does not have access
Journal of Primary Prevention: UM has all issues online
Preventing Chronic Disease UM has all issues online from 2004-present
Prevention Science: UM has all issues online
Preventive Medicine: UM has all issues online from 1972-present

The following is a list of key prevention books (handbooks and important edited/authored books)

1. Sloboda, Z. & Bukoski, W.J. (2006). *Handbook of drug abuse prevention* (3rd Ed.). New York, NY: Springer Science + Business Media, LCC.
2. Blass, E. M. (2008). *Obesity: Causes, mechanisms, prevention, and treatment.* Sunderland, MA: Sinauer Associates, Inc.
3. Blumenthal, D.A., DiClemente, R.J., Braithwaite, R., & Smith, S. (2013). *Community-based participatory health research: Issues, methods, and translation to practice* (2nd Ed.). New York, NY: Springer Publishing Company, LLC.
4. Braithwaite, R.L., Taylor, S.E., & Treadwell. (2009). *Health issues in the Black community* (3rd Ed.). San Francisco, CA: Jossey-Bass.
5. Brownson, R. C., Baker, E. A., Leet, T. L., Gillespie, K. N., & True, W. R. (2010). *Evidence based public health.* New York: Oxford University Press.
6. Brownson, R. C., Colditz, G. A., & Proctor, E. A. (2012). *Dissemination and implementation research in health.* New York: Oxford University Press.
7. Cawley, J. (2014). *The Oxford handbook of the social science of obesity.* New York, NY: Oxford University Press, Inc.
8. Creswell, J.W. (2012). *Qualitative inquiry and research design: Choosing among five approaches.* Thousand Oaks, CA: SAGE Publications, Inc.
9. Crosby, R.A., DiClemente, R.J., & Salazar, L.F. (2006). *Research methods in health promotion.* San Francisco, CA: Jossey-Bass.
10. DiClemente, R.J., Crosby, R.A., & Kegler, M.C. (2002). *Emerging theories in health promotion practice and research.* San Francisco, CA: Jossey-Bass.
11. DiClemente, R.J., Salazr, L.F., & Crosby, R. A. (2013). *Health behavior theory for public health.* Burlington, MA: Jones & Barlett Learning, LLC.
12. DiClemente, R.J., Santelli, J.S., & Crosby, R.A. (2009). *Adolescent health: Understanding and preventing risk behaviors.* San Francisco, CA: Jossey-Bass.
13. Finkelstein, E.A. & Zuckerman, L. (2008). *The fattening of America: How the economy makes us fat, if it matters, and what to do about it.* Hoboken, NJ: John Wiley & Sons, Inc.
14. Galea, S. (2007). *Macrosocial determinants of population health.* New York, NY: Springer Science + Bass Media, LLC.
15. Gielen, A.C., Sleet, D.A., & DiClemente, R.J. (2006). *Injury and violence prevention: Behavioral science theories, methods, and applications.* San Francisco, CA: John Wiley & Sons, Inc.

16. Glanz, K., Rimer, B. K., & Viswanath, K. (2008). *Health Behavior and health education: Theory, research, and practice* (4th ed.). San Francisco: Jossey-Bass.
17. Groark, C.J., Mehaffie, K.E., McCall, R.B., & Greenberg, M.T. (2007). *Evidenced-Based practices and programs for early childhood care and education.* Thousand Oaks, CA: Corwin Press.
18. Hawkins, J.D. & Catalano, R.F. (1992). *Communities that care.* San Francisco, CA: Jossey-Bass.
19. Helman, C.G. (2007). *Culture, Health, and Illness* (5th Ed.). London, UK: Hodder Arnold.
20. Hu, F. (2008). *Obesity epidemiology.* New York, NY: Oxford University Press, Inc.
21. Hogan, J., Gabrielsen, K., Luna, N., & Grothaus, D. (2002). *Substance abuse prevention: The intersection of science and practice*. New Jersey: Pearson Education, Inc.
22. Institute of Medicine. (2011). *The science of adolescent risk taking.* Washington, DC: National Academies Press.
23. Jennings-Dozier, K. & Mahon, S. M. (2002). *Cancer prevention, detection, and control: A nursing perspective.* Oncology Nursing Society.
24. Koepsell, T.D. & Weiss, N.S. (2003). *Epidemiologic methods: Studying the occurrence of illness (Medicine).* New York, NY: Oxford University Press.
25. Kumanyika, S., Brownson, R., & Satcher, D. (2007). *Handbook of obesity prevention: A resource for health professionals.* New York, NY: Springer Science + Business Media, LLC.
26. Labarthe, D.R. (2010). *Epidemiology and prevention of cardiovascular diseases: A global challenge.* Sudbury, MA: Jones and Barlett Publishers.
27. Lawson, A. & Lawson, Gary. (2004). *Alcoholism and family: A guide to treatment and prevention* (2nd Ed.). PRO-ED, Incorporated.
28. National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorder among young people: Progress and possibilities.* Washington, DC: The National Academics Press.
29. National Research Council. (2012). *Accelerating progress in obesity prevention: Solving the weight of the nation.* Washington, DC: The National Academies Press.
30. Sigel, I.E. & Brody, G. (2014). *Methods of family research: Biographies of research projects.* New York, NY: Psychology Press.
31. Sloboda, Z. & Petras, H. (2014). *Defining prevention science.* New York, NY: Springer.
32. Wilson, R. & Kolander, C. (2010). *Drug abuse prevention* (3rd Ed.). Sadburry, MA: Jones & Barlett Publishers, LLC.
33. Wilson, R. (2007). *Drug abuse prevention: A school and community partnership* (2nd Ed.). Sadburry, MA: Jones & Barlett Publishers, LLC.
34. World Cancer Fund/American Institute for Cancer Research. (2007). *Food, nutrition, physical activity, and the prevention of cancer: A global perspective.* Washington DC: AICR.

(b) Additional Library Resources and Estimated Costs

We would recommend that UM secure online access to the one journal listed above that is not currently available through UM (i.e. Journal of Prevention and Intervention in the Community).

4. Incremental Costs

(a) Teaching and Computing Infrastructure

At present, DPHS has two dedicated classrooms and one computer lab. The first classroom (CRB 989) seats approximately 60 students and contains a fully-equipped lecture podium with a computer and 3 viewing screens, DVD player, VHS player, microphone (handheld/podium), and document camera. The classroom has a ceiling-mounted LCD projector operated from the classroom podium with a touch-screen. The classroom also contains a large portable whiteboard and a pull-down projection screen, with two additional large television monitors on either side. The second classroom (CRB 995) holds approximately 30 students and contains a fully-equipped lecture podium with a computer, including a built-in whiteboard and ceiling-mounted LCD projector operated from the classroom podium with a touch-screen. Outside both classrooms is a student bulletin board for seminar notices, announcements, and other important communications and events.

The computer lab contains 15 computer monitors with 2 extra workstations and a printer. In addition, there are 7 large television monitors mounted over the computer workstations that project from a single computer using the available touchscreen pad. This room can therefore be used as an overflow classroom when necessary. There is enough space in the computer lab to permit up to 17 computers. Software available in the lab includes Microsoft Office (Access, Excel, Infopath Designer, Infopath Filler, OneNote, Outlook, PowerPoint, Publisher, SharePoint Workspace, and Word), Adobe Acrobat, R Commander, SAS, and SPSS. There is also additional computing space in one of the classrooms. The Department has funding in place to upgrade as needed.

The Graduate Programs in DPHS do not have any traditional laboratory equipment or space. Currently, the two classrooms and single computer lab in DPHS is currently adequate for the Master's in Public Health program and the PhD programs in Epidemiology and Biostatistics. However, the anticipated growth in DPHS's existing programs apart from the present proposal will exceed the capacity of the current teaching and computing infrastructure within three to five years irrespective of the addition of a Prevention Science and Community Health PhD. Since the proposed PhD program is anticipated to be small (about 4 students per year) we can make use of the three conference rooms on the 9th floor of CRB and the three conference room on the 10th floor and the seminar room CRB 988. These are not ideally equipped as classrooms; however, they are serviceable for instructional purposes.

Thus, for the first three academic years of operation, it will be possible to use existing facilities since only a few students are expected and a full slate of courses is unlikely to be offered. If computing facilities are constrained, then the students might have to work later or earlier in the day or on weekends. In many programs, it is expected that students will work outside standard office hours.

(b) Other Physical Requirements for a PhD Program

Two more categories of space are important for a PhD program. The first is desk space for the students. We suggest that it will be most efficient for students to have their own laptops and a cable to connect them while they work at their desks. Currently, DPHS has CRB 932 assigned for PhD students in Epidemiology and Biostatistics. We propose using this room for the new students applying for the proposed PhD in Prevention Science and Community Health as well.

The second is a common area for debate, discussion, and possible presentations (mostly informal). In part, this can be provided by the Public Health Students' Association common room. Even though this room is mostly for socializing, it is a location at which prevention discussions can occur. However, it is a less suitable location for students to interact with subject matter specialists. Moreover, additional space on the 9th floor will be remodeled to provide additional common space for debate, discussion, and presentations.

5. Curriculum

There are a number of content areas within prevention science and community health. These areas parallel the phases or steps of program development. Roughly, the phases are etiology, intervention design, efficacy, effectiveness, implementation science and methodology, and community practice (Sussman, Valente, Rohrbach, Skara, & Pentz, 2006). These phases represent the process through which basic research can be translated into community practice, but they also represent the broad-level content areas and skill sets that are essential to master.

There are also a number of methodological areas in prevention science and community health that should be included in a PhD program. Among these are intervention design and evaluation, structural (population-level) prevention interventions, community-based participatory research, statistical methods in prevention research, using technology in prevention science, managing large-scale research studies, and cultural adaptation of prevention programs. We have decided to focus on *theories* and *methods*, rather than on specific *content areas* (e.g., substance abuse, HIV, obesity), because there is an extremely broad range of areas to which prevention theories and principles can be applied, but the theories and methods themselves are consistent across these areas.

Students will be trained in four interrelated domains: theory, methods, statistical analyses, and practice/policy. Prevention programs are based on theories of individual, family, community, and population development, etiology, and change – and in turn, the results of etiological and intervention studies can be used to inform and revise theory (Norman, 2005). Statistical methods used to analyze data from etiological and intervention studies are continuously evolving, and students should be trained in the latest state-of-the-art analytic techniques. Expertise in theory, research methods, and analytic techniques is needed for scholars to develop theory, conduct research, impact practice and policy – as well as to further the science of prevention. Practice and policy are, of course, the arenas to which preventive principles and interventions are ultimately targeted.

Our proposal is to offer not only these key content-based and methodological courses, but also an ongoing professional development seminar course intended to provide students with on-the-ground experience in prevention science. Topics covered in this seminar course (which students will take each fall and spring semester for their first two years in the program) include critical thinking and leadership in prevention science, negotiating an academic career, data collection techniques, psychometrics, becoming a mentor, and scientific writing.

We are proposing a cohort approach where all students from each cohort take the same courses at the same time (with the exception of electives). Specific courses will be offered in the fall or in the spring as appropriate. The proposed curriculum appears immediately below.

Year 1, Fall

1. EPH 614 Introduction to Disease Prevention and Health Promotion (3 credits) (Prado)
2. EPH 603 Advanced Statistical Methods in Epidemiology I (3 credits) (Arheart)
3. EPH XXX Professional Development Seminar Series (1 credit) (Perrino)
4. EPH XXX Integrating Behavioral Health Theories and Models into Prevention Science (3 credits) (Mitchell)
5. EPH 641 Research Methods (3 credits) (Pantin)

Year 1, Spring

1. EPH 615 Determinants of Health and Health Disparities Across the Life Course (3 credits) (Perrino)
2. EPH 605 Advanced Statistical Methods in Epidemiology II (3 credits) (Arheart)
3. EPH XXX Professional Development Seminar Series (1 credit) (Schwartz)
4. EPS 606 Community Well-Being and Change: Theory and Practice (3 credits) (Prilleltensky)
5. EPH XXX Advanced Community Based Participatory Research (3 credits) (Kobetz)

Summer Semester

1. EPH 604 Clinical Trials (3 credits) (Horigian)

Year 2, Fall

1. NUR670 Qualitative Methods (3 credits) (Barroso)
2. PSY 633 Structural Equation Modeling (3 credits) (Llabre) OR EPS 673 An Introduction to Structural Equation Modeling for Multivariable Data (Myers)
3. EPH 649 Designing and Adapting Preventive Interventions (3 credits) (Pantin)
4. EPH XXX Professional Development Seminar Series (1 credit) (Prado)
5. EPH XXX Health Equity (3 credits) (Schwartz)

Year 2, Spring

1. PSY 638 Structural Equation Models (SEM) (intermediate) (3 credits) (Myers/Llabre)
2. EPH XXX Implementation Science Theories and Methods (3 credits) (Brown)
3. EPH XXX Professional Development Seminar Series (1 credit) (Stoutenberg)
4. Elective (3 credits)
5. Elective (3 credits)

Year 2, Summer

1. Elective (3 credits)

Qualifying Exam takes place during the summer of Year 2.

Year 3, Fall

1. EPH 730 Doctoral Dissertation (pre-candidacy) or EPH 740 Doctoral Dissertation (post-candidacy) (3 credits)
2. EPH XXX Innovations in Prevention Science Methodology (Schwartz) (1 credits)

Spring Semester

1. EPH 730 Doctoral Dissertation (pre-candidacy) or EPH 740 Doctoral Dissertation (post-candidacy) (3 credits)
2. EPH XXX Innovations in Prevention Science and Methodology (Mitchell) (1 credits)

Year 4, Fall

1. EPH 730 Doctoral Dissertation (pre-candidacy) or EPH 740 Doctoral Dissertation (post-candidacy) (3 credits)
2. EPH XXX Innovations in Prevention Science and Methodology (Prado) (1 credits)

Year 4, Spring

1. EPH 730 Doctoral Dissertation (pre-candidacy) or EPH 740 Doctoral Dissertation (post-candidacy) (3 credits)
2. EPH XXX Innovations in Prevention Science and Methodology (Pantin) (1 credits)

Electives can include:

1. COM 598 Using Communication to Change Health and Environmental Behavior: Theory and Practice
2. EPS 674 Introduction to Multilevel Modeling (Myers)
3. PSY 634 Hierarchical Linear Evaluation (Llabre)
4. EPH 652 Health Policy (Lee)
5. EPH 628 Social Epidemiology (Thomas)
6. EPH 653 Leading Change in Public Health (King)
7. EPH 626 Methods of Environmental Epidemiology (Kumar)
8. RST 720 Research Ethics
9. CTI 601 Introduction to Clinical and Translational Research
10. CTI 602 Writing for Translational and Clinical Science
11. PhD Courses from DPHS Epidemiology or Biostatistics programs
12. PhD courses from Community Well-Being, Developmental, Clinical, or Health Psychology programs
13. Other courses as determined by advisor

Students who do not have a background in public health (BSPH or MPH) at the time of admission must take the following four courses – all of which are foundational for an understanding of public health – in addition to the other courses listed on the curriculum:

1. EPH 500 Introduction to Public Health (Jordan) (3 credits)
2. EPH 520 Health Education and Behavior (Perrino) (3 credits)
3. EPH 521 Fundamentals of Epidemiology (Hlaing) (3 credits)
4. EPH 647 Community-Based Participatory Research (Kobetz) (3 credits)

Additionally, students who have not taken introductory biostatistics courses must take EPH 501 and EPH 502 (Medical Biostatistics I and II, respectively) before they can begin taking courses in the PhD program.

(a) Evaluation of Existing Curricular Structure

Several of the courses for the proposed PhD program are already being taught (or are planning to be taught) within the Department of Public Health Sciences. These include Introduction to Disease Prevention and Health Promotion (EPH 614), Designing and Adapting Preventive Interventions (EPH 649), Determinants of Health and Health Disparities Across the Life Course (EPH 615), Introduction to Public Health (EPH 500), and Health Education and Behavior (EPH 520). Designing and Adapting Preventive Interventions has been approved, and will be taught during FY2015. Students will also be required to take courses in qualitative methods (NUR670) and structural equation modeling (EPS 673 or PSY 633). Students will also be encouraged to take courses in multilevel modeling (EPS 674 or PSY 634) on the Coral Gables campus.

(b) Anticipated Additions to Existing Curricular Structure

We expect that three new (3-credit) courses and two (one credit) seminars will need to be developed as part of the proposed PhD program:

EPH XXX, Integrating Behavioral Health Theories and Models into Prevention Science – this course will cover the ways in which theories of health and illness are used to guide the development, adaptation, and implementation of preventive interventions.

EPH XXX, Health Equity – this course will focus on health disparities, their determinants, and ways in which prevention science can address them. The course will focus on inequalities stemming from deep-rooted social-structural processes and on the ways in which interventions delivered at various levels can help to decrease these inequalities.

EPH XXX, Implementation Science Theories and Methods – this course will cover the emerging field of implementation science, which focuses on methods through which evidence-based interventions can be disseminated into medical care and community practice. The course will focus on systems science, which examines how interactions between and among members of an organization, and between researchers and organization members, are likely to determine the success of the intervention implementation process.

EPH XXX, Professional Development Seminar – this course will be taught over four semesters. It will cover issues such as applying and interviewing for jobs, manuscript writing, grant writing, becoming a mentor, negotiating an academic career, managing large funded research projects,

and working with collaborators. Four instructors (Pantin, Prado, Schwartz, and Stoutenberg) will each teach one semester of the seminar.

EPH XXX, Innovations in Prevention Science and Methodology – Students will take this seminar course after they have passed their qualifying exams. The course will review the latest developments in prevention science, such as online intervention delivery systems, social media based interventions, computational algorithms used to simulate participants' response to intervention activities, estimating fidelity among control condition participants, and adaptive intervention designs.

(c) Teaching Style

The primary teaching style in most courses in the PhD program will be a combination of lectures, seminar discussions, and problem-based learning (i.e., applying the skills and knowledge covered in class). Students will be expected to complete a set of readings for each week of class, and these readings will be discussed in class. Each student will be expected to contribute to class discussion.

Each course will be taught by one primary faculty member, although guest lectures by other faculty members and outside colleagues will be encouraged. Each course will have at least one exam and at least one major project. *Exams* can be in any format or combination of formats (e.g., multiple choice, essay, short answer). *Major projects* will require students to apply their knowledge, either alone or in groups. Examples of major projects include in-class poster sessions, writing grant applications, designing new intervention programs or adapting existing programs, or developing manuscripts for publication. Other details of each course are at the discretion of the instructor.

(d) Qualifying Exams

Qualifying exams will consist of both oral and written components. Each student must pass an oral examination given by an Examining Committee. A student's Examining Committee will consist of at least three members. A minimum of three Examining Committee members must be faculty from the Division of Prevention Science and Community Health. Additional members can be added from other divisions within the Department of Public Health Sciences, or from other UM departments, as determined by the student in conjunction with her/his advisor. This oral examination will be comprised of questions based on coursework that each student has taken, as well as on the student's qualifying paper. The student's advisor, as well as all instructors from whom a given student has taken courses will be asked to submit questions, and the Examining Committee will decide which questions will be asked of which students. Additionally, students will be required to write a qualifying paper, which will be a critical review of research in a selected subfield within prevention science and community health. The topic of the paper will be decided by the student in conjunction with her/his Examining Committee. This paper will be evaluated by the Examining Committee and will be judged using the same standards used to evaluate journal manuscripts. Students will be encouraged to submit their

qualifying papers for publication before they complete the PhD degree. Each student will be expected to publish at least one first-authored journal article during her/his time in the program. Students who are eligible to submit an NIH dissertation grant (F31) application (i.e., U.S. citizens and permanent residents) will be expected to do so. Students who are not eligible for the F31 mechanism will be expected to apply for a comparable grant mechanism for which they are eligible.

6. Rotations

Incoming students will not select an advisor initially. Rather, each incoming student will be required to complete three 4-month rotations (one per semester) during her/his first year in the proposed PhD program. Students can complete research rotations with graduate program faculty members from the Department of Public Health Sciences or from other departments/schools across the university. Following their first year in the program, students will be required to choose an advisor.

During each rotation, students will be expected to participate in research within the faculty member's research program. This research participation can include (but is not limited to) participating in data collection, observing intervention activities (where applicable), collaborating on statistical analyses, and preparing manuscripts and grant proposals. Rotations are intended to immerse students within a variety of research programs, to familiarize them with the research process, and to help them select the research program that they would like to work in for the remainder of their PhD studies.

7. Dissertation

For their dissertation, students will be required to prepare three publishable manuscripts that will be submitted to journals following the student's formal defense. Upon admission to candidacy (as soon as the student has passed the qualifying exam), each student will form a dissertation committee. Consistent with UM guidelines, the committee will consist of at least four members, of which at least three must be UM graduate faculty members. The committee chair and at least two additional members must be from the Division of Prevention Science and Community Health. The fourth committee member can be a UM faculty member, a faculty member at another university, or someone at an equivalent doctoral-level position (e.g., within a government agency). To facilitate interdisciplinary and translational student research, students will be encouraged to have at least one basic researcher (e.g., etiologist, epidemiologist, developmental psychologist) and at least one interventionist, implementation scientist, or community researcher on their committees. All committee members must sign off on the dissertation draft before the student's defense date will be scheduled, and all committee members must approve the oral defense before the PhD degree will be awarded.

8. Faculty

All faculty members within the Department of Public Health Sciences will be eligible to participate in the PhD program. However, the primary faculty will be those in the Division of Prevention Science and Community Health. The Department of Public Health Sciences has 30 full-time faculty members, including the seven within the Division of Prevention Science and Community Health. Additionally, the Department is currently searching for two new hires in prevention science and community health (one Full Professor and one Assistant or Associate Professor). Currently, most faculty in the Division teach at least one course (some teach none). It is expected that no faculty member will teach more than two courses per year (most will teach one), given that there are both required and elective courses taught outside of the Department of Public Health Sciences. Additionally, a limited number of the proposed courses will require new faculty with the requisite expertise to teach them. Specifically, we do not currently have faculty with expertise in implementation science or structural preventive interventions.

9. Interaction of the Proposed Graduate Program with Other Graduate Programs

As noted earlier, the proposed PhD program would interact with other graduate programs in two ways. First, we have worked out a "course exchange agreement" with the School of Nursing and Health Studies, the School of Education and Human Development, and the Department of Psychology where our students may take courses in these programs, and interested students in these (and other) programs may take our courses. Third, if a PhD candidate is working in an area of research in which a UM faculty member outside of our division or department has expertise, that faculty member can be invited to serve on the student's dissertation committee. (Our faculty may serve on committees for other departments as well.) Students in our proposed PhD program will also have the option of designating a "co-mentor" from another UM department, such that the student's advisor within the Department of Public Health Sciences will co-advise the student along with the co-mentor. This option is similar to the concept of "cognates" or "PhD minors" within the Biostatistics PhD program at UM. There may also be opportunities to develop joint courses and programs with other UM departments, schools, and centers once the proposed PhD program has been implemented.

10. Students

The Prevention Science and Community Health (PSCH) Graduate Program Committee will consist of at least three faculty members from the Division of Prevention Science and Community Health. At least two of the three members of the Graduate Program Committee must be associate or full professors. The initial PSCH Graduate Program Committee will be comprised of Dr. Seth J. Schwartz, Dr. Guillermo Prado, and Dr. Erin Kobetz.

The PSCH Graduate Program Director will serve as the head of this committee. The PSCH Graduate Program Director will serve for a minimum of three years, and this term can be extended. The PSCH Graduate Program Committee will review all student applications and rank them in terms of intellectual merit and likelihood of success in the PhD program. Top students will be recommended for admission up to the capacity of the program (4 students per year). The PSCH Graduate Program Committee may interview students or take other actions to recruit top applicants.

Student admission will be selective, such that only students with outstanding grades and test scores will be considered for admission. Generally, grade point averages of 3.5 or higher will be preferred, and GRE scores should be at least 160 (verbal) and 151 (quantitative). These minimum scores correspond to 600 and 650, respectively, on the original range of scores. Exceptions to these standards may be made in exceptional circumstances, as determined by the Office of Graduate and Postdoctoral Studies and by the PSCH Graduate Program Committee.

The initial cohort will consist of 4 students. Like other PhD programs within the Miller School of Medicine (e.g., the Epidemiology PhD program) and within other UM academic units (e.g., the Clinical Psychology PhD program), our intent is to admit only a small number of "best and brightest" students. Unlike master's students and medical students, PhD students generally do not pay tuition – rather, they receive tuition scholarships and stipends. Whereas master's degree programs are revenue enhancing, PhD programs are reputation enhancing. As a result, a smaller cohort of students limits the financial burden on the Office of Graduate and Postdoctoral Studies (which provides the first year of student support) and on the Department of Public Health Sciences (which provides the remaining years of student support, primarily through faculty members' grant support, teaching assistantships, NIH F31 applications, and NIH diversity supplement applications). A small cohort also allows for a higher faculty-to-student ratio and for more intensive mentoring experiences.

Because the proposed PhD program is 4 years in duration, once the program is at full capacity we expect to have 16-20 students enrolled at any given time. After the fifth year of the program, we will apply for a T32 (pre/post-doctoral training grant) from the NIH. The NIH requires that at least one cohort of students has successfully completed the program before a T32 application will be considered for funding. A T32 award will support a cohort of pre-doctoral students as well as a cohort of post-doctoral fellows. University of Miami MD/PhD students will also be eligible to enroll in our proposed PhD program provided that they are recommended to us by the MD/PhD Executive Committee.

Prospective PhD students will be recruited from some of the same sources used by the Epidemiology PhD program, as well as from other sources that are available to the faculty within the Division of Prevention Science and Community Health. In terms of existing recruitment sources used by the Epidemiology PhD program, we will advertise and recruit through the American Public Health Association, as well as through Master's in Public Health (MPH) programs throughout the United States and internationally.

In terms of new sources of students, Dr. Prado is on the governing council for the Society for Prevention Research; Dr. Schwartz is president-elect for the Society for the Study of Emerging

Adulthood; and the National Hispanic Science Network on Drug Abuse is based out of the UM Department of Public Health Sciences, (Dr. Pantin is currently the Executive Director and Dr. Prado is currently on the National Steering Committee). We will recruit from all three of these organizations. The UM School of Nursing and Health Studies has a Bachelor's of Science in Public Health (BSPH) through which we will advertise our proposed PhD program. We will also advertise through the Department of Psychology, which is a natural fit to provide graduates who can then enroll in our proposed PhD program. We will also seek to advertise the program through the American Psychological Association, the Society for Adolescent Health and Medicine, the Society for Behavioral Medicine, and the College of Problems in Drug Dependence. Faculty within the Department of Public Health Sciences are nationally and internationally active and have colleagues throughout Florida, nationally, and internationally who can refer MPH students to us for admission after they have finished the master's degree.

For admission, students will also be expected to have completed at least two introductory biostatistics courses and three introductory public health courses (Introduction to Public Health, Health Education and Behavior, and Fundamentals of Epidemiology). Students who have not taken introductory biostatistics courses will be required to take the introductory biostatistics sequence (EPH 501 and EPH 502) before they can begin taking courses within the PhD program. We are proposing this because two of the biostatistics courses in the first-year sequence (EPH 603 and EPH 605) require EPH 501 and EPH 502 as prerequisites. EPH 500 (Introduction to Public Health), EPH 520 (Health Education and Behavior), and EPH 521 (Fundamentals of Epidemiology) can be taken as an additional courses during the student's first year in the program.

We anticipate that not all students who enter the PhD program will complete the degree. Students may leave the program for a variety of reasons, including health issues, changing career plans, et cetera. If a student must leave the PhD program prior to completion, s/he may request a Master's Degree in lieu of the PhD. This request will be granted provided that three conditions are met: (a) the student has submitted a written request to the Graduate Program Committee asking for a master's degree and explaining why s/he is leaving the PhD program; (b) the student must have completed at least four semesters of coursework (i.e., 36 credits) with grades of B or higher; and (c) the student must then complete one semester of independent study (not covered by assistantship or stipend) with a graduate program faculty member. Once the independent study is approved by the faculty member, the student will be granted a master's degree and required to leave the PhD program. Because the master's degree is only a fall-back option at this time, we will not advertise it to prospective or incoming students.

To progress to the second year of the program, students must pass all of their first-year courses with grades of B or better and with a 3.0 GPA. To request to take the qualifying exam after the second year of the program, students must have passed all courses during their first two years with grades of B or better and a 3.0 GPA. The PSCH Graduate Program Committee will convene a meeting of all PhD program faculty at the end of each academic year to discuss the progress (including both coursework and research) of all students in the PhD program. During this meeting, faculty will be asked to vote on whether to pass each student on to the next year of the program. Students whom the majority of PhD program faculty do not vote to pass to the next year will either (a) be required to complete a set of remedial work (including coursework as well

as other assignments) or (b) asked to leave the program. Students will only be asked to leave the program if, in the judgment of the majority of PhD program faculty, they are clearly not capable of completing the program. In extreme circumstances, such as documented evidence of cheating or plagiarism, students may be asked to leave the program during an academic year.

(a) Teaching Assistants and Teaching Support

Teaching experience is critical for securing a tenure-track faculty position. We will therefore provide teaching opportunities for our PhD students. Each student in the proposed PhD program will be expected to serve as a teaching assistant for at least one master's in public health (MPH) course during their third year in the program. This teaching assistant assignment will involve helping the course instructor to prepare lectures, grade assignments, and maintain the gradebook.

In the fourth year of the program, students will be provided with opportunities to teach or co-teach a beginning prevention science and community health course (such as Introduction to Disease Prevention and Health Promotion) in the MPH program. The first several lectures will be observed by one or more faculty members who sit in on the class, and the student will be allowed to teach independently only after the faculty members have agreed that the student is ready to do so.

11. Core Competencies and Methods to Evaluate the Success of the Proposed PhD Program

In terms of core competencies, upon completing the proposed PhD program, students will be able to:

- Articulate research questions that advance scientific knowledge and develop a proposal for extramural research funding;
- Develop and implement data collection/management methods and tools needed for prevention science and community health research;
- Design and adapt a preventive intervention based on available etiological research;
- Master principles of designing, conducting, and analyzing data from a randomized clinical trial of a preventive intervention;
- Master techniques for designing and carrying out procedures for translating evidence-based interventions into community practice (i.e., implementation science)
- Apply state-of-the-science statistical methods and manage/manipulate datasets in statistical software such as SPSS, SAS, Mplus, and R;
- Provide consultation to health professionals in conducting prevention or community research, and be prepared to work collaboratively with scientists and practitioners in other fields;

- Recognize potential ethical issues and employ ethical conduct of research in prevention science/community health studies;

In terms of evaluating the success of the proposed PhD program, we will use a number of metrics:

- Percent of students from top-ranked universities;
- Percent of accepted students who enroll;
- Percent of students who complete their degree within 4 years;
- Percent of eligible students who receive an F31 (dissertation award) from the NIH (all eligible students will be required to apply for this award in collaboration with their advisors);
- Number of peer-reviewed publications on which each student is *lead author*;
- Number of peer-reviewed publications on which each student is a *co-author*;
- Percent of students who receive an offer for a post-doctoral or faculty position at a Research I university;
- Percent of students who receive a federal grant (e.g., K01, R03, R21, R01) within five years of finishing the PhD program.

12. Administration

a) Administrative increments

i.) Administrative help. A full cadre of administive support staff is already in place within the Department of Public Health Sciences. These individuals have been supporting the Department's other two PhD programs in epidemiology and in biostatistics. These individuals will be available to support the proposed PhD program in prevention science and community health. Specifically, the Office of Graduate and Postdoctoral Studies, along with the Centralized Application Service for Public Health (SOPHAS) and Matthew Brandon, Director of Admissions for the Department of Public Health Sciences, supports the application process. Heather Rose also has more than 15 years' experience providing support to the graduate programs in the Department of Public Health Sciences. Matthew Brandon has played a significant role in increasing the size and quality of our graduate programs. Mr. Brandon and Mrs. Rose will provide support to the PSCH Graduate Program Director in terms of managing graduate students, teaching assistants, and their training. Given that most program coordinators need ongoing training in various areas (cultural training, language skills, familiarity with standardized testing procedures, etc.), there will need to be a budget for maintenance of Mr. Brandon's and Mrs. Rose's skills.

Mrs. Rose will commit 20% time to supporting the proposed PhD program, and Mr. Brandon will commit 10% time. More time will be required from Mrs. Rose than for Mr. Brandon because recruitment and admissions support will only be required for four students per year. Mrs. Rose's support in managing the proposed program will be needed on a more ongoing basis.

ii.) Office equipment and supplies. Computer with Internet service, printer, and sufficient storage will be required. In addition, there will be a need for a storage area for original copies of many documents including written exams, reference letters, internal memos and policies, theses, records of post-degree employment, etc.

iii.) Promotional costs. The Division of Prevention Science and Community Health must prepare, update, and mail out information to applicants as well as to universities who may be supplying us with applicants. Economies of scale can be achieved by pooling resources with the existing promotional efforts of the Department of Public Health Sciences to produce a single integrated brochure. The PSCH Graduate Program Director (or designate) may need to speak to prospective students as part of recruitment. Computer based communications such as Skype will help cut costs. There are also costs associated with promoting graduates of the program; limited funds from the Division of Prevention Science and Community Health will be available to support students to go to conferences for job fairs or to present their work.

b) Administration and Academic Direction

The administration and direction of the PhD program will be under the PSCH Graduate Program Director supported by the PSCH Graduate Program Committee. The PSCH Graduate Program Director (who will be chosen by the PhD program faculty from among the members of the Graduate Program Committee) reports to the Chief of the Division of Prevention Science and Community Health and to Dr. David Lee, Director of Graduate Programs in Public Health. The PSCH Graduate Program Director will serve as a member of the Department of Public Health Sciences Graduate Program Executive Policy Committee, and the Graduate Program Director or her/his designee will serve on the Public Health Graduate Programs Curriculum Committee. The PSCH Graduate Program Director will meet with both Dr. Lee and the Chief of the Division of Prevention Science and Community Health at least once per month.

i) *Day-to-day administration.* The PSCH Graduate Program Committee is responsible for recruitment, admission, and initial academic advising of admitted students. This initial advising is to orient incoming students to the program structure, appropriate course selection, and familiarize them with the computing

environment. (Usually, the systems administrator orients the students to the computing environment, but this is overseen by the PSCH Graduate Program Committee). On behalf of the PSCH Graduate Program Committee, the PSCH Graduate Program Director reports on the performance of all students in the program at the end of each semester. The PSCH Graduate Program Committee monitors progress of students in the program at the end of each semester. The PSCH Graduate Program Committee monitors progress of students in the program including passing the Qualifying Exam, helping to ensure that students find thesis advisors in a timely fashion. In addition, the PSCH Graduate Program Committee organizes and oversees preparation and administration of degree requirements. This includes establishing committees for the Qualifying Exam, approving Supervisory Committees and Advisors, and ensuring Comprehensive Exams are conducted properly. The PSCH Graduate Program Committee does the hiring of teaching assistants where funds permit, ensures they get any necessary training, and assigns them courses.

The PSCH Graduate Program Director reviews any complaints from students about the conduct of teaching or other aspects of the graduate program that cannot be resolved satisfactorily between the immediate disputants. If the disputants are not satisfied by the within-Division process, the next step for either would be to make their case to the Director of Graduate Programs in Public Health (Dr. David Lee), the Department of Public Health Sciences Graduate Programs Executive Committee, then to the Senior Associate Dean for Graduate and Post-Doctoral Studies, and then to the Dean of the Graduate School if the Associate Dean's decision is appealed.

ii) *Policy making mechanism*. There will be a meeting at the end of each semester after the course grades are submitted and the Qualifying Examinations are administered. It is at these meetings that decisions about individual students will be made. These meetings will be conducted according to Robert's Rules of Order. A majority (half plus one) of the faculty in the Division of Prevention Science and Community Health must vote in favor of any given motion, action or recommendation in order for it to be binding on the PhD program. No action, motion, or recommendation may be implemented without such a majority vote in its favor. Records of motions passed and decisions made will be maintained by the Program Coordinator and open to perusal by any faculty member associated with the program.

Motions pertaining to the graduate program may be brought forward at any regular division faculty meeting by anyone involved in the program. In addition, at the

meetings held at the end of every semester, any member of the graduate program may bring motions forward for consideration and voting.

This does not preclude the PSCH Graduate Program Director from calling a meeting at other times or the Chief of the Division of Prevention Science and Community Health from calling a meeting. However, only members of the PSCH Graduate Program may vote on matters pertaining to the PSCH Graduate Program. As noted above, all graduate faculty members within the Department of Public Health Sciences will be eligible to become PSCH graduate program faculty if they so choose.

Motion, actions, and decisions made by the Graduate Program in Prevention Science and Community Health will be taken by the Graduate Program Director to the Department of Public Health Sciences Graduate Program Executive Committee. Also, the PSCH Graduate Program Director will report motions, actions and decisions taken by the PhD Program in Prevention Science and Community Health to the Public Health Graduate Programs Curriculum Committee as needed.

13. Summary of Financial Analysis

As noted in the business plan, the proposed PhD program assumes that four students will be recruited per year for a total of 16 (anticipated) students at the program's maximum capacity. The costs to the department and institution are mainly: 1) effort for teaching faculty (for new courses only – existing courses are already within the departmental budget), 2) 15% annual effort for a PhD program director, 3) student stipends and health insurance, and 4) space and taxes.

The costs of the proposed PhD program in Prevention Science and Community Health will be supported by a combination of resources (please see p. 29 for completed item details). These sources include:

1) A rention package from the Dean for Dr. Guillermo Prado approved on April 29, 2013 which includes support of first year stipends for incoming students.
2) Graduate student (research) stipends from extramural grants. The Division of Prevention Sciecnce and Community Health has been highly successful in securing extramural funds, including NIH funding (see Appendix G for the current FY alone). Additonally, we will encourage students to apply for NIH doctoral student awards (e.g., F31). The Department of Public Health Sciences has had an excellent success rate of students receiving these grants.
3) Indirect costs generated from new faculty hires approved by Dr. Prado's retention package. Appendix H shows how these new faculty hires are doing relative to plan.

4) Revenues generated from additional MPH students interested in the prevention science and community health courses. We will have to recruit 4 additional new students (beyond FY 15 target of 95) in FY16, 3 additional new students in FY17, 5 new additional students in FY18, and 4 additional new students in FY19. Appendix I shows that our Department has been highly successful over the past five calendar years in increasing the enrollment of new students (13 in AY2009/2010 to 146 in AY 2014/2015).

PhD in Prevention Science & Community Health (PSCH)

Program Overview

Student Program Plan (credits) per Year per Student[1,2,3]	29	29	8	8	74
Number of Credits per Year based on Cohort Enrollment	116	232	264	296	908

Full Program Credits Per Year-Detail	FY 16	FY 17	FY 18	FY19	4 Yr Total
Current MPH/PhD offered credits	*72*	*120*	*144*	*168*	504
New PSCH Course credits	*32*	*64*	*72*	*80*	248
Other Department Credits (12 per student)	*12*	*48*	*48*	*48*	156
Total Program Credits Per Year	*116*	*232*	*264*	*296*	908

Program Financial Impact

	FY 16	FY 17	FY 18	FY19	4 Yr Total
New PSCH Course credits[2]	8	8	2	2	20
Number of Students Per Year	4	8	12	16	40
Total Program Credits based on NEW courses	32	64	72	80	248

Total Program Courses Taught Per Year	FY 16	FY 17	FY 18	FY19	4 Yr Total
Current MPH/PhD offered Courses	*6*	*10*	*11*	*12*	39
New PSCH Courses	*4*	*8*	*10*	*12*	34
Other Department Courses	*1*	*4*	*7*	*10*	22
Total Program Courses Taught	11	22	28	34	95

Revenue:					
(3) OGS Stipends ($28k 1st Yr students)	$112,000	$112,000	$112,000	$112,000	$448,000
(4) Stipend Research Assistantships-(2nd year) (Direct Costs)		100,000	100,000	100,000	$300,000
(6) Stipend Research Assistantships-(3rd year) (Direct Costs)	-	-	100,000	100,000	200,000
(8) Stipend Research Assistantships-(4th yr) (Direct Costs)	-	-	-	112,000	112,000
(9) PSCH MPH Student Tuition	158,312	277,046	316,624	356,202	1,108,184
(14) Health Insurance- Grant Covered (2nd yr) (Direct Costs)		6,559	6,559	6,559	19,766
(14) Health Insurance- Grant Covered (3rd yr) (Direct Costs)	-	-	6,559	6,559	13,179
(14) Health Insurance- Grant Covered (4th yr) (Direct Costs)	-	-	-	7,350	7,350
Total Revenue	$270,312	$495,635	$641,803	$800,761	$2,208,510
Expenses:					
(10) 15% FTE (Teaching)	$75,720	$155,953	$150,746	$206,853	$619,302
(11) Program Director (15%)	29,927	30,625	31,749	32,702	125,202
(3) OGS Student Stipends (1st yr) (4 students/yr @$28k)	112,000	112,000	112,000	112,000	448,000
(4) Stipend Research Assistantships-(2nd year) (Direct Costs) (4 students/yr)	-	112,000	112,000	112,000	336,000
(5) Stipend Coverage-T.A.'s (2 students-6k per course) (2nd yr) Paid by MPH program	-	(12,000)	(12,000)	(12,000)	(36,000)
(6) Stipend Research Assistantships-(3rd year) (Direct Costs) (4 students/yr)	-	-	112,000	112,000	224,000
(7) Stipend Coverage-T.A.'s (2 students-6k per course) (3rd yr) Paid by MPH program	-	-	(12,000)	(12,000)	(24,000)
(8) Stipend Research Assistantships- 4th year (Direct Costs) (4 students/yr)	-	-	-	112,000	112,000
(12) Health Insurance ($1,845 per student) (1st year) from Dr. Prado's Package	7,379	7,379	7,379	7,379	29,517
(13) Health Insurance ($1,845 per student) 2nd year TA partial coverage from Dr. Prado's Package		791	791	791	2,372
(13) Health Insurance ($1,845 per student) 3rd year TA partial coverage from Dr. Prado's Package			791	791	1,551
(14) Health Insurance ($1,845 per student)- Grant Covered (2nd yr)		6,559	6,559	6,559	19,766
(14) Health Insurance ($1,845 per student)- Grant Covered (3rd yr)	-	-	6,559	6,559	13,179
(14) Health Insurance ($1,845 per student)- Grant Covered (4th yr)	-	-	-	7,350	7,350
(15) Advertising Expense	2,000	2,000	2,000	2,000	8,000
(16) Tax	27,697	43,558	52,650	62,518	186,423
(17) Space	5,802	11,605	14,506	17,407	49,320
Total Expenses	$260,525	$470,729	$615,790	$774,999	$2,122,044
Net Revenue to Division	**$9,787**	**$24,906**	**$26,012**	**$25,762**	**$86,466**

Notes
PSCH is the acronym for the PhD in Prevention Science & Community Health
MPH indicates Master of Public Health program
(1) The entire PhD program is a 74 credit program. 12 credits are from different departments (3 Nursing, 3 Education, 6 Psychology)
(2) Total credits: 29 in yr 1, 29 in yr 2, 8 in yr 3, 8 in year 4
(2) Note: This model only identifies new costs generated by new courses. The remaining classes are already in place and existing under their respective programs, ie MPH
(3) 28k in stipends for 1st yr students from OGS
(4) 2nd year students are covered by grants through research assistantships. This covers four full stipends and generates Direct Costs. Theses revenues will be reduced partially by teaching assistantships. (See footnote #5)
(5) Teaching Assistantships: 2 slots are available for 2nd year students to teach two intro MPH courses in the year for $6k each course. 15% expense will be covered by the MPH program reducing the stipend Research Assistantships expense
(6) 3rd year students are covered by grants through research assistantships. This covers four full stipends and generates Direct Costs. Theses revenues will be reduced partially by teaching assistantships. (See footnote #5)
(7) Teaching Assistantships: 2 slots are available for 3rd year students to teach two intro MPH courses in the year for $6k each course. This expense will be covered by the MPH program reducing the Stipend Research Assistantship expense
(8) 4th year students are covered by grants through research assistantships. This covers four full stipends and generates Direct Costs
(9) PSCH MPH Student Tuition: 4 new students (Year 1); 4 continuing students, 8 new (Year 2); 8 continuing students, 8 new students (Year 3); 8 continuing students, 4 new students (Year 4)
(10) Teaching assumed 15% FTE per EPHS course at $1568 base + OTE. Each credit is calculated at 5% FTE
(11) Program Director: 15% coverage (Used FY 15 salary of $15k)
(12) Health Insurance for 1st year students is covered by Dr. Prado's package
(13) A portion of 2nd and 3rd year student health insurance is covered by Dr. Prado's package for those students participating in Teaching Assistantships. Portion is 11% based on actual stipend coverage payout versus expected stipend coverage payout.)
(14) Health Insurance for 2nd, 3rd and 4th year students is grant covered. The 2nd and 3rd year students have a portion reduced by coverage from Dr. Prado's package for those students participating in Teaching Assistantships. Grant coverage is reduced by 11%.
(15) Advertising expenses are estimated at roughly 2k per year
(16) Tax: All non-grant related expenses are calculated at 32.2%, all grant related expenses have a 5.5% rate applied
(17) Space: Calculated daily rate on classroom 995 cost and applied rate to number of times class meets (# sessions/20 per yr)
Year 3 and 4: Only 2 credits/yr are assigned teaching effort. the other 6 are dissertation credits each credit taught is .05 FTE

References

Botvin, G.J. & Griffin, K.W. (2004). Life skills training: Empirical findings and future directions. *The Journal of Primary Prevention, 25(2),* 211-232.

Brownson, R.C., Fielding, J. E., & Maylahn, C. M. (2009). Evidenced-based public health: A fundamental concept for public health practice. *Annual Review of Public Health, 30,* 175-201.

Flay, B. R., Biglan, A., Boruch, R. F., Castro, F. G., Gottfredson, D., Kellam, S., et al. (2005). Standards of evidence: Criteria for efficacy, effectiveness, and dissemination. *Prevention Science, 6*, 151-175.

Glisson, C., Landsverk, J., Schoenwald, S., Kelleher, K., Hoagwood, K. E., Mayberg, S., Green, P., & Research Network on Youth Mental Health. (2008). Assessing the organizational social context (OSC) of mental health services: Implications for research and practice. *Administration and Policy in Mental Health, 35*, 98-113.

Green, L. W., Brancati, F. L., Albright, A., & Primary Prevention of Diabetes Working Group. (2012). Primary prevention of type 2 diabetes: Integrative public health and primary care opportunities, challenges and strategies. *Family Practice, 29*, i13-i23.

Kellam, S. G., Mackenzie, A. C., Brown, C. H., Poduska, J. M., Wang, W., Petras, H., & Wilcox, H. C. (2011). The good behavior game and the future of prevention and treatment. *Addiction Science and Clinical Practice, 6(1),* 73-84.

Messiah, S. E., Diego, A., Kardys, J., Kirwin, K., Hanson, E., Nottage, R., Ramirez, S., & Arheart, K. L. (in press). Effect of a park-based after-school program on participant obesity-related health outcomes. *American Journal of Health Promotion.*

Mokdad, A.H., Marks, J.S., Stroup, D.F., & Gerberding, J.L. (2000). Actual causes of death in the United States, 2000. *Journal of the American Medical Association, 291(10),* 1238-45.

National Prevention Council. (2011). *National prevention strategy*. Office of the Surgeon General: Washington, DC.

Norman, G. (2005). From theory to application and back again: Implications of research on medical expertise for psychological theory. *Canadian Journal of Experimental Psychology, 59*, 35-40.

Olson, A.L., Kelleher, K.J., Kemper, K.J., Zuckerman, B.S., Hammond, C.S., & Dietrich, S.J. (2001). Primary care pediatricians roles and perceived responsibilities in the identification and management of depression in children and adolescents. *Ambulatory Pediatrics, 1,* 91-98.

Sloboda, Z., & Petras, H. (Eds.) (2014). *Defining prevention science*. New York: Springer.

Sussman, S., Valente, T.W., Rohrbach, L.A., Skara, S., & Pentz, M.A. (2006). Translation in the health professions: Converting science into action. *Evaluation and the Health Professions, 29,* 7-32.

Appendix A: Comparable Programs

School	Coursework (Yrs)	PhD Minor	Written Exam	Oral Exam	Dissertation Proposal	Other Exams	Funding
Emory	4	Not req.	Y	Y	Y		Merit-based support (Full) & Stipends
Harvard	4	Req. (2)	Y	Y	Y		Limited tuition scholarships, RA, Training Grants
John Hopkins	5+	Not req.	Y	Y	Y	Qualifying Exams* & Public Seminar	Limited Scholarships
Ohio State	4	Req.	Y	N	Y	Candidacy Exam (W/O)	Limited Scholarships and Grants
Southern California	5-6	Not req.	Y	Y	Y	Optional Seminar	Stipends, RA/TA funding, & grants.
Southern Carolina	4	Not req.	Y	Y	Y		Must Apply for Financial Aid
U of Mich.	4-5	Not req.	Y	N	Y		Must compete for funding
U of Utah	4-5	Not req.	Y	N	Y		Limited Scholarships and tuition waivers
UA/UAB	3+	Req.	Y	*If necessary	Y		Limited assistantships and fellowships
UNC at Chapel Hill	5+	Not req.	Y	Y	Y	Primary Practicum in research projects and the Second in teaching, research, or other skill.	Different Support Options available (grants, loans, TA, RA, Tuition support)
WSU	4+	Not req.	Y	Y	Y		Must Apply for Support
Tulane University	4-5	Not req.	Y	Y	Y		Limited funding (tuition scholarships, TA, research stipends, etc.)

Appendix B: Sample Job Announcements

Job Title	Description
Director of the Prevention Research Center for the Promotion of Human Development Penn State University	The College of Health and Human Development at The Pennsylvania State University and the Department of Human Development and Family Studies (HDFS) invite applications for the next **Director of the Prevention Research Center for the Promotion of Human Development (PRC).** The Director will hold the **C. Eugene Bennett Professorship in Prevention Science,** and will have an exciting opportunity to lead the PRC into its next phase of development by: ▪ Conducting impactful research ▪ Advancing methodological and technical innovations ▪ Mentoring the next generation of prevention scientists ▪ Extending strong collaborative relationships with researchers, the National Institutes of Health and other federal and state funding agencies, foundations, and policy makers The new director will have access to a substantial endowment that provides a stable and flexible source of discretionary funding to support PRC activities. **The Candidate:** Candidates for this exciting position should be experienced faculty members dedicated to continuing the PRC's impressive contributions to prevention science and eligible for tenure at Penn State. Specifically, the Director will provide leadership in developing new and innovative programs of research in prevention science, as well as for innovative training at the undergraduate, graduate and post-doctoral levels. To be successful in this role, the Director must have a strong applied health research portfolio with demonstrated ability to create and foster productive interdisciplinary collaborations. As a member of the HDFS Department (with a possible secondary appointment in a related department), this person will also teach and mentor students. An earned doctorate in the behavioral or social sciences or a related public-health discipline is required. Administrative experience within a center or department is desired. **The Prevention Research Center:** The Prevention Research Center for the Promotion of Human Development, a prominent interdisciplinary research center in the College of Health and Human Development, was established in 1998 to foster research focused on longitudinal, developmental aspects of risk and prevention. Research projects in the PRC, many funded through NIH, range from etiologic studies to large-scale translation trials, examining how families, schools, and communities can work together to promote healthy lifestyles for children, youth, and families. Current research focuses on topics ranging from alcohol and skin cancer studies, to interventions to strengthen families and parenting, to the development and implementation of school-based prevention and intervention programs. Center faculty also develop clinical trials of innovative models to promote competence and prevent unhealthy outcomes for children, families, and communities, conduct rigorous research on the translation and dissemination of effective prevention programs in community settings, and conduct evaluation studies designed to inform policy within several state agencies. The Center provides research seminars on prevention science for faculty and graduate students, and coordinates a NIDA-supported training program with the Penn State Methodology Center to foster the integration of prevention and statistical methodology in the prevention of substance use and related morbidities (e.g., HIV). The Center is also an active partner in two other training grants in obesity prevention and in interventions aimed at promoting literacy and social/emotional competence in children and youth. Through an endowment, the Center supports Bennett Faculty Scholars, Graduate Prevention Fellows, and conferences. The PRC currently has over 55 full-time research and administrative staff and approximately 25 graduate students from across the University. One indicator of the Center's dedication to interdisciplinary work is the active engagement in PRC research projects of over 20 tenure-track faculty from various departments and colleges throughout the University. In December 2012, the PRC will move into a state of the art new building, in close proximity to the Department of Biobehavioral Health, the Department of Human Development and Family Studies, the Center for Healthy Aging, and the Laboratory for the Advancement of Developmental Systems. **The Department Of Human Development and Family Studies:** The Department of Human Development and Family Studies has a diverse, multi-disciplinary faculty that focuses on individual development from infancy through old age, on family structure and dynamics, on the impact of social/cultural contexts on development and family functioning, and on the design and evaluation of interventions to promote health and development, and to prevent disease. A strong research and training program in developmental and prevention methodology is integrated into the Department's research and graduate education activities.

	The College of Health and Human Development: The College of Health and Human Development enrolls approximately 4,200 undergraduates and 350 full-time graduate students at University Park. The College includes eight academic units and several research centers and service units. **The Pennsylvania State University:** Founded in 1855, Penn State is one of the most comprehensive public institutions in the nation with approximately 44,000 students enrolled at University Park, the administrative and research hub of the University. The University and surrounding community enjoy a lively performing arts calendar, an array of intercollegiate sports, excellent on-campus childcare and superb public schools.
Deputy Director Eunice Kennedy Shrive National Institute of Child Development	The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) of the National Institutes of Health is seeking exceptional candidates for the position of Deputy Director to provide leadership to one of the world's preeminent organizations for research in maternal and child health and medical rehabilitation. The mission of the NICHD is to ensure that every person is born healthy and wanted, that women suffer no harmful effects from reproductive processes, and that all children have the chance to achieve their full potential for healthy and productive lives, free from disease or disability, and to ensure the health, productivity, independence, and well-being of all people through optimal rehabilitation. The NICHD achieves its mission through a broad multidisciplinary biomedical research program encompassing all stages of human development, from preconception through adulthood, oriented to improving the health of children, adults, families, communities, and populations. The Institute also designs and implements prevention and intervention efforts, and communication strategies that encompass training, education, technology transfer, and community outreach. To carry out its mission, the NICHD has a staff of approximately 1,400 and an annual budget of approximately $1.245 billion. The Deputy Director is a vital part of the Institute's leadership team, serving as the second-in-command of the Institute and principal advisor to the Director, NICHD. This position offers a unique and exciting opportunity for a leader to execute and manage the daily operations in support of NICHD's strategic vision and mission. The Deputy Director works collaboratively across the NIH, throughout the federal government and with other key stakeholders and organizations to further the advancement of the Institute's mission and objectives, to promote public health, and to address health disparities. He/she serves as an ambassador and spokesperson for the Institute, communicating NICHD's position and incorporating the views/needs of key stakeholders into Institute plans and initiatives. The Deputy Director also serves as NICHD's Deputy Ethics Counselor (DEC) with responsibility for leading and directing the Institute's ethics program - ensuring compliance with requirements for financial disclosure, outside work, clearance for the receipt of awards, and ethics training. The Deputy Director facilitates the identification and development of future leaders through mentoring programs, continuous development of skills and expertise, and recognition of achievements. He/she serves as a role model to the rest of the Institute, managing people and financial resources with integrity and fairness, while maintaining the Institute's policies and priorities.
Director, Division of HIV/AIDS Prevention Centers for Disease Control and Prevention	**JOB SUMMARY:** What exciting career opportunities await you at CDC? The Centers for Disease Control and Prevention (CDC) is the agency Americans trust with their lives. As a global leader in public health, CDC is the nation's premier health promotion, prevention, and preparedness agency. Whether we are protecting the American people from public health threats, researching emerging diseases, or mobilizing public health programs with our domestic and international partners, we rely on our employees to make a real difference in the health and well-being of people here and around the world. This is an Excepted Service position under Title 42. Applications will be accepted from all groups of qualified persons, including non-citizens and Public Health Service Commissioned Officers. No previous federal experience is required. This appointment does not confer any entitlement to a position in the competitive service and no entitlement to Merit Systems Protection Board (MSPB) appeal rights. Executive level compensation package is commensurate with qualifications and experience, which may result in a higher salary than reflected above. This position is located in the Centers for Disease Control (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS Prevention (DHAP), in Atlanta, GA. **DUTIES:** The incumbent will serve as the Director, Division of HIV/AIDS Prevention - Surveillance and Epidemiology (DHAP-SE), with functional oversight of the Division of HIV/AIDS Prevention - Intervention, Research and Support (DHAP-IRS) in the National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP) responsible for planning, managing, and evaluating the programs of the Division. In partnership with the senior leadership team, the incumbent develops Division goals, strategies and operational policies, and ensures collaboration and cross-fertilization, both across the organizational subunits as well as with other organizations within NCHHSTP,

	CDC and our external partners. As a senior member of the Center management team, participates in developing Center program, policy and objectives, short and long-term goals, program strategies, and operating policies. Works closely with the NCHHSTP Director on strategic research, policy and programmatic and partnership issues related to the domestic HIV/AIDS prevention as well as opportunities to collaborate and integrate across NCHHSTP, OID and CDC policies and health protection priorities. Advises the NCHHSTP Director, CDC, Directors of the various Centers, and other governmental and non-governmental agencies and departments about policy, research, and programmatic directors of the agency as they relate to national public health training programs. **QUALIFICATIONS REQUIRED:** Basic Qualifications for AD-0601: Applicants must possess a degree with a major study in an academic field related to the health sciences or allied sciences appropriate to the work of the position. Agency Qualifications for AD-0601: PhD(or other earned doctorate) in an academic field related to the health sciences or allied sciences appropriate to the work of the position
Director of Health Promotion and Prevention Services Princeton University	Keeling & Associates, LLC (K&A) is leading the search for the first Director of Health Promotion and Prevention Services (HPPS) in University Health Services (UHS) at Princeton University. This is a recently-established and key position, created in response to the UHS strategic plan, and designed to provide essential leadership in planning and implementing innovative, evidence-based, and goal-directed health promotion and prevention efforts. These efforts respond to known and emerging high-priority campus health concerns in strategic, flexible, and adaptive ways. This is not an ordinary directorship in campus health promotion; expectations for the role are high, and they do not include simply "doing programs"or working with peer educators. UHS is looking for new ideas, different approaches, and inspirational leadership. The position will demand collaborative participation in UHS leadership and decision making; HPPS must be thoroughly integrated in the work of UHS, and it cannot become a silo within the organization. The position will have both flexibility and accountability for re-thinking, restructuring, and re-energizing Princeton's health promotion and health communications efforts. The position will have access to unusually good resources, including 7 staff members, and strong support from the other directors in UHS. **Position Description** The Director of HPPS will lead a talented multidisciplinary team focused on creating, supporting, and sustaining healthy learning communities and outcomes. The Director will champion goals and ways and means that address all interrelated levels of Princeton's campus ecology, including individual, interpersonal, community, and environmental. In collaboration with other UHS personnel and University partners, the Director will play a visible and trusted role in assessing, identifying, and proposing plans to address campus health trends and priorities, and serves as a health prevention advisor to senior University leadership. The Director strategizes to strengthen protective health factors; amplify campus strengths; and reduce personal, campus, and community health risk factors. The Director will play a key role in devising and creating a wider, coherent framework for health promotion that covers harm mitigation and wellness across campus; subsumed within this larger framework will be alcohol and high risk drinking, mental health prevention and stigma and distress support, and strength building—resilience training/stress reduction, and prevention of power-based violence (such as incidences of sexual harassment, sexual assault, domestic/dating violence, and stalking). The issues are not unique to Princeton, but, with the Director's leadership and vision, Princeton should develop and use exceptionally effective strategies to address them. Principal duties include: (1) leadership and management of program goals and outcomes; (2) supervising and mentoring a team of 8 staff members, including SHARE (Sexual Harassment, Assault/Advising, Resources, and Education), which is a sub-office within HPPS; (3) engaged and active participation in the UHS senior leadership team; (4) responsibility for the area's operating budgets; (5) overseeing the area's strategic planning process, plans, goals, priorities, and establishing measurable objectives in alignment with the mission, vision, strategic direction, and priorities of UHS and its key partners; (6) collaboration with key stakeholders on and off campus to develop, implement, and maintain comprehensive, highly visible, evidence-informed prevention efforts that achieve measurably high-quality public health outcomes; (7) utilizing appropriate assessment techniques to evaluate health promotion and prevention programming; (8) overseeing strategies for fostering student engagement in health promotion and prevention efforts; (9) central coordination of all UHS area alcohol-related programs; (10) implementing innovative environmental strategies to promote good health and academic success that will transform students into informed consumers, advocates of health care systems and citizens invested in community health; (11) disseminating and presenting health trends and data to key campus stakeholders; (12) advising senior leadership on health

	promotion and public health-related communication strategies; and (13) coordinating the Healthier Princeton Advisory Board—a standing committee of University members and external experts who meet to support health and wellbeing at Princeton. **Requirements** The position requires a master's degree, and a doctorate is strongly preferred, in public health, health promotion, health policy, or a closely related field; and advanced certification in one or more fields or specialty areas. Candidates must have at least 5 to 8 years of progressively responsible, relevant experience including professional work in a private or public healthcare system; a college or university health program; a public health or community health-related government agency or program (municipal, state, or federal); a community-based organization that has successfully addressed one or more core health questions; or a philanthropic foundation that funds campus, community, or larger-scale health improvement or risk reduction programs. Successful candidates will also have demonstrated proficiency in campus, community, or public health research, including community needs assessments, survey design, environmental scans, and other qualitative and quantitative methods. The person selected for this position will be an experienced and proven leader, thinker, and manager with demonstrated ability and effectiveness in creating, developing, implementing, and assessing effective and contextually appropriate health promotion programs and interventions.
Assistant, Associate, or Full Professor-Health Promotion & Disease Prevention CUNY Graduate Center	**FACULTY VACANCY ANNOUNCEMENT** Performs teaching, research and guidance duties in area(s) of expertise. Shares responsibility for committee and department assignments including administrative, supervisory, and other functions. The City University of New York (CUNY) School of Public Health (SPH) invites applications for an open rank tenure-track position in Health Promotion & Disease Prevention with a focus on adolescents and young adults. The CUNY SPH is a collaborative school, accredited by the Council on Education for Public Health. It includes the public health programs at Brooklyn, Hunter, and Lehman Colleges and the Graduate School and University Center. We offer a range of innovative bachelor's, master's, and doctoral degree programs with a focus on urban health. Candidates with expertise and eager to play a leadership role in developing research, teaching courses, and action/service in the area of adolescent and young adult health are encouraged to apply. We seek a dynamic individual, interested in providing leadership and vision to the Healthy CUNY Initiative. The Healthy CUNY Initiative is a six year research, service, and action effort supported by the SPH and the CUNY Chancellor's Office. The initiative seeks to promote the health of CUNY students, faculty, and staff; develop healthier campus environments and policies; identify and reduce health-related barriers to college achievement; and prepare students to serve as health ambassadors to their families, peer, and communities. **Responsibilities include:** - Developing and overseeing research, service, and curricula in the areas of health promotion and disease prevention, especially as it relates to adolescents and young adults. - Providing leadership and vision to the Healthy CUNY Initiative. - Teaching public health courses in the health of adolescents and young adults and related areas. - Collaborating with other SPH and CUNY faculty in developing and obtaining funding for new research, evaluation, and intervention projects related to health promotion and disease prevention among adolescents and young adults. - Serving as a mentor to other faculty with interests in the health of adolescents and young adults. - Supervising field placements and dissertation research projects in the health of adolescents and young adults. - Supervising staff. - Participating in developing and implementing the SPH strategic plan, as it relates to the faculty members area(s) of expertise. **Qualifications** PhD degree in area(s) of experience or equivalent. Also required are the ability to teach successfully, demonstrated scholarship or achievement, and ability to cooperate with others for the good of the institution.
Tenure-Related Open Rank Faculty University of Oregon	**JOB DESCRIPTION** The Counseling Psychology program at the University of Oregon (UO) is seeking to hire a 9-month open rank faculty member, with preference for a faculty member at the advanced assistant or early associate rank, to begin fall, 2011. Candidates should have a program of research focusing on prevention science related to Spanish-speaking and/or Latino/a families. The new faculty member will collaborate with current faculty members across the College of Education (COE) and university to engage in work aimed at improving

	health and educational outcomes for Latino/a individuals and families. Required Qualifications: • PhD from an APA accredited program in Counseling Psychology (including combined programs in Counseling Psychology with School and/or Clinical Psychology), Oregon psychology license eligible, able to supervise clinical work with individuals, couples, and families; • Established record of scholarly productivity; • Track record or potential for external funding, particularly through federal agencies; • Expertise in prevention science related to the well-being of Latino/a Spanish speaking individuals and families; • Experience or potential to work in or coordinate school or community-based intervention programs; • Ability to advise and supervise doctoral student research; • Ability to supervise graduate students providing clinical services with Spanish speaking or Latino clients; • Demonstrated commitment to enhancing multicultural competencies and promoting social justice in training activities; • Ability to work collaboratively and collegially with colleagues in the department and across the University. Responsibilities: Teach graduate courses; contribute to a potential new master's program in prevention science; advise and supervise doctoral students; contribute to the implementation of the COE-wide diversity strategic plan; conduct an active, externally funded research program; contribute to the department, college, and university governance in a manner consistent with the needs of a major research university; and contribute to emerging departmental continuing education and distributed learning activities. Preferred candidates will be fluent in Spanish.
Assistant Professor Indiana University	Join the faculty of an exciting and growing academic Department of Social and Behavioral Sciences at the Indiana University Richard M. Fairbanks School of Public Health at Indiana University, Indianapolis Campus. The Indianapolis Campus is the focal point of health professions education at Indiana University. The newly established IU School of Public Health is a rapidly growing institution whose mission is to cultivate innovative, interdisciplinary, community engaged education, research and service and prepare leaders in public health and health care. The Department of Social and Behavioral Sciences and CEPH accredited public health program is recruiting two highly motivated behavioral scientists to teach public health courses, advise students, conduct research and engage in professional service. The IU School of Public Health offers three PhD programs; an MPH program with concentrations in Social and Behavioral Sciences, Environmental Health, Epidemiology, Health Policy and Management, and Biostatistics; and a Master of Health Administration program. The School also offers a Bachelor of Science in Public Health with majors in Community Health and Environmental Health Science and a Bachelor of Science in Health Services Management. The Department of Social and Behavioral Sciences oversees the BSPH in Community Health and Social and Behavioral Concentration of the MPH program. Faculty within the Department has diverse research activities ranging from examining the role and impact of underlying determinants of health to cancer survivorship and chronic disease prevention in vulnerable populations. Our Department has well established relationships with community serving agencies; we are especially interested in candidates whose interests, prior research and training experience prepare them for this type of work. To learn more about the work done in the School and Department please visit our website at http://pbhealth.iupui.edu. The faculty rank for these positions is open and will be determined based on the qualifications and experience of the successful candidate. Applicants should have a research track record and interests in public health or a related discipline. The successful candidates will have: • A doctorate in public health or related social sciences (such as anthropology, human geography, psychology, sociology) with an emphasis on community engaged research, health disparities, vulnerable populations, and/or social determinants of health; preferably utilizing mixed methods in areas complementary to existing faculty interests. • A developing or active program of funded research with high potential for external funding. • Teaching experience or strong interest in teaching courses at the graduate and undergraduate levels in areas such as social and behavioral theory and methods, qualitative methods, intervention design, program planning and evaluation. • Clear evidence of academic scholarship in the social and behavioral sciences or a closely related field.

Director, Comparative Effectiveness Research UC Davis School of Medicine	The Department of Psychiatry and Behavioral Sciences at the UC Davis School of Medicine is recruiting a full-time, ladder rank faculty member at the rank of assistant/associate/full professor with experience in patient-centered and population-oriented mental health research. The candidate should have expertise in comparative effectiveness, implementation or dissemination research. Because of the cultural diversity of the greater Sacramento region, it is highly desirable for the candidate to have special expertise in studying health care disparities and in investigating the effect of culture and ethnicity on patient outcomes. Examples of research may include assessing mental health care delivery methods, medical devices, psychiatric medications, integrative mental health approaches, health practice strategies and psychiatric prevention initiatives. Experience in team science approaches in evaluating and implementing evidence-based strategies for mental health is desirable, as well as research experience in examining health care disparities in rural or underserved communities. Experience working in multidisciplinary and multi-specialty teams who have a wide range of educational, cultural, and research backgrounds is desirable. The successful candidate will have worked within a major University and have a track record of NIH-funding in one of the following areas: health care disparities, outcomes, comparative effectiveness, or implementation/dissemination research funding. Candidates may be psychiatrists, psychologist, or health service investigators with or without clinical training. The successful candidate would become a member of the Center for Healthcare Policy and Research, which provides substantial opportunities for interdisciplinary collaboration.
Associate/ Professor Faculty Position University of Alabama at Birmingham	Two faculty positions at the Associate or Professor levels with a 12-month appointment are being sought by the Department of Health Behavior, School of Public Health, University of Alabama at Birmingham (UAB). An established record of research and publications in the modification of health-related behavior risk factors is required. The Department has established research programs in substance misuse and behavioral economics; tobacco control; obesity and physical activity; STI/HIV prevention; child health; family care-giving; and risk and resilience in emerging adults. Candidates with theoretical frameworks relevant to health behaviors such as behavioral economics, experience with multidisciplinary collaboration, and strong quantitative skills are encouraged to apply. The applicant must have a PhD, DrPH, or ScD in the social, behavioral, or related sciences. A record of publications, extramural funding, and excellence in teaching are required for the Associate Professor or Professor ranks. Successful candidates are expected to pursue independent research, participate in collaborative research programs as appropriate to her/his interests, and teach in the department's MPH and PhD degree programs. Rank, tenure status, and salary will be commensurate with candidate qualifications. The positions will remain open until filled. UAB is an urban, dynamic Research University with over 17,500 students enrolled in 10 schools and the College of Arts & Sciences. UAB ranks among the top 25 universities receiving NIH funding, 10th among public universities. UAB has over 20 University-wide Interdisciplinary Research Centers and is nationally recognized for its high quality medical center and research and training programs in health sciences. UAB is dedicated to broadening the diversity of its faculty, staff, and students. We serve a multicultural student body. Students enroll from every region of the nation and from some 100 countries worldwide. Established in 1981, the UAB School of Public Health has about 90 full-time faculty members and 350 students. In recent years the School has consistently ranked second among UAB schools in successfully competing for extramural funding.
Professor of Population and Family Health/ Professor of Demography Harvard School of Public Health	The Department of Global Health and Population at the Harvard School of Public Health invites applications from distinguished scholars for a tenured faculty position as professor of population and family health or professor of demography. The department wishes to expand its research efforts on the demographic and epidemiologic patterns in low- and middle-income countries (including aspects of mortality, fertility, and migration), and the design and evaluation of large-scale implementation programs addressing maternal and child health, family planning, or other substantive areas of major significance in global health. The successful candidate will be expected to lead an independent research agenda in line with departmental priorities and to play a central role in the department's master's and doctoral programs. Overseas travel for fieldwork is envisaged. Candidates should hold a doctoral degree in demography, epidemiology, or a related population science discipline with demonstrated expertise and interest in field research. Candidates with a medical degree and relevant training and experience will be considered. The ideal candidate will have demonstrated excellence in research, teaching, and intellectual leadership. Prior experience in conducting research studies in Africa or Asia is highly desirable.
Assistant/ Associate Professor-	An exciting opportunity awaits you in the Department of Epidemiology, Division of Public Health Sciences, at Wake Forest School of Medicine. We are looking for outstanding applicants for appointment to a tenure-track Assistant/Associate Professor faculty position.

Epidemiology and Prevention	The ideal candidate will have a PhD, MD, or comparable degree plus training or experience in epidemiology or related fields. Applicants should have qualifications sufficient for serving in the Assistant/Associate Professor level. Evidence of excellence in research is required. This faculty member will contribute to the continued success of the department's research activities and graduate program. Responsibilities will include conducting research, teaching in the Master's program, and participating in Departmental and School-wide activities. Salary will be commensurate with qualifications and experience. The Department of Epidemiology and Prevention, in the Division of Public Health Sciences is a vibrant and successful academic unit dedicated to research in the etiology and prevention of diseases. It is most well-known for its strong chronic disease portfolio. Areas of research include cardiovascular diseases, diabetes, metabolic syndrome, aging, genetic epidemiology, health disparities, health services research, occupational health, and nutrition. Faculty participate in observational epidemiological studies and clinical trials, and have extensive experience with large, national and international studies. They also conduct community-based research and collaborate with clinicians and basic scientists from a variety of other departments in the School of Medicine. The ideal candidate will have a PhD, MD, or comparable degree plus training or experience in epidemiology or related fields. Applicants should have qualifications sufficient for serving in the Assistant/Associate Professor level. Evidence of excellence in research is required. This faculty member will contribute to the continued success of the department's research activities and graduate program. Responsibilities will include conducting research, teaching in the Master's program, and participating in Departmental and School-wide activities. Salary will be commensurate with qualifications and experience.
Assistant/ Associate Professor Columbia, University	The Heilbrunn Department of Population & Family Health, Mailman School of Public Health is a vibrant department of approximately 24 full-time faculty from a variety of professional backgrounds (public health, law, sociology, psychology, medicine, social work, demography) whose work focuses on domestic and global issues related to sexual/reproductive, adolescent, child and refugee health. Faculty in this largely grant-funded department engage in a unique combination of research, teaching and service activities. The Heilbrunn Department of Population and Family Health (HDPFH) at the Mailman School of Public Health at Columbia University and New York Presbyterian Hospital (NYPH) are seeking candidates for an Assistant or Associate Professor to lead evaluation efforts associated with multiple community-, school-, and clinic-based programs, and to teach evaluation methods and other courses in population and family health. This role offers the opportunity to evaluate innovative public health programs, many of which were designed using the principles of community based participatory research, and contribute to the literature on community interventions and evaluation methods. The programs are focused on broad-reaching areas, including: health promotion, health literacy, domestic violence, adolescent health, reproductive health, mental health, and disease prevention. The New York-Presbyterian Ambulatory Care Network's (ACN) Department of Community Health Education and Outreach helps safeguard and improve the health of many at-risk adults and children in the New York metropolitan area through innovative programs designed in partnership with local communities to meet the unique needs of community residents. **Specific responsibilities include:** • Assess the needs of community- and clinic-based programs and develop plans to determine how and when evaluation resources will be utilized •Strengthen evaluation frameworks, as needed. Oversee the design and implementation of evaluation activities to assess the impact of ACN community interventions •Make recommendations associated with data collection and management strategies •Establish technical protocols to extract the information from a variety of data warehouses •Provide direction in querying databases and provide analysis Support the development of standardized reporting tools and will provide technical assistance to strengthen the capacity of local program staff •Teach courses related to program evaluation and community-based participatory research
Chair in Cancer Screening and Prevention, The University of Manchester	**The role** The University of Manchester has a strong legacy of ground-breaking discoveries and an ambitious vision for cancer research. Now, we've embarked on a global recruitment drive to bring some of the world's leading cancer experts and their teams together in one place and create a hub of innovation. This will be backed by cutting-edge facilities and expert partners including The Christie hospital. You'll be joining some of the best international research talent in screening and prevention, personalized cancer therapy, radiotherapy-related research, lung cancer, melanoma, women's cancers and hematological oncology.

	It's an opportunity to pursue a program of individual research, while also providing scientific leadership and contributing to our overall research strategy for cancer screening and prevention. **The person** You'll bring expertise in cancer epidemiology and/or translational research relevant to cancer screening and prevention. A strong track-record of publication and securing grant income is essential. In addition, you'll demonstrate the ability and ambition to expand the breadth of our cancer screening and prevention research.
Professor in Community Health/ Social & Behavioral Sciences CUNY Gradate Center	**FACULTY VACANCY ANNOUNCEMENT** Performs teaching, research and guidance duties in area(s) of expertise. Shares responsibility for committee and department assignments including administrative, supervisory, and other functions. The City University of New York (CUNY) School of Public Health (SPH) invites applications for a tenure-track position in Community Health/Social and Behavioral Sciences at the rank of professor. The CUNY SPH is a collaborative school, accredited by the Council on Education for Public Health. It includes the public health programs at Brooklyn, Hunter and Lehman Colleges and the Graduate School and University Center. We offer a range of innovative bachelor's, masters and doctoral degree programs, with a focus on urban health. We seek a dynamic individual, eager to play a leadership role in the development of teaching, research and practice in Community Health/Social and Behavioral Sciences. We are especially interested in candidates who have outstanding qualifications for teaching undergraduate, masters and doctoral courses in community health; a strong portfolio in community research in urban settings; and who want to engage with underserved urban communities in New York City and beyond through their work. Strong administrative experience in academic or public health practice settings and research or practice experience in the School's core themes areas of urban health, chronic disease, healthy aging or health equity are desirable. This 9-month, tax levy-funded appointment (with the possibility of an additional one to three month (summer) appointment for research and/or administrative responsibilities) will be made at the rank of full professor at the CUNY SPH. This faculty member may also be considered for appointment to the Doctoral Faculty, pending review and approval by the CUNY Graduate Center. Duties include: - Developing and leading research, service and curricula in community health/social and behavioral sciences. - Teaching public health courses in areas of expertise. - Collaborating with other SPH and CUNY faculty in developing and obtaining funding for new research, evaluation and intervention projects. - Serving as a mentor to junior faculty. - Supervising dissertation research and field placement projects. - Participating in developing and implementing the SPH strategic plan, as it relates to the faculty members area(s) of expertise. **Qualifications:** A doctorate in public health or a related field in the social, behavioral or natural sciences. Also required are the ability to teach successfully, demonstrated scholarship or achievement, and ability to cooperate with others for the good of the institution. Preferred qualifications include: - A track record of successful funding and peer-reviewed scholarly publications within community health/social and behavioral sciences - Experience in creating or leading interdisciplinary research and action teams - Graduate teaching experience in public health and a passion for teaching - Experience in public health practice and/or public health leadership - Scholarly interests and accomplishments in one or more of the following, emphasized at the CUNY SPH: urban health, health equity, prevention and management of chronic diseases, healthy aging across the lifespan, and/or systems science - A track record of creating and/or leading innovative research programs - Research experience in urban health systems
Postdoctoral Fellowship in Tobacco Control Research	The purpose of the fellowship is to prepare individuals from a wide variety of backgrounds in medical, biological, social, behavioral, and policy sciences to join the next generation of academic leaders in tobacco control. Upon completion of training, fellows will be well positioned to be active participants in crucial policy debates about the future development and implementation of tobacco control interventions. The need for tobacco control experts continues to grow with the continuing diffusion of smoke free laws, Congress recent legislation granting the US Food and Drug Administration authority to regulate tobacco products,

UCSF Center for Tobacco Control Research and Education	implementation of health care reform with its emphasis on disease prevention, and the implementation of the WHO Framework Convention on Tobacco Control, the world's first public health treaty. The fellowship supports two years of postdoctoral training in all aspects of tobacco control research. Our program stresses the skills needed to conduct research in diverse, collaborative transdisciplinary settings. We emphasize leadership in catalyzing the integration of multiple disciplines and translating science to policy and clinical practice. Postdoctoral fellows will have exposure to diverse training including both didactic coursework and individualized mentoring to build a personalized research program. Fellows have come from medicine, public health, nursing, economics, anthropology, political science, law, sociology, psychology, and cell biology. Prior tobacco research experience is relevant, but not necessary for acceptance. We offer individual mentorship with UCSF faculty along with courses in tobacco specific topics, health policy, cancer control and prevention, grant and scientific writing skills, career development, interdisciplinary research, and biostatistics. UCSF is a global leader in tobacco science, a World Health Organization collaborating center, and home of the Legacy Tobacco Documents Library. We place a high priority on developing a fellowship program that reflects the diverse communities we serve. We encourage qualified applicants from all backgrounds to apply. Postdoctoral trainees will receive an annual salary commensurate with their experience, approximately $41,264 - $51,884, $2000 above the current NIH stipend scale. Learn more about the Center, the fellowship program, current fellows, and faculty and their research interests at www.tobacco.ucsf.edu.
FULL Professor, University of Florida	**Job Description:** University of Florida Institute for Child Health Policy (ICHP) and the Department of Health Outcomes and Policy in the College of Medicine, in collaboration with the Center for Excellence in Early Childhood Studies (CEECS) in the College of Education, is recruiting one of the multiple positions. We are especially interested in research focused on children at greatest risk due to poverty, social disadvantage, and neurodevelopmental learning and behavioral challenges. We are also interested in the effects of adverse childhood events on health across the lifespan. The Institute for Child Health Policy (http://ichp.ufl.edu) currently includes 14 primary faculty, with an active research program (>$12M annual grant funding) in child health promotion and disease prevention research and health care delivery research to improve access to care and clinical services. The Center for Excellence in Early Childhood Studies (https://ceecs.education.ufl.edu) research, teaching, model demonstration, and outreach connections focus on young children's health and wellness, early intervention for young children with or at risk for disabilities, and quality teaching and learning in early childhood contexts (birth through age 5). **Minimum Requirements:** Requirements for the position include\: 1) significant external funding, 2) a recognized record of research and scholarship in child health andVor lifespan studies; and 3) an earned doctorate in a health-related field with an emphasis on early childhood or lifespan studies (e.g., health outcomes, health behavior, epidemiology, maternal and child health, public health, psychology, sociology). We are seeking a scientist with a strong background in theories and methods for the design and implementation of randomized and quasi-experimental trials testing innovative interventions focused on prevention, early intervention, health promotion, andVor lifespan research. Collaborative opportunities abound for working on a range of interventions involving children and families, including children with chronic conditions, early learning centers, healthcare sectors, and communities. An established track record as Principal Investigator of NIH or other competitive funded research projects is required. Opportunities exist related to incorporating team hires.
Postdoctoral Fellowship Opportunity Simon Fraser University	Dr. Robert McMahon in the Department of Psychology at Simon Fraser University in Burnaby, British Columbia, Canada is seeking a qualified PhD-level researcher for a postdoctoral fellow position. The position will be based in the newly established Institute for the Reduction of Youth Violence, which is directed by Dr. McMahon. The Institute is located at SFU, with activities at both SFU and at the Child & Family Research Institute in Vancouver, BC. The Institute is intended to serve as a hub for interdisciplinary research in conduct problems and a resource for researchers, practitioners, policy makers and the general public to learn about evidence-based approaches for preventing and treating conduct problems. SFU is one of Canada's premier universities, with an established track record of interdisciplinary approaches to research. At SFU, colleagues in Psychology, Criminology, Health Sciences, Education, and Public Policy have active research programs related to youth conduct problems. Potential collaborators at CFRI include researchers in developmental pediatrics, neurosciences, genetics, epidemiology, and injury prevention. The position will provide opportunities to assist in the development of the Institute, and to work on multiple data sets and research projects. These include data from the Fast Track Project, which includes both high-risk and normative samples followed from kindergarten through age 25, and two separate ongoing RCTs evaluating the Connect program, which is an attachment-based family intervention program for young

	adolescents with high levels of conduct problems. The Connect trials include both clinic-referred and high-risk samples of youth. Start date is flexible between March and June 2014. Funding is available for 2 years, contingent on performance and available funds. Annual salary is $50,000 (Canadian) year and includes 3 weeks (15 days) of vacation pay, plus statutory holidays. There is a professional development allowance of $1,900 (Canadian)/year. Review of applications will begin on February 15; however, the search will continue until the position is filled. Please submit a letter focusing on research interests (2-3 pages max.), a current CV, up to three representative publications, and two research references. **Expertise in advanced quantitative methods, especially those employed in longitudinal data analyses and randomized controlled trials (e.g., SEM, multilevel models, growth models, mixture models), and familiarity with highly zero-inflated and skewed data analytic approached (e.g., zero inflated poisson, negative binomial and hurdle approaches), is especially welcome.**

Appendix C: Program Assessment Plan

Mission Statement/Program Objectives

- The *vision* of the PhD program in Prevention Science and Community Health is to become an epicenter for scholarship on etiology, intervention development and evaluation, and intervention implementation. The *mission* of the program is **to produce prevention science and community health scholars who promote health and prevent illness at the individual, family, community, national, and global levels.**
- The PhD program in Prevention Science and Community Health trains prevention scientists and community health scholars through rigorous theoretical, methodological, and applied training. The program prepares scholars for careers in academia, research, and public policy. We aim to train the next generation of prevention scientists who will help to promote wellness, ameliorate the burden of disease, and create health equity.

Definition & Assessment of Intended Outcomes

Intended Outcomes and Measures

Outcome 1: Students will demonstrate a **breadth of understanding** of the general values, theories, concepts, research, methodologies, and practices associated with prevention science and community health.

Assessment Measure 1) Students will be required to pass both oral and written qualifying exams at the end of their second year in the PhD program, prior to their admission to candidacy. These exams will cover the material that students have learned in their coursework. Faculty members will evaluate the written and oral qualifying exams using a set of criteria designed for such evaluations.

Assessment Measure 2) Students will deliver an integrative presentation in the final semester of the professional development seminar. Peers and faculty members will assess each presentation using a set of criteria designed for this purpose.

Outcome 2: Students will demonstrate a **deep understanding and mastery** of one specific area of focus within the fields of community psychology and community well-being.

Assessment Measure 1) Students will write a publishable paper as part of their qualifying exam. The qualifying paper will require students to consider the broad theoretical, methodological, and practical implications of their topic as the focus in on their research questions. This paper will be rated by a qualifying exam committee, using a set of criteria developed for this purpose.

Assessment Measure 2) Students will defend their dissertation proposal before a committee of faculty. Committee members will complete an evaluation to score both the oral defense and the

written dissertation or series of papers.

Outcome 3: Students will demonstrate the capacity to **use the prevention science and community health principles to generate new knowledge.**

1) Students will defend their dissertation proposal before a committee of faculty. Committee members will complete an evaluation to score both the oral defense and the written dissertation or series of papers.

2) Students will disseminate and publish their scholarly products at conferences, in journals, books, reports, policy briefings, videos, websites, and other forms of media for academic and community audiences. Placement of scholarly products will be tracked during their time as a student through three years after graduation.

Appendix D: Core Faculty Mentoring Experience (2009-Present)

	Guillermo Prado	Seth Schwartz	Hilda Pantin	Erin Kobetz	Tatiana Perrino	Mark Stoutenberg	Jason Mitchell
Total Publications	47	98	59	30	11	16	17
Mentored Publications	19	29	22	9	-	1	-
UM PhD Students Supervised	3	3	-	2	-	1	-
Co-Mentorships at other Universities	3	2	1	1	-	-	2
Other Dissertation Committee Memberships	3	3	-	4	-	3	-
Post-Doctoral Fellows Supervised	2	2	2	1	-	-	-
Faculty: (from UM), (from outside UM)	3, 2	1, 5	7, 0	6, 0	-	-	-
Informal Mentoring Arrangements	12	10	2	14	1	2	2

Appendix F: List of Graduate Program Faculty

Faculty Member	Department/School
Core Program Faculty	
Guillermo Prado	Public Health Sciences
Seth J. Schwartz	Public Health Sciences
Erin Kobetz	Public Health Sciences
Hilda Pantin	Public Health Sciences
Mark Stoutenberg	Public Health Sciences
Tatiana Perrino	Public Health Sciences
Jason W. Mitchell	Public Health Sciences
Eric C. Brown	Public Health Sciences
Other DPHS Faculty	
José Szapocznik	Public Health Sciences
David J. Lee	Public Health Sciences
Noella Dietz	Public Health Sciences
WayWay Hlaing	Public Health Sciences
Adina Zeki-Al Hazzouri	Public Health Sciences
Howard A. Liddle	Public Health Sciences
Margaret M. Byrne	Public Health Sciences
Kathryn McCollister	Public Health Sciences
Cynthia L. Rowe	Public Health Sciences

Viviana E. Horigian	Public Health Sciences
Naresh Kumar	Public Health Sciences
John Beier	Public Health Sciences
Scott C. Brown	Public Health Sciences
Alberto Caban-Martinez	Public Health Sciences
J. Sunil Rao	Public Health Sciences
Hemant Ishwaran	Public Health Sciences
Daniel J. Feaster	Public Health Sciences
Shari Messinger-Cayetano	Public Health Sciences
Tulay Koru-Sengul	Public Health Sciences
Isildinha M. Reis	Public Health Sciences
Kris Arheart	Public Health Sciences
Orlando Gomez-Marin	Public Health Sciences
Raymond Balise	Public Health Sciences
Other UM Faculty	
E. Robert Schwartz	Family Medicine
F. Daniel Armstrong	Pediatrics
Sarah Messiah	Pediatrics
Michael L. Cuccaro	Human Genetics
Eden Martin	Human Genetics
Evadine Rampersaud	Human Genetics
Maria R. Lopez-Patton	Psychiatry

Tatjana Rundek	Neurology
Nilda Peragallo	Nursing and Health Sciences
Victoria B. Mitrani	Nursing and Health Sciences
Rosa M. Gonzalez-Guarda	Nursing and Health Sciences
Julie Barroso	Nursing and Health Sciences
Isaac Prilleltensky	Education
Nicholas D. Myers	Education
Dina Birman	Education
Lydia P. Buki	Education
Philip M. McCabe	Psychology
Annette LaGreca	Psychology
Neil Scheiderman	Psychology

Appendix G: Indirect Costs from Division of Prevention Science and Community Health

Prevention Division FY14-FY15 TYD

Proposals Awarded after 6/1/2013 to present (9/25/14)

Master Account	Title	PI	Sponsor	Budget Start Date	Budget End Date	Awarded Direct Costs	Awarded Indirect Costs	Awarded Total Cost
662592	PREVENTING HIV RISK BEHAVIORS IN HISPANIC ADOLESCENTS VIA AN INTERNET-BASED FAMILY INTERVE	Estrada, Yannie	CENTER FOR DISEASE CONTROL	9/1/2014	12/31/2014	$254,432.00	$19,296.00	$273,728.00
661926	ADDRESSING CERVICAL CANCER DISPARITY IN SOUTH FLORIDA CBPR IN ACTION	Kobetz-Feaman, Elm	NATL CANCER INSTITUTE	5/14/2014	4/30/2015	$377,706.00	$140,625.00	$518,331.00
663035	SOUTH FLORIDA CENTER FOR REDUCING CANCER DISPARITIES-OUTREACH	Kobetz-Feaman, Elm	NATL CANCER INSTITUTE	9/1/2014	8/31/2015	$133,552.00	$25,680.00	$159,232.00
663037	SOUTH FLORIDA CENTER FOR REDUCING CANCER DISPARITIES- TRAINING	Kobetz-Feaman, Elm	NATL CANCER INSTITUTE	9/1/2014	8/31/2015	$43,474.00	$22,041.00	$65,515.00
661739	SOUTH FLORIDA CENTER FOR REDUCING CANCER DISPARITIES-OUTREACH	Kobetz-Feaman, Elm	NATL CANCER INSTITUTE	9/1/2013	8/31/2014	$130,357.00	$15,345.00	$145,705.00
661742	SOUTH FLORIDA CENTER FOR REDUCING CANCER DISPARITIES- TRAINING	Kobetz-Feaman, Elm	NATL CANCER INSTITUTE	9/1/2013	8/31/2014	$43,873.00	$21,557.00	$65,230.00
663109	DEVELOPMENT OF RAPID SCREENING TEST FOR PREVENTING AND DETEC	Kobetz-Feaman, Elm	WOMENS CANCER ASSOC	8/1/2014	5/31/2015	$40,000.00	$0.00	$40,000.00
663042	DEVELOPMENT OF A HIV PREVENTION TOOLKIT FOR AT-RISK HIV NEGATIVE MALE COUPLES	Mitchell, Jason	NATL INST OF MENTAL HEALTH	8/1/2014	7/31/2015	$170,695.00	$75,255.00	$245,970.00
663627	A MOBILE APP TO INCREASE ROUTINE HIV TESTING AMONG HIGH-RISK DIVERSE MSM	Mitchell, Jason	UNIV OF MINNESOTA	7/1/2014	6/30/2015	$92,857.00	$47,578.00	$50,435.00
663450	ONLINE COUPLES-BASED HIV COUNSELING AND TESTING (CVCT) PROGRAM	Mitchell, Jason	EMORY UNIV	6/1/2014	5/31/2015	$59,400.00	$31,790.00	$91,210.00
661717	NATIONAL HISPANIC SCIENCE NETWORK ON DRUG ABUSE	Parsh, Hilda	NATL INST ON DRUG ABUSE	8/17/2013	8/16/2014	$150,478.00	$50,804.00	$200,280.00
660209	NATIONAL SCIENCE NETWORK EARLY STAGE CAREER MENTORING FOR NDA RESEARCH	Parsh, Hilda	MICHIGAN ST UNIV	3/1/2014	2/28/2015	$26,729.00	$2,138.00	$28,867.00
663144	COLLABORATIVE DATA SYNTHESIS FOR ADOLESCENT DEPRESSION STUDY	Perrino, Tatiana	NORTHWESTERN UNIV	4/1/2014	3/31/2015	$163,163.00	$51,510.00	$235,013.00
662073	COLLABORATIVE DATA SYNTHESIS FOR ADOLESCENT DEPRESSION STUDY	Perrino, Tatiana	NORTHWESTERN UNIV	9/9/2013	3/31/2014	$106,326.00	$56,884.00	$163,210.00
661954	FAMILIES PREVENTING AND REDUCING OBESITY HEALTH DISPARITIES IN HISPANIC YOUTH	Prado, Guillermo	NATL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES	3/1/2014	2/28/2015	$225,000.00	$120,375.00	$345,375.00
661954	FAMILIES PREVENTING AND REDUCING OBESITY HEALTH DISPARITIES IN HISPANIC YOUTH	Prado, Guillermo	NATL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES	7/5/2013	2/28/2014	$250,000.00	$133,750.00	$383,750.00
661503	CENTER FOR PREVENTION IMPLEMENTATION METHODOLOGY FOR DRUG ABUSE& SEX RISK BEHAVIOR- ADMIN Core	Prado, Guillermo	NORTHWESTERN UNIV	6/1/2013	5/31/2014	$52,711.00	$28,200.00	$80,911.00
663112	CENTER FOR PREVENTION IMPLEMENTATION METHODOLOGY FOR DRUG ABUSE& SEX RISK BEHAVIOR- ADMIN Core	Prado, Guillermo	NORTHWESTERN UNIV	6/1/2014	5/31/2015	$63,675.00	$26,716.00	$90,391.00
662342	CENTER FOR PREVENTION IMPLEMENTATION METHODOLOGY FOR DRUG ABUSE& SEX RISK BEHAVIOR- METHODOLOGY Core	Prado, Guillermo	NORTHWESTERN UNIV	6/1/2013	5/31/2014	$33,253.00	$17,795.00	$51,047.00
663113	CENTER FOR PREVENTION IMPLEMENTATION METHODOLOGY FOR DRUG ABUSE& SEX RISK BEHAVIOR- METHODOLOGY Core	Prado, Guillermo	NORTHWESTERN UNIV	6/1/2014	5/31/2015	$33,668.00	$18,119.00	$51,787.00
662177	KIDS' KNOWING ABOUT INTERVENTION IMPLEMENTATION IN DETENTION SITES	Prado, Guillermo	EMORY UNIV	7/1/2013	6/30/2014	$39,627.00	$20,379.00	$59,906.00
663620	AMENDMENT NO. 1 - KIDS' KNOWING ABOUT INTERVENTION IMPLEMENTATION IN DETENTION SITES	Prado, Guillermo	EMORY UNIV	7/1/2014	6/30/2015	$28,557.00	$15,278.00	$43,835.00
663569	THE ROLE OF CULTURE IN THRIVING AND RISK BEHAVIOR IN HISPANIC ADOLESCENTS.	Schwartz, Seth	NATL INST ON DRUG ABUSE	12/1/2012	11/30/2014	$434,512.00	$138,855.00	$573,367.00
660255	MULTISITE SCHOOL-BASED EVALUATION OF BRIEF SCREENER FOR UNDERAGE DRINKING	Schwartz, Seth	AMER UNIVERSITY	12/1/2013	11/30/2014	$185,538.00	$87,735.00	$263,273.00
					Subtotal	$3,045,850.00	$1,187,638.00	$4,233,528.00

Proposals Pending

TBA	A Novel Pregnancy Prevention Intervention for Latina Middle School Girls	Prado, Guillermo	NATL INSTITUTE OF HEALTH	12/1/2014	11/30/2014	$209,902.00	$112,298.00	$322,200.00
TBA	MULTISITE SCHOOL-BASED EVALUATION OF BRIEF SCREENER FOR UNDERAGE DRINKING- Diversity Supplement	Schwartz, Seth	AMER UNIVERSITY	8/1/2014	11/30/2014	$22,569.00	$12,288.00	$35,257.00
TBA	MULTISITE SCHOOL-BASED EVALUATION OF BRIEF SCREENER FOR UNDERAGE DRINKING- Diversity Supplement	Schwartz, Seth	AMER UNIVERSITY	12/1/2014	11/30/2015	$55,505.00	$29,809.00	$85,314.00
TBA	RISK FACTORS FOR ADOLESCENT DRUG USE IN THE UNITED STATES AND COLOMBIA	Brown, Eric	Transfer to UM	11/15/2014	5/31/2015	$135,417.00	$71,906.00	$207,323.00
TBA	Subcontract	Brown, Eric	Transfer to UM	11/15/2014	TBA	$16,454.00	$8,783.00	$25,237.00
TBA	Subcontract	Brown, Eric	Transfer to UM	11/15/2014	TBA	$2,747.00	$1,458.00	$4,205.00
					Subtotal	$443,424.00	$236,612.00	$680,036.00

Total of Awarded and Pending	$3,489,314.00	$1,424,250.00	$4,913,564.00

Appendix H: Prado Retention Package

Prado Retention Package (Approved: 4/29/13)

Division of Prevention Science and Community Health

Approved Prado Retention Package Plan

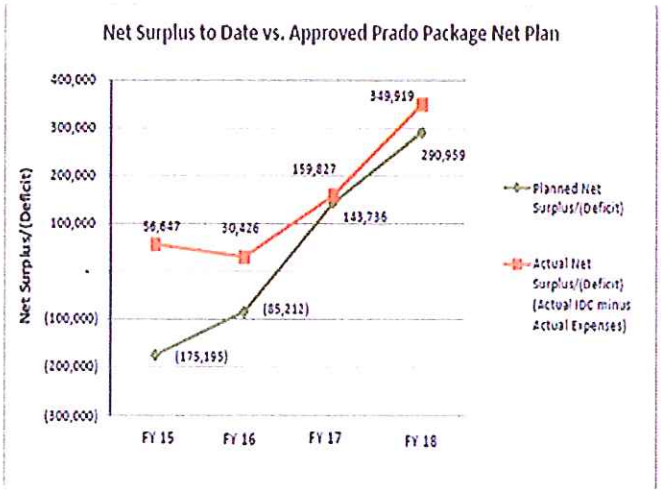
Total Planned Direct Costs:	$ 250,000	$ 650,000	$ 1,300,000	$ 1,800,000	$ 4,000,000
Total Planned IDC:	77,500	201,500	403,000	558,000	1,240,000
Total Planned Expenses:	252,695	286,712	259,264	267,041	1,065,712
Planned Net Surplus/(Deficit): (Planned IDC minus Planned Expenses)	$ (175,195)	$ (85,212)	$ 143,736	$ 290,959	$ 174,288

Actuals to Date as of 9/29/14

Total Actual Direct Costs	$ 395,697	$ 771,270	$ 1,350,000	$ 1,850,000	$ 4,366,967
Total Actual IDC:	196,383	355,691	458,800	613,800	1,624,674
Total Actual Expenses:	139,737	325,265	298,973	263,881	1,027,855
Actual Net Surplus/(Deficit): (Actual IDC minus Actual Expenses)	$ 56,647	$ 30,426	$ 159,827	$ 349,919	$ 596,819

Comparison of Actuals to Date vs. Approved Plan

Net Direct Costs	$ 145,697	$ 121,270	$ 50,000	$ 50,000	$ 366,967
Net IDC:	118,883	154,191	55,800	55,800	384,674
Net Expenses:	112,958	(38,553)	(39,709)	3,161	37,857
Net Surplus/(Deficit)	$ 231,842	$ 115,639	$ 16,090	$ 58,961	$ 422,531



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Appendix I: Class Enrollment by Year

	Applicants, Acceptances and Enrollments, AY 2009/10 – 2014/2015						
Tuition Generating Programs		2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013	2013 – 2014	2014 – 2015
TOTAL	Enrolled	13	34	114	126	115	146*

*2014 – 2015 is not a complete admission year for Public Health (MPH/MSPH), Data includes actual Fall 2014 admissions and Spring 2015 (conservative) projections.

Number of Course Titles Offered, AY 2009/10 – 2014/15						
	2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014-2015
Number of Course Titles	21	31	39	44	58	61

Average Class Size Per Year, AY 2009/10 – 2014/2015*						
	2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014-2015
Average Number of Students in Class	12 (min: 4, max: 47)	14 (min: 3, max: 46)	22 (min: 4, max: 52)	30 (min: 4, max: 51)	26 (min: 4 , max: 72)	31 (min: 4 , max: 60)

*Only includes structured courses