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MEMORANDUM

To: Julio Frenk
University President

From: Tomás A. Salerno
Chair, Faculty Senate

Date: May 4, 2018

Subject: Faculty Senate Legislation #2017-44 (B) – Creation of a Master of Science (MS) Degree in Prevention Science and Community Health, Miller School of Medicine

The Faculty Senate, at its April 18, 2018 meeting, unanimously approved the proposal from the Miller School of Medicine to create a Master of Science in Prevention Science and Community Health. This new degree program will require successful completion of 33-credit hours, as well as completion of a master's thesis. This MS is being proposed in response to the success of the doctoral program it currently offers in their field, as well as to meet market demand.

The Faculty Senate does not approve budget concepts, therefore no budget information is included here.

This legislation is sent to you for your action.

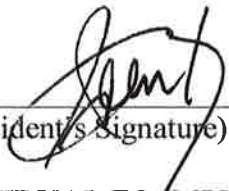
TAS/rh

Enclosure

cc: Jeffrey Duerk, Executive Vice President and Provost
Edward Abraham, Dean and Chief Academic Officer, Miller School of Medicine
Eric Brown, Associate Professor, Miller School of Medicine

CAPSULE: Faculty Senate Legislation #2017-44 (B) – Creation of a Master of Science (MS)
Degree in Prevention Science and Community Health, Miller School of Medicine

PRESIDENT’S RESPONSE

APPROVED:  DATE: 5/14/18
(President's Signature)

OFFICE OR INDIVIDUAL TO IMPLEMENT: Dean Edward Abraham

EFFECTIVE DATE OF LEGISLATION: IMMEDIATELY (Pending any additional required Board of Trustees approval)

NOT APPROVED AND REFERRED TO: _____

REMARKS (IF NOT APPROVED): _____

1. Proposal Submission Form



Proposal Submission Checklist

Proposals are to be submitted to the Office of Assessment and Accreditation (OAA), if applicable, the Graduate Council (for graduate programs excluding Law and Medical), if applicable, and the Faculty Senate. Refer to the Procedures for Program Changes document for information on the approvals and notifications needed for program changes and the Proposal Submissions Specifications document for an explanation of the process and a list of the materials required.

(Please note that change approvals can take 2 semesters to complete.)

Include this checklist at the beginning of each proposal.
(Complete the information below, save the form as a pdf, and insert it with the background materials that are specified, in the order listed, and send the package electronically as noted above.)

KEY CONTACT PERSONNEL INFORMATION

First Name	Last Name	Proponent's Title
Eric	Brown	Associate Professor
Department, if applicable	School/College	
Public Health Sciences	Miller School of Medicine	
E-mail	Phone	
ricbrown@miami.edu	305-243-6973	
Title of Proposal		
Proposal for a Master of Science Program in Prevention Science and Community Health		

(-continue to next page-)

MANDATORY MEMORANDA AND FORMAT

Please check that each item listed below is included in the proposal package of materials, in the ORDER as listed. The applicable title (i.e. Letter of Explanation, Memo from the Dean, etc.) is to precede each section in the materials.

Only proposals conforming to this format will be accepted.

1. This completed checklist.

2. Letter of explanation. (2-3 pages only, double spaced, 12 pt font)

Yes No

If no, explain why.

3. A memo from the dean(s) signifying approval of the faculty of the relevant School(s) / Colleges(s).

Yes No

If no, explain why.

4. A memo that all affected or relevant School / College Council(s) have approved.

Yes No

If no, explain why.

6. A memo from the department chair(s) signifying approval of the faculty of the relevant department(s).

Yes No

If no, explain why.

6. A memo from the Office of Accreditation and Assessment (OAA) if the proposal involves academic programs (degrees, certificates, majors, minors, concentrations, specializations, tracks, etc.) such as new programs, closing programs, or program changes (such as changes in requirements, program length, modality, name, location).

(To be submitted by OAA to the Graduate Council or the Faculty Senate, as appropriate.)

Applicable Not applicable.

If not, explain why.

7. A memo from the Graduate School Dean signifying approval of the Graduate Council (for graduate programs only).

(To be submitted to the Faculty Senate by the Graduate Council.)

Applicable Not applicable.

If not, explain why.

8. Academic Deans Policy Council (ADPC) approval, for interdisciplinary issues and as appropriate. Please consult with the Dean of the Graduate School or the Secretary of the Faculty Senate to check if this is needed.

Yes No

If no, explain why.

The proposed program is not interdisciplinary and, therefore, ADPC approval is not needed.

9. Additional required documents as listed on the "Proposal Submissions Specifications," i.e. market analysis, budget information, assessment of library collections, etc. as specified.

List additional documents included.

Additional documents include (see Table of Contents for page numbers): Executive Summary, Program Mission, Curriculum, Interaction of the Proposed Program with Other Graduate Programs, Prospective Students, Infrastructure, Budget/Financial Analysis, Library Analysis, References, and Appendices A through D. Note: Prospective Program Director's CV is submitted as separate document.

End form.

To: Faculty Senate, University of Miami

From: Dr. Eric C. Brown, PhD; Associate Professor, Division of Prevention Science and Community Health, Department of Public Health Sciences, Miller School of Medicine, University of Miami

Dr. Guillermo (“Willy”) Prado, PhD; Dean, Graduate School;
 Director, Division of Prevention Science and Community Health Department of Public Health Sciences, Miller School of Medicine, University of Miami

Title: Proposal for a Master of Science Program in Prevention Science and Community Health

Date: April 5, 2018

Table of Contents

1. Proposal Submission Form..... 1

2. Letter of Explanation..... 7

3. Memo from Miller School of Medicine Dean..... 8

4. Memo from Miller School of Medicine Graduate Council..... 9

5. Memo from Department of Public Health Sciences Chair..... 10

6. Memo from Office of Accreditation and Assessment..... 11

7. Memo from Graduate School Dean..... 13

8. Executive Summary..... 14

9. Program Mission (Purpose and Goals)..... 16

 (a) Rationale..... 16

 (b) Relationships to Other Fields and Interactions with Other Programs at UM. 20

 (c) Relationships to Undergraduate and Professional Programs at UM..... 212

10. Curriculum..... 23

 (a) Curricular Structure..... 24

 (b) Anticipated Additions to Existing Curricular Structure..... 25

 (c) Teaching..... 25

 (d) Thesis..... 26

 (e) Faculty..... 26

11. Interaction of the Proposed Program with Other Graduate Programs..... 27

12. Prospective Students.....	28
13. Core Competencies and Methods to Evaluate the Success of the Proposed Program.....	29
14. Program Administration.....	31
15. Market Analysis/Demand.....	32
16. Infrastructure	34
17. Budget/Financial Analysis	35
18. Library Analysis	37
19. References	40
Appendix A: Comparable Programs.....	42
Appendix B: Letters of Support.....	43
Appendix C: Examples of Career Opportunities for MS-PSCH Graduates.....	49
Appendix D: Comments and Responses to Reviews by the Miller School of Medicine Legislative Oversight Committee and Faculty Council.....	54

2. Letter of Explanation

UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE



April 2, 2018

To Whom It May Concern:

Item #8 of the Proposal Submission Checklist Form is checked “No” because, upon consultation with the Faculty Senate Secretary, the proposed program was not indicated to be interdisciplinary and, therefore, ADPC approval is not needed.

Sincerely,



Eric C. Brown, Ph.D.
Associate Professor
Division of Prevention Science and Community Health
Department of Public Health Sciences
Miller School of Medicine
University of Miami
1120 NW 14th St., Suite 1014
Miami, FL 33136
Ph: (305) 243-6973

3. Memo from Miller School of Medicine Dean



MEMORANDUM

DATE: April 5, 2018

TO: University of Miami Faculty Senate

FROM: Edward Abraham, MD EO
Executive Vice President for Health Affairs
Chief Executive Officer, UHealth System
Dean and Chief Academic Officer, University of Miami Miller School of Medicine

SUBJECT: Letter of support for Master of Science Program in
Prevention Science and Community Health

I am writing to express my support for the creation of the Master of Science in Prevention Science and Community Health. This professional program was initiated by the Division of Prevention Science and Community Health, Department of Public Health Sciences (DPHS), Miller School of Health; and it has our enthusiastic support.

The program has been approved by the Miller School of Health Legislative Oversight Committee and subsequently by the School's Faculty Council on March 20, 2018.

The DPHS will offer the required and elective courses as needed by this program. We do not immediately require new faculty or additional classrooms for this program.

We anticipate that the program will attract high quality students, both locally and internationally.

*Edward Abraham, M.D.
Executive Vice President for Health Affairs
Chief Executive Officer, UHealth
Dean and Chief Academic Officer
University of Miami, Leonard M. Miller School of Medicine
Don Saffer Clinical Research Center (DSCRC) | 1120 NW 1st Street | Suite 360R (R95)
Miami, FL 33136 | Tel: (305) 243-5677 | Fax: (305) 243-1698*

4. Memo from Miller School of Medicine Faculty Council



UNIVERSITY OF MIAMI
**MILLER SCHOOL
of MEDICINE**

February 28, 2018

Tomas Salerno, M.D.
Chair, Faculty Senate
University of Miami
Ashe Building, Suite #325
252 Memorial Drive
Coral Gables, FL 33146

Re: Council Approved a Master of Science program in Prevention Science and Community Health (MSPSCH) proposal.

Dear Dr. Tomas Salerno,

This is to inform the Faculty Senate that the Medical School Faculty Council met on February 27th, 2018 to review the Proposal for Master of Science program in Prevention Science and Community Health (MSPSCH).

The council members voted to *approve* the proposal.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Sanjoy K. Bhattacharya'.

Sanjoy K. Bhattacharya, M. Tech, Ph.D.
Speaker, Medical Faculty Council

Office of Senior Associate Dean for Faculty Affairs
1600 NW 10th Avenue, Room RM5B 1124 (D2-6) | Miami, FL 33136
Phone: 305-243-6551 | Fax: 305-243-5574

5. Memo from Department of Public Health Sciences Chair

UNIVERSITY
OF MIAMI



February 2, 2018

Eric C. Brown, Ph.D.
Associate Professor
Division of Prevention Science and Community Health
Department of Public Health Sciences
University of Miami Miller School of Medicine
Clinical Research Building, Suite #1014
Miami, FL 33136

Dear Dr. Brown,

Please accept this letter as support for the proposed Master of Science program in Prevention Science and Community Health (MS-PSCH).

We understand that as the field of prevention science is growing in importance within our health care system, the proposed program is important and timely. We believe that this program will complement our existing graduate programs in Public Health and Biostatistics in the Department of Public Health Sciences (DPHS). We note that costs of the proposed MS PSCH program will be borne by the DPHS and will not be incurred by the Miller School of Medicine. Moreover, we expect that the proposed program will broaden the reach of our mission to bring sustainable, positive changes in health through educating the next generation of public health leaders, as well as to foster new interdisciplinary collaborations across the University.

We look forward to establishing this program in our Department and wish you success in this endeavor.

Sincerely,

J. Sunil Rao, Ph.D.
Professor and Director, Division of Biostatistics,
Interim Chair, Department of Public Health Sciences,
University of Miami Miller School of Medicine

6. Memo from Office of Accreditation and Assessment

UNIVERSITY
OF MIAMI




Assessment and Accreditation
Gables One Tower 1320 S. Dixie Hwy.
Coral Gables, Florida 33146

Phone: 305-284-5120
Fax: 305-284-4929
oaa.miami.edu

MEMORANDUM

DATE: February 25, 2018

TO: Eric Brown, Associate Professor, Division of Prevention Science and Community Health
Miller School of Medicine

FROM: Patty Murphy, Executive Director 
Office of Assessment and Accreditation

RE: New MS in Prevention Science and Community Health

On February 19 2018, the Miller School of Medicine notified my office of its intent to offer a new Master of Science (MS) degree program in Prevention Science and Community Health. The new program is being proposed in response to the success of the doctoral program it currently offers in this field and to meeting market demand.

The proposed MS in Prevention Science and Community Health program will require successful completion of 33 credit hours that include 27 credit hours in required courses and 6 credit hours in electives. Students will be required to complete a master's thesis.

While Dr. Eric C. Brown will serve as the program director, the program curriculum consists of existing courses offered in the Department of Public Health Sciences. The Public Health Graduate Programs Curriculum Committee will oversee the program curriculum.

The proposed new program does not "represent a significant departure, either in content or method of delivery" from what we are currently approved by SACSCOC to offer due to the following:

- The proposed program meets the SACSCOC requirement of a minimum of 30 credit hours for a graduate program.
 - The program is a repackaging of existing courses. No new courses are being added.
 - The new program will be supported by current qualified faculty in the Department of Public Health Sciences.
 - The University is currently approved to offer the following graduate programs in related areas:
 - Master of Public Health
 - MS in Public Health
 - PhD in Epidemiology
 - PhD in Prevention Science and Community Health
 - The majority of the program will not be offered via distance education and, in any case, the University is approved to offer 100% distance education programs.
 - The program will be offered on the University's Medical Campus.
 - The graduate program covers the literature in the field through its required core coursework.
-
- The graduate program ensures ongoing student engagement in research through a required master's thesis.

SACSCOC only requires notification of program changes that represent a significant departure from our current programs. Therefore, no notification or approval is required for this change.

Please contact me if you have any questions at pattymurphy@miami.edu or (305) 284-3276.

CC: Faculty Senate
 Guillermo Prado, Dean of the Graduate School and Director of the Prevention Science and Community Health Division
 Edward Abraham, Dean, Miller School of Medicine
 Karen Beckett, University Registrar
 Ray Nault, Executive Director of Student Financial Assistance and Employment

7. Memo from Graduate School Dean

UNIVERSITY OF MIAMI

GRADUATE SCHOOL



1252 Memorial Drive
P.O. Box 248125
Coral Gables, FL 33124-4629

Phone: 305-284-4154
Fax: 305-284-5441
graduateschool@miami.edu

MEMORANDUM

DATE: April 3, 2018

TO: Tomas Salerno
Chair, Faculty Senate

FROM: Guillermo (Willy) Prado *Guillermo Prado*
Dean, The Graduate School

SUBJECT: Proposal – MS in Prevention Science and Community Health

The Department of Public Health Sciences in the Miller School of Medicine submitted a proposal for a Master of Science program in Prevention Science and Community Health. The proposal was discussed at the meeting of the Graduate Council on Tuesday, March 20, 2018, and was approved by those present

cc: Edward Abraham, Dean, Miller School of Medicine
Eric Brown, Associate Professor, Division of Prevention Science and Community Health, Miller School of Medicine
Office of Assessment and Accreditation

8. Executive Summary

Stemming from the success of the Department of Public Health Sciences' (DPHS) PhD program in Prevention Science and Community Health, and in light of the growing demand for researchers and practitioners in this field, we propose the formation of a **Master of Science program in Prevention Science and Community Health**. The focus of this program will be in line with the seven priority areas of the U.S. National Prevention Strategy (e.g., tobacco free living, preventing drug abuse and excessive alcohol use, healthy eating, active living, injury and violence free living, reproductive and sexual health, and mental and emotional well-being) as manifested through the Strategy's strategic directions of include creating healthy and safe communities, eliminating health disparities, providing clinical and community prevention services, and empowering people. There are three specific goals of the proposed MS program in prevention science and community health:

- (1) Train Master-level students in the fundamentals of prevention science, which includes (a) the assessment of risk and protective factors that predict and modify health and behavior outcomes; (b) the development of preventive interventions that target these risk and protective factors; (c) the implementation these interventions with individuals, families, and peer groups, and in schools and workplaces that make up our communities; and (d) the evaluation of these interventions to determine the evidence for their effectiveness.
- (2) Develop students' skills in translating prevention research into demonstrable preventive action, including the dissemination of advancements in in the field to constituencies in local, national, and international contexts; and the ability to use this technology for science-based decision making by service providers (community health coalitions, service organizations, and governmental agencies).
- (3) Develop students' skill to successfully partner with community, county, state, national, and international entities to disseminate evidence-based programs and incorporate them with fidelity into service delivery settings with sensitivity to the unique strengths and diversity of culture of communities and their constituencies.

The Division of Prevention Science and Community Health in the DPHS is keenly poised to realize this program through its experienced faculty, community involvement, and on-going research and evaluation activities. The program addresses a growing need for professionals with specialized skills in prevention science to work in organizations and agencies that are charged with the selection and implementation of evidence-based interventions. Moreover, we are at a watershed with regard to prevention science as a global phenomenon with need for formal training of professionals in countries that are experiencing a growing need for effective preventive interventions. In this emerging field, only six Master-level programs and three

certificate programs exist that are dedicated to prevention science. The proposed MS Program in Prevention Science and Community Health would be the first dedicated program of its kind in Florida and one of only a few such programs nationally and internationally.

The proposed program consists of 33 credit hours; which includes 15 hours of core prevention science and community health courses, 6 hours of thesis preparation and defense, 6 hours of methods courses, and 6 hours of elective courses offered by the DPHS and affiliated programs. Coursework in the program is designed to provide students with the requisite skills to understand and apply the latest in prevention science technology for improved development, selection, implementation, and evaluation of evidence-based interventions.

The proposed MS program in Prevention Science and Community Health assumes a tuition revenue stream that is based on an entry cohort of 2 students in the 2019 fiscal year, and expanding to 5 new students in fiscal years 2022 and beyond. These estimates are conservatively in line with the number of students enrolled in other DPHS Master-level programs. The net surplus to the Department of Public Health Sciences is anticipated to grow from \$3,022 in FY 2019 to \$158,461 in FY 2023. Net surplus to the University of Miami is anticipated to grow from \$21,140 in FY 2019 to \$256,596 in FY 2023.

9. Program Mission (Purpose and Goals)

(a) Rationale

The purpose of the proposed Master of Science (MS) program in Prevention Science and Community Health is to train the next generation of researchers and practitioners who are committed to reducing the mortality and morbidity attributable to behaviorally-based, preventable causes of illness, disorder, and death; and promoting health and well-being, in the United States and internationally. Our focus is on the community as the primary domain for intervention development, implementation, and evaluation; however, our research spans multiple contexts such as families, peer groups, schools, the workplace, and clinics. We propose to train students whose expressed objectives are to join the prevention workforce. As part of the program, professionals in the field as guest lecturers and field mentors in order to expose students in the program with “real world” issues and professional responsibilities, which we believe will enhance students’ marketability.

There is already a great deal of prevention-related expertise in the Department of Public Health Sciences, where the existing PhD program in Prevention Science and Community Health is housed, as well as in other schools and departments around the University of Miami. MS students will have ready access to experienced faculty who can train students in cutting-edge prevention science, as well as to PhD earning students who can mentor MS students throughout the program. The program is designed to reach out to a broader array of students from Education, Psychology, Nursing, and Social Work backgrounds (among others), who would be interested specifically in Prevention Science. As other Universities around the nation are developing specific Masters programs in Prevention Science, we believe that it is important for our Department and School to meet the need of this growing field. With the increase in graduate programs in prevention science throughout the country and the recent success of the Department’s current PhD program in Prevention Science and Community Health, the time is right for our proposed MS program.

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. More recently, the National Prevention Strategy (<https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>; U.S. Department of Health and Human Services) prioritizes prevention by “integrating recommendations and actions across multiple setting to improve health and save lives.” Strategic directions of the National Prevention Strategy include creating healthy and safe communities, eliminating health disparities, providing clinical and community prevention services, and empowering people. The

seven priority areas for these strategies include: tobacco free living, preventing drug abuse and excessive alcohol use, healthy eating, active living, injury and violence free living, reproductive and sexual health, and mental and emotional well-being—all of which are areas of focus within the Department's Division of Prevention Science and Community Health. Moreover, the mission of the University of Miami's Miller School of Medicine 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 our Division.

Prevention Science is an interdisciplinary field and draws on disciplines as diverse as psychology, education, medicine, epidemiology, biostatistics, environmental health, geography, nursing, economics, and others. Currently, prevention science-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 science research involves collaborating with communities – relying on a bottom-up approach rather than the traditional top-down approach that has dominated much of academic research. Development of an MS program in Prevention Science and Community Health will allow for a further extension of our expertise in this area to the various streams of prevention work currently underway in other departments and schools at the University of Miami.

Paralleling the fragmentation of prevention research at the University, currently, Master-level students at the UM who are interested in prevention science-based coursework and training must cobble together courses and mentoring in public health, education, psychology, nursing/health studies, medicine, and other departments or schools. By its very nature, prevention science and community health is an interdisciplinary field. 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 Master-level 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 empowerment, 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.

Prevention science interfaces with public health and biostatistics in many important ways. Broadly, public health focuses on the etiology of disease risk factors, markers, processes, and outcomes. Public health is the science of protecting and improving the health of populations. Biostatistics is the science of developing and refining statistical tools to analyze biomedical and health-related data. Prevention science overlaps with these disciplines in that etiological findings are used to design, adapt, and target interventions to inhibit the development or exacerbation of illness, disorder, and disease; and uses advanced biostatistical methods to design and analyze data on intervention development, implementation, and effectiveness. An MS program in prevention science and community health would complement the Department of Public Health's existing MPH and MS programs in public health and in biostatistics, and it is a natural fit to house these programs within the Department of Public Health Sciences. The name of the proposed program, "*Prevention Science and Community Health*," follows from the name of the PhD program and from our Division within the Department of Public Health. To avoid confusion with other programs, however, we will endeavor to be explicit on the nature of the program in all advertising and correspondence regarding the program.

By investing in the growth of prevention science and community health through training the next generation of prevention researchers, evaluators, and practitioners, the University of Miami stands to make a major contribution to addressing and reducing the prevalence and incidence of preventable causes of disease, disorder, and death in the United States and internationally. Through cutting-edge research and community engagement, our faculty will equip students in the proposed MS program to step to the forefront of prevention efforts, from local initiatives such as the Live Healthy Little Havana Initiative (<https://www.livehealthylittlehavana.com/>) to large-scale initiatives such as the U.S. National Prevention Strategy, the Pan American Health Organization's CARMEN initiative (<http://www.paho.org/carmen/>), and the United Nations Office of Drug Control's Global Initiative on Primary Prevention of Substance Abuse (http://www.who.int/substance_abuse/activities/global_initiative/en/). The MS program in prevention science and community health has the potential to bring considerable prestige to the University of Miami in terms of improving the University's graduate program rankings and to

further solidify the University's position as an essential partner in local, national, and international health communities.

Our proposed MS in prevention science and community health program emphasizes practical, as well as scholarly, benefits to the University of Miami. An increasing number of organizations and governmental agencies are interested in professionals with formal training in prevention science. Internationally, we are at a watershed with regard to prevention science as a global phenomenon with need for formal training in countries that are experiencing a growing need for effective preventive interventions. Domestically, 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 an MS program dedicated to prevention science and community health is likely to help increase and broaden evidence-based practice and scientific 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 recent growth in prevention research and the ensuing need for professionals with specialized training in this field, an MS program in prevention science and community health appears to be a priority for the University of Miami. Recent developments in the administration and delivery of health services in the U.S. and around the globe 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 school systems, the private sector, the media, and other important social arenas.

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

(1) Train Master-level students in the fundamentals of prevention science, which includes (a) the assessment of risk and protective factors that predict and modify health and behavior outcomes; (b) the development of preventive interventions that target these risk and protective factors; (c) the implementation these interventions with individuals, families, and peer groups, and in schools and workplaces that make up our communities; and (d) the evaluation of these interventions to determine the evidence for their effectiveness.

(2) Develop students' skills in translating prevention research into demonstrable preventive action, including the dissemination of advancements in in the field to constituencies in local, national, and international contexts; and the ability to use this technology for science-based decision making by service providers (community health coalitions, service organizations, and governmental agencies).

(3) Develop students' skill to successfully partner with community, county, state, national, and international entities to disseminate evidence-based programs and incorporate them with fidelity into service delivery settings with sensitivity to the unique strengths and diversity of culture of communities and their constituencies.

The overarching goal of the program is to develop professionals specialized in prevention science who will have a thorough understanding of the science as well as a focus on the application prevention services to those in need. This goal is in line with the mission of the Society for Prevention Research, which is focused on "advancing scientific investigation on the etiology and prevention of social, physical and mental health, and academic problems and on the translation of that information to promote health and well-being." Our goal also is in line with the missions of the University of Miami's Department of Public Health Sciences, the Graduate Programs in Public Health, and the Division of Prevention Science and Community Health. These revolve around the improvement of the health of the public, the reduction in burden of disease, and the establishment of 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 leadership, investigation, and service. Accordingly, our courses will help develop the next generation of prevention leaders and prepare them to discover and apply the tools necessary to achieve these goals.

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

The MS Program 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 MS Program in Prevention Science and Community Health will interface with three other Master-level degree programs (i.e., MPH and MS in Public Health and MS in Biostatistics) and three doctoral-level programs (i.e., PhD in Epidemiology, Biostatistics, and Prevention Science and Community Health) in the DPHS. The relationship between the MS and PhD programs in Prevention Science and Community Health will be synergistic in that graduate students in the MS program will benefit from tutelage and mentorship by PhD students as the PhD students serve as Teaching Assistants for program courses and as Research Assistants on Division faculty research projects. Access to PhD students is intended to supplement the direct contact that MS students will have with Division faculty. Although MS and PhD students will share several courses in their respective programs, the focus of the MS program experience emphasizes *comprehension*, *dissemination*, and *application* of prevention science research, while the PhD program experience emphasizes these areas along with the *production* of prevention science research. Student in the proposed MS program also will benefit from synergy with courses in the MPH and MS in Public Health

and MS in Biostatistics in that learnings from this coursework will be geared toward specific prevention-science related topics (e.g., designs for clinical trials that focus on prevention-oriented interventions). Thus, our proposed MS program not only fills a major need in the local, national, and global community, but also consummates the DPHS's mission to provide the best possible opportunity for students to contribute to improving the public health. We have the support of the Department faculty and Interim Chair, Dr. Sunil Rao (see included memo).

Outside of the DPHS, there are other departments and programs at UM that complement our proposed MS program. For example, the School of Education and Human Development's M.S.Ed. program in Community and Social Change 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 also will be important for students completing the MS program in Prevention Science and Community Health. As another example, students in Department of Psychology's Clinical Psychology program 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, for example, 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. Currently, we have received the support of the respective deans and chairs of these schools/departments (see Appendix B).

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 elective courses in other programs. For example, students in the M.S.Ed. program in Community and Social Change may wish to take our courses in designing preventive interventions, community-based participatory research, implementation and dissemination science, and prevention research methods. Students in our proposed MS 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 thesis committees, and our students will be encouraged to include faculty from other UM programs on their thesis committees.

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

The proposed MS 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 MS 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 MS 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 program will provide. However, our proposed MS program will *complement* other Master-level 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 Department of Psychology. All of these key stakeholders have expressed their support for our proposed MS. *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.

10. 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, implementation/dissemination science, and community engagement (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 MS 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 general principles, and theoretical/methodological approaches to learning rather than on specific *content areas* (e.g., substance abuse, HIV, obesity), because there is an extremely broad range of areas to which prevention science can be applied, but the principles, theories, and methods themselves are consistent across these areas.

Students will be trained in four interrelated domains: theory, methods, statistical analyses, and practice. Preventive interventions are based on theories of individual, peers, family, workplace, and community 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 professionals to effectively apply the science of prevention. Best practice--based on the scientific method and established evidence--is the process by which prevention theories, methods, and analysis are ultimately realized.

(a) Curricular Structure

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, spring, or summer as appropriate. Students who are accepted into the program but do not have a background in public health will be required to take an additional course (EPH 600, Introduction to Public Health). The proposed curriculum is as follows:

REQUIRED CORE COURSES (21 credit hours):

1. EPH 615 Determinants of Health and Health Disparities Across the Life Course (3 credits) (Perrino)

2. EPH 617 Introduction to Disease Prevention and Health Promotion (3 credits) (Brown)
3. EPH 649 Designing and Adapting Preventive Interventions (3 credits) (Pantin)
4. EPH 717 Integrating Behavioral Health Theories and Models into Prevention Science (3 credits) (Carrico)
5. EPH 732 Implementation and Dissemination Science (3 credits) (Brown)
6. EPH 698 Thesis Proposal (3)
7. EPH 699 Thesis (3)

REQUIRED STATISTICS / METHODS COURSES (6 credit hours. Students must select at least 2 courses from the following):

1. EPH 601 Medical Biostatistics I (3)
2. EPH 602 Medical Biostatistics II (3)
3. EPH 604 Clinical Trials (3 credits) (Horigian)
4. EPH 623 Qualitative Research Methods (3 credits) (St. George)
5. EPH 641 Quantitative Research Methods (3 credits) (Carrico)
6. EPH 648 Community Based Participatory Research (3 credits) (Kanamori)
7. EPH 650 Health Economics for Evaluation and Policy (3 credits) (McCollister)
8. BST 625 Statistical Computing (3 credits) (Balise)

ELECTIVE COURSES (6 credit hours). Students must select at least 2 additional courses from either the list of methods courses above or from the following list of elective courses):

1. EPS 606 Fundamentals of Epidemiology (Hlaing) (3 credits)
2. EPS 622 Community Well-Being and Change: Theory and Practice (3 credits) (Prilleltensky)
3. PSY 633 Structural Equation Modeling (3 credits) (Llabre)
4. EPH 626 Health Equity (3 credits) (Schwartz)
5. COM 598 Using Communication to Change Health and Environmental Behavior
6. EPS 674 Introduction to Multilevel Modeling (Ahn)
7. PSY 634 Hierarchical Linear Evaluation (Llabre)
8. EPH 652 Health Policy (Lee)
9. EPH 628 Social Epidemiology (Thomas)
10. EPH 653 Leading Change in Public Health (King)
11. EPH 626 Methods of Environmental Epidemiology (Kumar)
12. RST 720 Research Ethics
13. CTI 601 Introduction to Clinical and Translational Research
14. CTI 602 Writing for Translational and Clinical Science
15. Other courses as determined by advisor

(b) Anticipated Additions to Existing Curricular Structure

All required core and methods courses for the proposed MS program are already being taught within the Department of Public Health Sciences. No additional course are anticipated at this time; however, we have identified three new (3-credit) courses that could be developed as part of the proposed MS program to deepen students' knowledge in growing areas of prevention science and community health:

EPH XXX, Systems Science in Prevention and Community Health (3 credit hours). This course will address the role that complex systems play in the development, evaluation, and implementation of preventive interventions; and provide conceptual and methodological frameworks by which students can analyze any group of actors that work in concert to produce a specific result.

EPH XXX, Communication Methods in Prevention Science (3 credit hours). This course will cover the role that communication and dissemination play in prevention science, including public education of prevention science (e.g., public service announcements), social marketing (e.g., interventions designed to change social norms), media advocacy (e.g., building support for public policy), and media literacy (e.g., building critical assessment skills in interpreting media messages).

EPH XXX, Practicum in Implementation Science (credit hours TBD). This course is will be designed to complement and operationalize *EPH 732 Implementation and Dissemination Science* by providing students with a real-world opportunity to work on the implementation of a preventive intervention in the field (e.g., with families, schools, primary health care facilities, workplaces, and communities).

(c) Teaching

The primary teaching style in most courses in the MS 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 several courses will require a class project. *Exams* can be in any format or combination of formats (e.g., multiple choice, essay, short answer). *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) Thesis

For their thesis, students will be required to conduct an individual investigation of a current public health problem and demonstrate competency in the development and implementation of a research question related to that problem. Students will work closely with a faculty project advisor and thesis project committee during their investigation. Consistent with UM guidelines, the thesis 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 or community researcher on their committees. All committee members must sign off on the thesis proposal before the student's final defense date will be scheduled, and all committee members must approve the written thesis before the MS degree will be awarded.

(e) Faculty

All faculty members within the Department of Public Health Sciences will be eligible to participate in the proposed program. However, the primary faculty will be those in the Division of Prevention Science and Community Health. The Department of Public Health Sciences has 35 full-time faculty members, including eight within the Division of Prevention Science and Community Health. Currently, most faculty members in the Division teach at least one course. It is expected that no faculty member will teach more than four courses per year, given that there are both required and elective courses taught outside of the Department of Public Health Sciences.

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

As noted earlier, the proposed MS program in Prevention Science and Community Health would interact with other graduate programs in two ways. First, we have agreed with the School of Nursing and Health Studies, the School of Education and Human Development, and the Department of Psychology to allow our students to take courses in these programs, and interested students in these (and other) programs to take our courses. Second, if a student 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 thesis committee. Students in our proposed MS 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. There may also be opportunities to develop joint courses and programs with other UM departments, schools, and centers once the proposed program has been implemented.

12. Prospective Students

Student admission for the new MS in Prevention Science and Community Health program will follow current procedures for student admission into other Master's level programs conducted by the Department of Public Health Sciences student administration. We anticipate an initial cohort of 7 students, expanding to 10 students after the inaugural year. Like other Master's level programs within the Miller School of Medicine the proposed program will be revenue enhancing with admitted students paying full graduate level tuition for coursework. The relatively small size of the annual student cohort will allow for a high faculty-to-student ratio and more intensive mentoring, practice, and research experiences.

Prospective students will be recruited from some of the same sources used by the MS and MPH programs in the Department, as well as from other sources that are available to the faculty within the Division of Prevention Science and Community Health. In terms of new sources of students, all faculty in the Division are members of the Society for Prevention Research (SPR); Dr. Eric C. Brown is a member of the SPR International Committee and the Prevention Science Methodology Group; Dr. Seth 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 with Drs. Guillermo "Willy" Prado and Hilda Pantin hold leadership roles in the Department and the UM. The UM School of Nursing and Health Studies has a Bachelor's of Science in Public Health (BSPH) through which we will advertise the proposed MS program. We also will advertise through the Department of Psychology, which is a natural fit to provide graduates who can then enroll in our proposed program. We also will seek to advertise the program through the American Psychological Association, the Society for Adolescent Health and Medicine, the Society for Behavioral Medicine, the College of Problems in Drug Dependence, and the American Public Health Association. Faculty within the Department of Public Health Sciences are nationally and internationally active and have colleagues throughout Florida, nationally, and internationally who can refer students to us.

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

In line with core competencies delineated by the Council on Education for Public Health (CEPH), students completing the proposed MS program will be able to:

Evidence-based Approaches to Public Health

1. Apply prevention science methods to the breadth of settings and situations in public health practice.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and/or software, as appropriate.
4. Interpret results of data analysis for prevention science research.

Public Health & Health Care Systems

5. Compare the organization, structure and function of preventive health care, public health and regulatory systems across national and international settings.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels.

Planning & Management to Promote Health

7. Assess population needs, assets and capacities that affect communities' health.
8. Apply awareness of cultural values and practices to the design or implementation of prevention-related policies or programs.
9. Design a population-based prevention policy, program, project, or intervention.
10. Explain basic principles and tools of budget and resource management.
11. Select methods to evaluate prevention programs.

Policy in Public Health

12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing prevention outcomes.
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations.
15. Evaluate policies for their impact on public health and health equity.

Leadership

16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making.

17. Apply negotiation and mediation skills to address organizational or community challenges.

Communication

18. Select communication strategies for different audiences and sectors.

19. Communicate audience-appropriate public health content, both in writing and through oral presentation.

20. Describe the importance of cultural competence in communicating public health content.

Interprofessional Practice

21. Perform effectively on interprofessional teams.

Systems Thinking

22. Apply systems thinking tools to a public health issue.

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

- Percentage of students from top-ranked universities;
- Percentage of accepted students who enroll;
- Percentage of students who complete their degree within 1 years;
- Number of peer-reviewed publications on which each student is a co-author;
- Percentage of students who pursue doctoral studies after graduation;

14. Program Administration

The administration and direction of the new program will be under the leadership of the MS Program Director, Dr. Eric C. Brown (see Curriculum Vita, separate document), and supported by the Division of Prevention Science and Community Health Division Director (Dr. Prado) and the PhD Program Director (Dr. Schwartz). The MS Program Director will report to the Director of the Division of Prevention Science and Community Health (Dr. Prado) and to the Director of Graduate Programs in Public Health (Dr. David Lee). The MS Program Director will serve as a member of the Department of Public Health Sciences Graduate Program Executive Policy Committee, and will serve on the Public Health Graduate Programs Curriculum Committee. The MS Program Director will meet with both Drs. Prado and Lee at least once per month.

Administrative costs for directing the proposed MS program are included in the financial analysis as a conservative estimate of costs. However, we consider the possibility that the PhD in Prevention Science and Community Health Program Director will manage the new MS program in the initial years until such time that a sufficient number of students in the MS program will warrant a dedicated Program Director to manage the proposed MS program.

In collaboration with the Department of Public Health Sciences student admission office, the Division of Prevention Science and Community Health will be 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. The MS Program Director will report on the performance of all students in the program at the end of each semester and will oversee the preparation and administration of degree requirements, including establishing committees for the student theses.

The MS Program Director will review 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. 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.

A full cadre of administrative support staff is already in place within the Department of Public Health Sciences. These individuals have been supporting the Department's other Master's level programs and will be available to support the proposed MS program in Prevention Science and Community Health.

15. Market Demand

Given the preponderance of preventable causes of disease, disorder, and death; the development of the National Prevention Strategy, 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, only six Master-level programs dedicated to prevention science and three certificate programs in prevention science (see Comparable Programs, Appendix A) currently exist in the United States. Local, state, and federal government agencies are focusing more and more on prevention; the National Prevention Strategy (National Prevention Council, 2017) is a prime example of this emphasis on prevention. School systems are shifting from programs that do not work toward adopting evidence-based prevention programs, like the Good Behavior Game (Kellam et. al, 2011), the Life Skills Training Program (Botvin & Griffin, 2004); and family-based antisocial behavior prevention programs that are geared for specific populations (e.g., Familias Unidas, Perrino et al., 2014). The focus on prevention within the Affordable Health Care Act has led to an increased focus on prevention within the health care system. At the state level, there is an increasing need to evaluate and implement preventive interventions that are acceptable to State Departments of Health and Human services. The Patient Centered Outcomes Research Institute (PCORI), for example, fosters community partnerships with governmental and research organizations for a focus on health and well-being from a perspective of prevention science. These initiatives and organizations serve as potential paths of employment for graduates of our proposed program. The Society for Prevention Research job opportunities website lists current opportunities for employment in this field (<http://www.preventionresearch.org/conferences/job-opportunities/>). We have included several examples of career opportunities for graduates of our proposed program in Appendix C.

Accordingly, prevention scientists will be in increasing demand in the coming years. Research on integrating preventive services within the primary health 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 blossoming 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 MS Program in Prevention Science and Community health would be the first dedicated program of its kind in Florida and one of only a few such programs nationally. Florida International University has a Department of Health Promotion and Disease Prevention within its School of Public Health; however, the program does not have courses that research methods specific to prevention research, community-based participatory research, or implementation and dissemination sciences. The University of Florida's College of Medicine has an MS program in Health Outcomes and Policy; however, no prevention science-specific courses are offered in this

program. The University of South Florida's School of Public Health has a Department of Community and Family Health, but no MS program in prevention science is offered through this department. Florida State University has a MS degree in Nutrition, food, an Exercise Sciences that touches upon the "prevention and treatment of chronic disease states" and a Department of Medical Humanities and Social Sciences that addresses health and well-being of individual and communities, but does not have a dedicated program in prevention science.

16. Infrastructure

(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 existing programs. 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 MS program in Prevention Science and Community Health. Since the proposed MS program is anticipated to be small (about 2-5 new 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.

17. Budget/Financial Analysis

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18. 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 MS 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. With the two libraries, we expect to have all the holdings necessary for students in the program. 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 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 Academies 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.
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Appendix A: Comparable Programs

SCHOOL	DEGREE
Stanford Medicine, Standord Prevention Research Center	Master of Science in Community Health and Prevention Research
University of Oregon, College of Education	Prevention Science Master of Science
University of Oklahoma, College of Professional and Continuing Studies	Master of Prevention Science
Vanderbilt, Peabody College of Education and Human Development	M.Ed. in Prevention Science
Emory University, Rollins School of Public Health	MPH in Prevention Science
Harvard University, Graduate School of Education, Prevention Science and Practice Program	Master's Prevention Science and Practice/C.A.S. in Counselling
University of Minnesota, Institute of Child Development	Master's Degree in Family Social Science (Prevention Science)
Texas A&M University, Department of Educational Psychology	Certificate In Prevention Science
University of Washington, School of Social Work	Certificate in Prevention Science
Florida International University, Stempel College of Public Health and Social Work	Graduate Certificate in Prevention Science

Appendix B: Additional Letters of Support

UNIVERSITY
OF MIAMI
DEPARTMENT of PSYCHOLOGY



P.O. Box 240105
Coral Gables, Florida 33124-0751
Ph: 305-204-3014
Fax: 305-204-3402

October 15, 2017

Eric C. Brown, Ph.D.
Associate Professor
Division of Prevention Science and Community Health
Department of Public Health Sciences
University of Miami Miller School of Medicine
Clinical Research Building, Suite #1014
Miami, FL 33136

Dear Dr. Brown,

I am pleased to offer my support for your proposed Master of Science program in Prevention Science and Community Health. Given the importance of prevention within our health care system and for the health of our local, national, and international communities, your proposed program is important and timely. The program will nicely complement our existing programs in clinical and health psychology, and faculty in our Department will likely find synergy collaborating with faculty and students affiliated with your proposed program. I am happy to help you to arrange such collaborations with programs and instructors within our Department, and I expect that your proposed program will help to generate new interdisciplinary collaborations across the University.

I look forward to your proposal gaining quick approval and wish you all the best with this initiative.

Sincerely,

A handwritten signature in black ink, appearing to read 'Philip M. McCabe'.

Philip M. McCabe, PhD
Professor and Chairman,
Department of Psychology
College of Arts and Sciences
University of Miami

UNIVERSITY OF MIAMI
SCHOOL of EDUCATION
& HUMAN DEVELOPMENT



October 16, 2017

Eric C. Brown, Ph.D.
Associate Professor
Division of Prevention Science and Community Health
Department of Public Health Sciences
University of Miami Miller School of Medicine
Clinical Research Building, Suite #1014
Miami, FL 33136

Department of Educational and Psychological Studies
P.O. Box 248065
Coral Gables, FL 33124-2040
Phone: 305-284-3001
Fax: 305-284-3003
www.education.miami.edu

Dear Dr. Brown,

I am excited to offer my support for your proposed Master of Science program in Prevention Science and Community Health to be offered by the Department of Public Health Sciences at the Miller School of Medicine. We are well aware that the field of prevention science has gained considerable momentum recently and has tremendous potential to improve the health and well-being of our communities' populations. Your proposed MS program aligns well with the mission of our Department, our school, and of the University as a whole.

I look forward to hearing more about your program and wish it great success.

Sincerely,

Laura Kohn-Wood, PhD
Professor and Chair
Department of Educational and Psychological Studies
School of Education and Human Development
University of Miami

UNIVERSITY OF MIAMI
SCHOOL of EDUCATION
& HUMAN DEVELOPMENT



Office of the Dean
Isaac Prilleltensky, Ph.D.
Dean and Professor
Vice Provost for Institutional Culture
Erwin and Barbara Mautner
Chair in Community Well-Being

P.O. Box 248065
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Phone: 305-284-3505
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www.education.miami.edu

October 16, 2017

Eric C. Brown, Ph.D.
Associate Professor
Division of Prevention Science and Community Health
Department of Public Health Sciences
University of Miami Miller School of Medicine
Clinical Research Building, Suite #1014
Miami, FL 33136

Dear Eric,

On behalf of the School of Education and Human Development at the University of Miami, I wish to express my strong support for the proposed Master of Science program in Prevention Science and Community Health (Department of Public Health Sciences). I am aware that the University of Miami's Miller School of Medicine Faculty Council will soon be reviewing the proposed program and offer my supportive for its approval.

Prevention science has become increasingly important in the fields of community health and well-being, and I believe that the proposed program will be synergistic with our School's mission to promote the educational, psychological, and physical well-being of our multicultural communities. The investment in this program represents a significant step forward in accomplishing this mission.

Please count on my full support in your efforts.

With warm regards,

A handwritten signature in black ink, appearing to read 'I. Prilleltensky'.

Isaac Prilleltensky, PhD
Professor of Psychology and Educational and Psychological Studies
Dean, School of Education and Human Development
Vice Provost for Institutional Culture
Erwin and Barbara Mautner Chair in Community Well-Being
University of Miami
312 Merrick Building
Coral Gables, FL 33124



October 16, 2017

Eric C. Brown, Ph.D.
Associate Professor
Division of Prevention Science and Community Health
Department of Public Health Sciences
University of Miami Miller School of Medicine
Clinical Research Building, Suite #1014
Miami, FL 33136

Dear Eric,

It is with great pleasure that I offer my support for your proposed Master of Science program in Prevention Science and Community Health. As the field of prevention science is expanding quickly, I believe that this program will play an important role in addressing the need to prepare our health care professionals for prevention-oriented solutions to health and behavior problems.

As we have discussed, some of the courses offered in the Psychology Department may be of interest to your students. While we do not anticipate any of our courses to be required, some of your more advanced students may choose to take them as electives.

I look forward to working with faculty in the Prevention Science and Community Health on this exciting initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Maria M. Llabre".

Maria M. Llabre, Ph.D.
Professor of Psychology
Associate Chair for Graduate Studies
Director, Biobehavioral Statistics
Behavioral Medicine Research Center
University of Miami

Department of Psychology
P. O. Box 248185
Coral Gables, Florida 33134-0751
Telephone: (305)284-2814
Fax: (305)284-3402



October 13, 2017

Eric C. Brown, Ph.D.
Division of Prevention Science and Community Health
Department of Public Health Sciences
University of Miami Miller School of Medicine
Clinical Research Building, Suite #1014
Miami, FL 33136

Dear Eric,

As Associate Dean for Health Studies at the University of Miami's School of Nursing and Health Studies (UMSONHS), I wish to express my enthusiasm and support for your proposed Master of Science program in Prevention Science and Community Health.

The UMSONHS is well-suited to collaborate with and support your proposed MS program. Our common missions to develop the next generation of leaders in public health and health care underscore the complimentary nature of the proposed program with our programs in the UMSONHS. I am optimistic that our students will take courses in your program and hope that your students will express interest in taking courses in our programs. I'm happy to help you arrange such collaboration and expect that your proposed program will generate new interdisciplinary collaborations across the University.

Please feel free to call on me if I can help in any future way in help with the proposed program. I look forward to working with you on this initiative.

Sincerely,


Martin M. Zdanowicz, PhD, MEd, MA

Professor of Clinical and Associate Dean for Health Studies
University of Miami | School of Nursing & Health Studies
5030 Brunson Drive | Coral Gables, FL 33146
Phone: 305.284.4680 | Fax 305.284.2568
Email: mzdnowicz@miami.edu



UNIVERSITY OF MIAMI
SCHOOL of NURSING
& HEALTH STUDIES



Cindy L. Munro
PhD, RN, ANP-BC, FAAN, FAANP, FAAAS
Dean and Professor

October 13, 2017

Eric C. Brown, Ph.D.
Division of Prevention Science and Community Health
Department of Public Health Sciences
University of Miami Miller School of Medicine
Clinical Research Building, Suite #1014
Miami, FL 33136

Dear Eric,

On behalf of the University of Miami's School of Nursing and Health Studies (UMSONHS), I wish to express my strong and unequivocal support for the development of a Master of Science program in Prevention Science and Community Health. I am aware that the University of Miami's Miller School of Medicine Faculty Council will soon be reviewing the proposed program and am supportive of its approval.

The importance of prevention science has grown exponentially in recent years and is underscored by the fact that the leading causes of disease, disorder, and death in our country are preventable. As you are well aware, the UMSONHS mission includes the creation and dissemination of health knowledge and preparation of culturally competent leaders to provide health services to our community, the nation, and the world. By investing in the growth of the new and exciting field of prevention science, the University of Miami stands to make a major contribution toward accomplishing this mission.

You have my full support in your efforts.

With warmest regards,

A handwritten signature in blue ink that reads "Cindy Munro".

Cindy Munro, PhD, RN, ANP-BC, FAAN, FAANP, FAAAS
Dean and Professor
School of Nursing and Health Studies
University of Miami

Appendix C: Examples of Career Opportunities for MS-PSCH Graduates

Employee Type	AP-Administrative Professional
University Title	Manager
Working Title	Prevention System Manager
College/Area	Edward R. Murrow College of Communication
Department	Murrow College of Communication
Department Link	Murrow College of Communication
Position Number	126617
Hiring Unit	Washington State DSHS Division of Behavioral Health and Recovery
Work Location	Other
Zip Code	98503
This position is in a Bargaining Unit	No
Summary of Duties	The Prevention System Manager provides culturally appropriate contract monitoring and technical assistance that disseminates the latest substance abuse prevention science research to tribes, service providers, community based organizations and coalitions. The Prevention System Manager implements a minimum of one statewide project using evidence-based prevention initiatives, a comprehensive knowledge of effective planning processes, program facilitation, and evaluation. The Prevention System Manager position is responsible for contract monitoring and compliance with state and Federal contracts and related documentation. This position is located in Lacey, WA but may be negotiable.

Opportunity Data Management and Analysis Fellowship--CDC

Organization Centers for Disease Control and Prevention (CDC)

Reference Code CDC-NCHHSTP-2018-0021

How To Apply A complete application consists of:

- An application
- Transcripts – [Click here for detailed information about acceptable transcripts](#)
- A current resume/CV, including academic history, employment history, relevant experiences, and publication list
- Two educational or professional references

All documents must be in English or include an official English translation.

If you have questions, send an email to CDCCrp@orau.org. Please include the reference code for this opportunity in your email.

Academic Levels

- Post-Master's
- Post-Bachelor's

Description A fellowship opportunity is available with the Behavioral and Clinical Surveillance Branch of the Division of HIV/AIDS Prevention (DHAP) within the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) at the Centers for Disease Control and Prevention (CDC).

This fellowship offers the opportunity to gain experience with a high-priority, high-impact issue in domestic HIV surveillance. With 22 participating metropolitan project areas throughout the United States, the National HIV Behavioral Surveillance (NHBS) system collects and reports data on three populations at increased risk for HIV infection: men who have sex with men, persons who inject drugs and heterosexuals at increased risk in the United States. NHBS data are used to monitor issues affecting these populations, which include describing racial disparities, reporting HIV prevalence and awareness, exploring the prevalence HIV-related risk behaviors, such as drug use and sex, and examining access to HIV testing, care and prevention. NHBS collects data through personal interviews and HIV testing and is the only national source of data on HIV-negative populations and HIV-positive individuals unaware of or not in care for their infection. This fellowship will focus on managing and analyzing NHBS data.

Specific opportunities during the fellowship may include:

- Assist in the management and analysis of data collected using respondent driven sampling (RDS) and venue-based sampling (VBS) methods.
- Assist in the management and development of data documentation, reports, analysis, and questionnaire data quality for NHBS, which incorporates the use of RDS and VBS methods.
- Write SAS programs to manage data and conduct data analyses.
- Aid in the development and management of analysis guides, data documentation, and data management procedures for a national surveillance program.
- Participate in data analysis and dissemination using surveillance data.
- Research data and technical issues.
- Collaborate with external and internal stakeholders.

This program, administered by ORAU through its contract with the U.S. Department of Energy to manage the Oak Ridge Institute for Science and Education, was established through an interagency agreement between DOE and CDC. The initial appointment is for one year, but may be renewed upon recommendation of CDC contingent on the availability of funds. The participant will receive a monthly stipend commensurate with educational level and experience. Proof of health insurance is required for participation in this program. The appointment is full-time at CDC in the Atlanta, Georgia, area. Participants do not become employees of CDC, DOE or the program administrator, and there are no employment-related benefits.

Careers

CBR is an employee-owned company that is in compliance with all Federal, state, and local ordinances of the Equal Employment Opportunity Commission. As an employee-owned equal opportunity firm, CBR offers competitive salaries and benefits and an easily accessible location near Metro. Minorities and veterans are encouraged to apply. EOE/M/F.

Employment Opportunities

Senior Quantitative Research Analyst

Job Description

CBR, Incorporated (a Northern Virginia consulting firm) is seeking qualified candidates for a Senior Quantitative Research Analyst position to work in substance use epidemiologic research. Position responsibilities include working with a project team to develop study designs; conducting literature reviews; analyzing survey data; preparing technical reports, conference presentations, and manuscripts for publication in peer-reviewed journals; and providing research and analytic support and consultation.

Desired skills and experience Requirements

Ph.D. in epidemiology, biostatistics, bioinformatics, psychology, health policy, or social sciences; 8+ years of demonstrated experience in the alcohol epidemiology field, expertise in addiction field or related subject area, experience in treatment is a plus; strong background in statistics and quantitative methods; knowledge and experience with public health and other datasets; experience in analyzing large datasets using SAS, SUDAAN, and/or Stata; ability to conduct studies independently and synthesize research findings from different studies; and strong skills in writing, oral presentation, and interpersonal communication. A research publication track record on relevant topics is required.

U.S. citizens or permanent residents only.

The salary is commensurate with qualifications and experience.

Interested individuals should fax or email cover letter and resume to (703) 312-5230, Attn: HR/QRA, or employment@cbri.com. No other calls or email, please.

Task Manager/Data Manager

Job Description

Position is responsible for serving as a Technical Assistance Manager and Task Lead on a subcontract for Health Resources Services Administration, managing the day to day activities of a help desk and supervising technical associates. Position reports to the Associate Project Director. The position plans, implements, and reports on their specific areas of responsibility; works collaboratively with the CBR Associate Project Director, prime contractor's Project Director, other Task Leads, and other project staff; ensures their respective task is running smoothly, and ensures task deliverables are delivered on-time.

Essential Duties and Responsibilities

Oversee activity performed under the task, including Ryan White Services Report (RWR) and Program Terms Report (PTR)

- Serve as RWR and PTR subject matter expert
- Ensure task deliverables delivered on-time
- Manage the TA tracker database
- Monitor RWR submission status and generate custom reports
- Coordinate development of guidance materials for distribution and training
- Provide grantee training
- Coordinate weekly TA reports
- Develop schedules and assignments to ensure coverage for TA phone lines and email
- Provide training to new technical associates and other team members as needed
- Participate in recruitment and selection of project team members
- Maintain RWR instruction manuals and resource materials
- Represent the project at various meetings

Supervisory Responsibilities

This job supervises two junior staff members who work as technical associates (TAs). Supervisory duties include:

- Training on procedures for data reporting
- Providing assignments and monitoring workload
- Checking for accuracy and quality of information provided to Ryan White grantees and service providers
- Ensuring accurate timesheeting and expense reimbursement
- Conducting an annual performance appraisal and an informal mid-year performance review

In addition, the position oversees day to day activities of two prime contractor TAs but does not administratively supervise the prime contractor TAs. Close collaboration and communication with the prime contractor TAs' supervisor is required.

Education and/or Experience

Master's degree or equivalent, or four to ten years related experience and/or training, or equivalent combination of education and experience.

Required Knowledge, Skills, and/or Ability

- Ability to read, analyze, and interpret technical procedures, common scientific and technical journals, government regulations, financial reports, and legal documents. Ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community. Ability to write speeches and articles for publication that conform to prescribed style and format. Ability to effectively present information to top management, public groups, and/or boards of directors.
- Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plane and solid geometry and trigonometry. Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.
- Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

U.S. citizens or permanent residents only.

The salary is commensurate with qualifications and experience.

Interested individuals should fax or email cover letter and resume to (703) 312-5230, Attn: HR/QRA, or employment@cbri.com. No other calls or email, please.

ALCOHOL AND OTHER DRUG RESEARCH ASSOCIATE, NASADAD

Full Time

 [Washington, D.C.](#)

 Posted 8 months ago



**National Association of State Alcohol and
Drug Abuse Directors** [Website](#)

Washington, D.C. non-profit association doing technical assistance and research for State Agencies on substance abuse prevention, treatment, and recovery services seeks experienced, team-oriented person with demonstrated understanding of substance abuse and mental health issues, human services, or healthcare; strong writing and research skills; experience with meeting coordination, and excellent communication skills. BA required, prior professional experience a plus. Must work well in a collaborative environment; have strong technical writing skills and experience in editing; experience using APA format a plus. Require proficiency in word processing, spreadsheet and presentation development, and web page authoring/content management (WordPress).

Primary Responsibilities:

- Compile and summarize inquiries about State substance abuse policies and procedures;
- Assist in coordinating and scheduling conference calls, webinars and virtual meetings;
- Electronically manage conference calls and webinars (we use Global-Meet platform);
- Summarize conference calls and meetings;
- Assist with national-level meeting planning;
- Assist with data collection, analysis and reporting findings;
- Copyedit/proofread written reports;
- Manage content and updates for the NASADAD website;
- Provide regular administrative support to NASADAD Staff;
- Draft and deliver e-mail communication and assistance for association members.

Salary is commensurate with experience, in range of \$40k. Work at office in DC (NOT a telecommute); some meetings around DC area, occasional travel out of area. Send resume and cover letter (Attn: Research Associate) to: Tracy Flinn, Ed.D., tflinn@nasadad.org, or mail to NASADAD, 1919 Pennsylvania Avenue, NW, Suite M-250, Washington, DC 20006 or fax (202) 293-1250. No phone calls, please.

NASADAD is an equal opportunity employer.

Care Coordination Services Consultant

CLOSING DATE: January 25th, 2018 or until filled

Do you want a career with a company that makes a difference every day? Boys Town is nationally recognized for its research-proven child, health and family care programs. As one of the country's largest nonprofit funded child-care organizations, Boys Town touches the lives of more than 2 million children and families nationwide each year.

OVERVIEW OF JOB

The Care Coordination Services Consultant provides intensive and professional case management services to youth utilizing a strength based and comprehensive model. This position also links children and families to resources and supports, monitors the services, actively advocates for children and families, and assists them in navigating through various systems of care.

Provides case management services for Care Coordination Services. Develops and maintains effective working relationships with families and with community resources, including medical, mental health, and substance abuse professionals, child welfare personnel, Juvenile Justice personnel, lawyers, therapists, law enforcement staff, school officials, neighbors, and religious and youth organization representatives. Provides assessment to determine program eligibility, problem areas and areas of strength. Maintains current knowledge of available formal services, resources, and supports in the local community. Identifies needed services and links youth to services. Identifies informal supports and assists youth and family members to access these supports.

Monitors linked services, resources and supports in order to ensure quality of care. Acts as a youth and family advocate and empowers youth and family members to advocate for themselves in the community. Meets with youth and family members at various locations; utilizes own vehicle to travel to work destinations and to transport youth as authorized. Assists youth and family members in navigating through various systems; educates youth and family members about the systems in order to build their understanding, supports permanency planning and outcomes. Provides support in the development and utilization of functional skills to youth and family members. Develops, monitors, and reviews service plans and develops subsequent service plans as needed to facilitate progress. Maintains appropriate level of direct contact with youth and family members per program requirements, and remains available to youth and family members 24/7, for crisis intervention as needed. Creates and manages discharge planning as needed with a focus on Safety, Permanency and Well-being including step down placements, reunification, adoption, or transition (independent living) plans, and coordination of community resources. Assists youth and family members in building on their spiritual and religious beliefs or practices as a source of strength to reach their goals. Promotes culture of professionalism through role modeling and respect. Prepares and submits reports concerning case load status, budget requests, changes in service plans, and any unusual incidents that occur in the operation of the program. Reports any critical incidents involving youth, family members, or staff according to standard reporting guidelines. Prepares proper documentation including case notes, assessments, service plans, outcome measures, narratives, and reports in a timely manner as defined by the program. Ensures compliance with all contractual, regulatory, program, and accrediting body standards.

REQUIRED EDUCATION, TRAINING, EXPERIENCE, OR SKILLS

- Bachelor's degree in Behavioral Sciences or Human Services required. Masters preferred.
- 1 to 2 years of SED (severely emotionally disabled) experience including working with children and youth; experience working with children and families in community-based programs or Boys Town programs is preferred. Previous experience billing Medicaid as a targeted case manager is a plus.
- Must possess a valid driver's license with a good driving record, plus the ability to provide own transportation to complete travel requirements of the job. Must meet auto insurance requirements established by Boys Town policy and/or State and Local laws and pass an annual Motor Vehicle Registration (MVR) check.
- Must be available to provide crisis response to families and must be available to work non-traditional business hours including early mornings, nights, weekends, and holidays.
- Bilingual preferred.

Appendix D: Miller School of Medicine Legislative Oversight Committee Review Comments and Responses

COMMENTS AND RESPONSE FROM FACULTY COUNCIL REVIEW:

1) *Is the Prevention Science a specific enough name?*

Response: The name of the proposed program, “*Prevention Science and Community Health*,” follows from the name of the PhD program and from our Division within the Department of Public Health. Although we are open to suggestions, our intention is to keep the name as is. However, we will endeavor to be explicit on the nature of the program in all advertising and correspondence regarding the program to avoid any confusion.

2) *Why the current MS programs within the Department of Public Health Sciences could not cover the education planned to be provided under this program?*

Response: Our proposed program highlights several elements of Prevention Science and Community Health that would not be available to students in other Masters Programs given the timeline and requirements of those programs. Moreover, our program is designed to reach out to a broader array of students from Education, Psychology, Nursing, and Social Work backgrounds (among others), who would be interested specifically in Prevention Science. As other Universities around the nation are developing specific Masters programs in Prevention Science, we believe that it is important for our Department and School to meet the need of this growing field.

3) *Potential confusion among students of this program; and, the clarification for professional outcome for future graduate students as to what would be expected, for example, will it prepare them for evidence-based intervention?*

Response: Indeed, our proposed program is designed to prepare students for professions in the field of prevention science, which fundamentally includes the development, implementation, and evaluation of evidence-based interventions. We realize the potential for confusion with other programs that require prevention science courses and will endeavor to be very clear with regard to the nature and expectations of the proposed program. As part of the program, we will incorporate professionals in the field as guest lecturers and field mentors in order to expose students in the program with “real world” issues and professional responsibilities, which we believe will enhance students’ marketability.

COMMENTS AND RESPONSES FROM REVIEW ROUND 2:

1. *It is still very likely that the enrollment in the first year(s) may not meet the minimum expectation of “a more conservative assumption of 7 high-quality paid students to be enrolled in the first year of the program (instead of 10 students) and sustained enrollment of 10 students thereafter (instead of 15 students)”. Given the size of the other master programs, a more prudent transition period is highly advisable in the beginning. Specifically, there is no justification for a separate marketing. Salary support to the GPD would be contingent to enrolling a minimum number of students. Otherwise, it would not be justified as the number of recruitment interviews and administrative duties for a handful of students would impose a very minimal additional effort. A plan for initial low numbers of students should be in place. For example, what happens with financial projections if only 2 - 3 students are enrolled in the first year? The Committee strongly suggest that the budget is cost neutral and without financial burden on the Medical School from its inception.*

Response: We have changed the projected number of student enrolling in the program down from an initial entry cohort of 7 students to 2 students in the 2019 fiscal year, expanding to 3 new students in fiscal years 2020 and 2021, and expanding to 5 new students in fiscal year 2022 and beyond. Total number of students enrolled are forecasted to be 2 in FY 2019, 5 in FY 2020, 6 in FY 2021, 8 in FY 2022, and 10 in FY 2023. These estimates are conservatively in line with the number of students enrolled in other DPHS Master-level programs during academic years 2014-15 to Fall of 2017 (now shown in the proposal on page 23). The new financial projections for these revised numbers are included in the proposal (page 24). We note that, as part of our research on the proposed program, we have been in contact with other programs (e.g., Dr. Leslie Leve, Director of the MEd Program in Prevention Science, School of Education, University of Oregon) and have established that our projections are well within parameters experienced by those programs.

2. *In addition to a more realistic business plan, the committee suggests that the salary support for the program director(faculty) should be tethered to program milestones and goals.*

Response: Administrative costs for directing the proposed MS program are included in the financial analysis as a conservative estimate of costs; however, we anticipate that the PhD in Prevention Science and Community Health Program Director will manage the new MS-PSCH program in the initial years until such time that a MS-PSCH Program Director will be needed to manage the proposed MS program. Forecasting DPHS and University revenues with salary support tethered to student recruitment would provide an unreliable estimate of these revenues as the actual number of recruited students is not known. As calculated, our financial analysis provides a conservative estimate of costs and would only show greater revenue streams given that the current PhD Program Director already receives support for administration of the program.

3. *A number of supporting letters are submitted, but none of them provides specifics on resources or infrastructure dedicated to the program. Supporting letters should also indicate that all cost burden would be borne by the program or departments and not by the Medical School.*

Response: The revised proposal now contains a letter of support from Professor J. Sunil Rao, Chair of the Department of Public Health Sciences, stating that the Department will absorb all costs associated with the proposed MS program and that costs will not be borne by the Miller School of Medicine (see page 47).

4. *There is also a concern about teaching space. How the program teaching space will be provided? Supporting letters can also indicate the departmental commitment to providing teaching space for this program.*

Response: All students in the proposed program will be taking existing courses within the DPHS. The additional 2 - 5 students will not exceed capacity for classrooms or the number of available seats in existing classrooms.

5. *Apart from being a solid business venture, the Committee thinks that a program like this should be student oriented to its core. To this regard, a mere market survey of 'needs' at the workplace is not enough. A proposal like this should provide a real time requirement of this program by interacting with the potential employers of the graduating students. Therefore we, strongly suggest including this accountability (showing the need for program where the students will be employed or absorbed gainfully as a consequence of this training).*

Response: We fully agree with the notion that our proposed MS program be student-oriented to its core. This notion is in line with current efforts in the PhD program to be student-centered and we expect the

MS program to have the same orientation. To this end, we have researched the market for potential graduates from the proposed program and have included several examples of employment opportunities that would be available for MS-PSCH graduates in the proposal (see Appendix D, beginning page 54). Moreover, this issue has been discussed among Division faculty and there is agreement to incorporate this accountability into the thesis activities of students enrolled in the proposed program.

6. *Currently there is another MS program (MS in Clinical Translation Investigations hosted by our CTSI and OGPS), which is a 30-credit program that captures some of the essence of this program. This program now functions with 50% paid tuition (50% tuition remission) and after it was transformed to more market structure in 2014. (Originally this program was funded as a K30 award for our faculty. Therefore, is reasonable to assume that it will take more than one year to get to the desired numbers of paid students.) MS CTI may capture some of the potential candidates for MS degree in Prevention Science and Community Health. How would the Program leaders distinguish the market for these 2 programs?*

Response: While there may be some degree in overlap among the market for the MS-CTI and MS-PSCH programs, our examination of the students for these programs suggests that these two programs would be comprised of different types of students and, correspondingly, there are very different markets for graduates from these programs. For example, approximately 90% of the students in the MS-CTI program are MDs. As stated in our proposal, we anticipate to draw from a broad array of disciplines for the proposed program, as is the nature of the prevention science field. And while courses in our proposed program include aspects of translation science, the field of prevention science encompasses elements of etiology, intervention development, evaluation, and program implementation that are not addressed in core MS-CTI courses. To the degree that MS-CTI students take Prevention Science courses as electives, we the development of the MS-PSCH as synergistic to the mission of the MS-CTI, and not a competitor to it.

7. *There are also external threats to the program budget projections. Some very imminent, as our new compensation plan. Does the Program Director have more information on the compensation plan for the participating faculty?*

Response: Announcement of the new compensation plan for faculty was made at a recent Departmental faculty meeting. Departmental faculty are in the process of meeting individually with the Department Chair and Assistant Chair to review the impact of the plan on their salaries. The proposed Director of the MS-PSCH program has not yet had this meeting.

COMMENTS AND RESPONSE FROM REVIEW ROUND 1:

The major concern is the Program income model and its sustainability, particularly considering an assumption of 10 high-quality paid students being enrolled in the first program year and sustainability with 15 students thereafter. In order to understand if these model assumptions are realistic, the Committee would like to know how these numbers of planned paid students compare to the numbers of paid students in other MS programs in Public Health Sciences and in our Medical school. In addition, the past 3-5 years of output from current program in Public Health Sciences would be useful. There should be a separate list of students with a verifiable data on their current participation, grades, graduation. The committee could use that information to determine the usefulness of program in the larger scope of Master programs in Public Health Sciences.

The Committee is not exactly clear regarding a need for an additional MS program in Public Health Sciences. Why cannot be only one MS Program in Public Health Science with different distinctions or tracks? The rationale for two separate MS programs is not entirely clear to the Committee.

The Committee suggests reorganizing the proposal and start with an executive summary with background, rationale, and continue with details on how would they accomplish the expected outcomes, and budget. One page executive summary, 2-3 pages details on financial aspect and the point market analysis would be extremely helpful.

The budget estimates should be presented in two charts, for easier understanding. The present projections seem too optimistic. The base salaries are estimated at \$180K, while most of our teaching faculty are not at that level. To start a program, 15% salary is requested for Directors. This seems hard to sustain in initial 5 years. The Committee thinks that the budget projections and assumptions need to be more realistic.

In summary, we suggest that the proposal and the budget is revised, and rationale for a new and separate MS program in Public Health Sciences better explained.

Response:

On behalf of the Division of Prevention Science and Community Health in the Department of Public Health Sciences (DPHS), we thank you and the Legislative Oversight Committee for your recent review of our draft proposal for a new Master of Science (MS) program in Prevention Science and Community Health. We have considered your concerns carefully and have revised our proposal to address these concerns accordingly.

Specifically, we have revised the program income model to assume a more conservative assumption of 7 high-quality paid students to be enrolled in the first year of the program (instead of 10 students) and sustained enrollment of 10 students thereafter (instead of 15 students). As you can see from the revised financial analysis (page 24), our projected surplus to the DPHS and the University is still appreciable, even with these more conservative numbers. As requested, we have also included the number of students that have been enrolled in DPHS Master-level programs for the past three academic years and for the Fall of 2017 (page 23). Although we unfortunately are not able to provide a “separate list of students with a verifiable data on their current participation, grades, graduation” at this time, the number of students enrolled in DPHS Master-level programs during these periods (i.e., 166 to 181 students during each of the past three academic years) indicates that an additional 7 to 10 students is a realistic target for the proposed program.

Regarding the need for an additional MS program in Public Health Sciences as opposed to a different “distinction” or “track” within existing MSPH or MPH programs, we believe that a specific MS degree in Prevention Science and Community Health will draw in part from a broader array of students who are interested in prevention science but who may not have come from a traditional public health background. As an eclectic discipline, prevention scientists come from a wide array of academic disciplines (e.g., education, psychology, nursing, social work). In fact, over a third of the current number of students in the PhD program in Prevention Science and Community Health come from disciplines other than traditional public health sciences (such has been my own academic trajectory in prevention science, which was housed in Education at the University of South Florida and Social Work at the University of Washington). This population of students represents an untapped market of students for the DPHS. We have endeavored

to make the argument for the additional MS program in Prevention Science and Community Health clearer and stronger in the revised proposal.

Additionally, please note that the proposal now includes an Executive Summary, which describes the salient points of the proposal. Regarding base salaries and percentage FTE dedicated to administering the program, these are elements of the proposal that are fixed, and consistent with current salaries and distributional allotments for graduate program administration in our Department.