

Brown University

SCHOOL OF PUBLIC HEALTH

DRAFT

Accreditation Self-Study

June 2015



BROWN
School of Public Health

Table of Contents

1.0	The School of Public Health	2
1.1	Mission.....	2
1.2	Evaluation.....	10
1.3	Institutional Environment	20
1.4	Organization and Administration.....	28
1.5	Governance.....	33
1.6	Fiscal Resources	56
1.7	Faculty and Other Resources.....	63
1.8	Diversity.....	74
2.0	Instructional Programs.....	87
2.1	Degree Offerings	87
2.2	Program Length.....	93
2.3	Public Health Core Knowledge.....	96
2.4	Practical Skills.....	99
2.5	Culminating Experience	107
2.6	Required Competencies.....	109
2.7	Assessment Procedures.....	153
2.8	Other Graduate Professional Degrees.....	173
2.9	Bachelor’s Degrees in Public Health.....	174
2.10	Other Bachelor’s Degrees.....	179
2.11	Academic Degrees.....	182
2.12	Doctoral Degrees	190
2.13	Joint Degrees.....	201
2.14	Distance Education or Executive Degree Programs.....	203
3.0	Creation, Application and Advancement of Knowledge	204
3.1	Research.....	204
3.2	Service.....	252
3.3	Workforce Development	262
4.0	Faculty, Staff and Students	271
4.1	Faculty Qualifications.....	271
4.2	Faculty Policies and Procedures.....	307
4.3	Student Recruitment and Admissions	313
4.4	Advising and Career Counseling.....	322

1.0 The School of Public Health

1.1 Mission. The school shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

1.1a A clear and concise mission statement for the school as a whole.

Our mission is to serve the community, the nation, and the world by training future public health leaders, and discovering and communicating innovative approaches to address public health challenges and to enhance population health and well-being. The School of Public Health pursues this mission by working with the broader Public Health community to:

- advance knowledge on population health through understanding risk and protective factors throughout the lifespan,
- develop evidence about effective medical and public health interventions,
- evaluate and disseminate strategies to encourage healthy behaviors, and
- improve healthcare by identifying effective policies and practices.

1.1b A statement of values that guides the school.

The key values of the Brown University School of Public Health are to preserve and enhance the health and well-being of human populations by integrating knowledge, skills and data to advance public health. The focus of this value statement is the promotion of physical and mental health, and prevention of disease and disability, through the development of new knowledge relevant to public health, the teaching and application of that knowledge, and the translation of data and research findings into information to be used in public health policy and practice.

The key concepts of public health upon which this School is based, include 1) a primary focus on the health of populations, 2) a robust grounding in interdisciplinary science, 3) a strong focus on health promotion and disease prevention, especially primary prevention, 4) a recognition of the important linkages among government, academe and other entities, and 5) a respect for the many cultures encompassed in the populations served.

Ethical concerns and issues addressed by the program include 1) respect for autonomy and individual dignity, 2) beneficence and working for the common good, 3) balancing the common good and population health with rights of individuals, 4) social justice and the equitable allocation of benefits and burdens, 5) advocacy for the interests of populations, particularly those who are vulnerable, powerless or burdened, 6) professional ethics and the appropriate uses of trust, 7) responsibilities and rights of public health agents, 8) human rights, and 9) application of national and international codes of ethics

With these principles as guidance, our School of Public Health values are:

- 1) Advance health as a right for all, with a special emphasis on vulnerable and marginalized population groups.**
- 2) Encourage innovation, creativity, self-reflection, and ethical conduct related to our mission and values.**
- 3) Foster collaboration among our School's disciplines and partners across the university to benefit the creation and application of knowledge.**
- 4) Promote and derive benefit from diversity among people in the School, and respect different perspectives on the health of populations.**

- 5) Engage with community partners in activities that address their needs and objectives.
- 6) Consider and evaluate our activities and objectives as they have global reach and impact.
- 7) Foster a School environment that builds upon and advances the strengths and skills of our students, staff, and faculty.
- 8) Act as responsible stewards of the human and material resources that constitute the fabric of public health, including educating future generations of public health professionals
- 9) Improve the health of populations through development of new knowledge and translation of research into improved policy and practice.

1.1c One or more goal statements for each major function through which the school intends to attain its mission, including at a minimum, instruction, research and service.

The goals and objectives presented in Sections 1.1c and 1.1d. reflect our status as a new School of Public Health, despite having a longstanding, accredited MPH. That is, several goals and objectives focus on processes as the School grows and establishes its operation and logistics, while others are stated primarily as numerical targets. As our processes continue to be implemented, and our identity as a School is further established at Brown and more widely in public health, we expect to have more basis to state additional numerical targets.

(A.) Instruction

GOAL 1: Ensure a high quality and diverse student body.

GOAL 2: Ensure that students develop the relevant knowledge base, analytic skills and leadership abilities to enter and excel in public health professions.

GOAL 3: Ensure implementation and continued refinement of structured curricula addressing key aspects of public health, with high quality courses, academic experiences, and professional development experiences consistent with the nature of the respective degrees.

GOAL 4: Ensure adequate numbers of School of Public Health faculty who represent the key areas of public health knowledge, demonstrate high academic performance, and have relevant public health experience and research interests.

(B.) Research

GOAL 5: Ensure that faculty conduct and publish high quality public health research, and provide ample opportunity for student participation.

GOAL 6: Ensure that appropriate resources are available to the School of Public Health, including adequate space, academic facilities, public health-related library resources, budgetary resources, and administrative authority and access.

(C.) Strategic Planning

GOAL 7: Ensure continuous program improvement through strategic planning; structured evaluations; consultation with advisory groups and other key stakeholders; and feedback from students, faculty, employers of students and community agencies.

(D.) Service

GOAL 8: Ensure faculty and students are participating in service related activities in the local and global communities.

- 1.1d** A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

GOAL 1: Ensure a high quality and diverse student body.

Objective 1.a) Recruit a high quality applicant pool, with increased numbers of applicants for each of our academic graduate programs. **Target** – Across all graduate programs, increase the number of completed applications by 5% annually over the next five years. We have defined “high quality” applicants as those who are eligible to be offered admission to our graduate degree programs. To be offered admission to the programs, applicants must meet the rigorous standards of our admissions committees and have their acceptances confirmed by the university’s Dean of the Graduate School Dean. We have chosen this definition of “high quality” as we feel that, given the diverse nature of the field of public health, it is not possible to reduce the definition to arbitrary GPA or GRE cut offs. Rather, we rely on the comprehensive review of our admissions committees and the oversight of the Graduate School.

Objective 1.b) Recruit a diverse applicant pool as measured by diversity in race and ethnicity. **Target** – Across all graduate programs, at least 13% of applicant pool should represent racial and/or ethnic minorities.

Objective 1.c) Recruit and retain a high quality and diverse student body as measured by diversity in training and professional experience, gender, and race and ethnicity. **Target** – Enroll and retain a mix of highly qualified students, with at least 13% of entering class representing racial and/or ethnic minorities.

GOAL 2: Ensure that students develop the relevant knowledge base to enter and excel in public health professions.

Objective 2.a) Measure undergraduate and graduate student performance by regular evaluation of each student by the respective degree primary faculty and advisors. **Target** - One student evaluation meeting each term with primary faculty and advisors participating in person, by phone or through written comments.

Objective 2.b) Provide each student with the resources necessary for successful completion of program requirements, including access to faculty, computing and data resources, library resources, community internships, introductions to key public health stakeholders, academic advising and, as needed, access to individual tutors. **Target** – 80% of responding graduating students will report in exit interviews that they had adequate resources to meet their educational goals.

Objective 2.c) Ensure that student performance is maintained. **Target** – Fewer than 5% of students leave for academic reasons, across all enrolled students in graduate programs in an academic year.

Objective 2.d) Ensure that students have skills valued by employers. **Target** - 90% of students are employed or either accepted or enrolled in a graduate program within a year of graduation.

Objective 2.e) Alumni report that their education prepared them for their employment.

Target - 90% of responding graduate program alumni report their public health education was extremely, very, or somewhat helpful in obtaining their job and in preparing them for their job roles.

GOAL 3: Ensure implementation and continued refinement of structured curricula addressing key aspects of public health, with high quality courses, academic experiences, and professional development experiences consistent with the nature of the respective degrees.

Objective 3.a) Refine and improve course offerings and learning experiences for students.

Target – Annual reviews of course evaluations for all courses (100%), by the School of Public Health Dean’s office and/or Department Chairs, with appropriate feedback to instructors and program directors.

Objective 3.b) Track learning objectives and competencies within the degree programs, to

ensure that the required curriculum components meet their competency objectives. **Target** – Each degree program annually reviews the competency matrix with each core course instructor to ensure that the course continues to address the specified competencies.

Objective 3.c) Offer a breadth of course offerings that meet the key educational needs. **Target** –

Annually solicit input from graduating students to identify any critical gaps in course offerings to ensure that our curricula continues to offer adequate breadth and depth in the key areas of public health. Curricular needs will be addressed by the respective Curriculum Committees.

Objective 3.d) For the MPH, our professional public health degree, continually identify a broad range of applied learning placements for students in state agencies, community based

organizations and other applied settings of interest to students. **Target** –100% of students will have quality options for a field experience and a thesis experience in settings that are appropriate to their public health interests and to help them achieve their public health career goals. Quality of the options and fit for the student is assured both by the direct involvement of the Coordinator for Applied Learning Experiences and Professional Development working with students on selecting options and by the Program Director approving all internship proposals. We also assess this objective through small group meetings with students at the end of the first year, as well as exit interviews at graduation.

GOAL 4. Ensure adequate numbers of School of Public Health faculty who represent the key areas of public health knowledge, demonstrate high academic performance, and have relevant public health experience and research interests.

Objective 4.a) The Brown University School of Public Health will maintain an appropriate

number of highly skilled tenure-track and term faculty. **Target** – Maintain a minimum of 37 faculty in the School of Public Health in the tenure-track or term appointment faculty lines, all of whom are available to meet the needs of students as potential course instructors, field experience mentors and or thesis mentors within their areas of expertise.

Objective 4.b) Ensure that School of Public Health faculty meet the highest academic teaching

standards as measured by course evaluations. **Target** – Using the end of semester course evaluations performed by students, on a 5 point scale (1 = Very Effective; 2 = Effective), 85% of both courses and instructors are evaluated with an average score of 2 or better.

Objective 4.c) Provide continuing opportunities for faculty development. **Target** – 90% of primary faculty attend a professional meeting, Brown initiated faculty development seminar or workshop, and/or session at the Sheridan Center for Teaching and Learning each year.

GOAL 5. Ensure that faculty conduct and publish high quality public health research.

Objective 5.a) Ensure that faculty are involved in public health relevant research. **Target** – 80% of primary faculty are principal investigators on externally funded grants/contracts each year.

Objective 5.b) Faculty demonstrate academic excellence through peer reviewed publications. **Target** - 95% of primary faculty have at least one peer-reviewed publication each year and at least 75% have 2 or more peer-reviewed publications.

GOAL 6: Ensure that appropriate resources are available to the School of Public Health, including adequate space, academic facilities; public health-related library books, journals and data; and funding for graduate students.

Objective 6.a) Continue to populate the new public health building as space becomes available to accommodate educational programs and research centers. **Target** – Increase square footage of occupied space from 70,600 net square feet to 82,600 net square feet by 2017 while continuing to improve and repurpose space to meet demands.

Objective 6.b) Ensure sufficient classrooms, seminar space, computer clusters, and study/work space for students. **Target** – Annual meeting with representatives of School of Public Health student council to obtain feedback on adequacy of space.

Objective 6.c) Assure adequate financial resources are available to the School for tuition scholarships and for student research and travel to present research findings at professional meetings. **Target** - Average of 25% in tuition scholarships awarded to masters students across all programs. **Target** - 100% of doctoral students receive support for up to 5 years for 100% of tuition, health insurance, health fee and stipend. **Target** – 100% of graduate students who have a research paper/presentation accepted at a professional meeting and request financial assistance obtain funding to attend the meeting. **Target** – Increase endowment income for student research projects and financial aid from \$15,000 in 2014 to \$125,000 in 2017.

Objective 6.d) Move the School of Public Health toward a balanced budget without transitional funding from the university. **Target:** Increase endowment in order to reduce the transitional funding from the university to the School of Public Health.

GOAL 7: Ensure continuous program improvement through strategic planning; structured evaluations; consultation with advisory groups and other key stakeholders; and feedback from students, faculty, employers of students and community agencies.

Objective 7.a) The School of Public Health is on a 5-year strategic planning cycle and this planning activity will continue to guide its growth. The fourth strategic plan was completed in the Fall of 2014. The 2014-2019 plan establishes goals to guide the next set of investment priorities, identifies linkages to the new Brown University strategic plan- Building on Distinction- and presents the School's opportunities and aspirations to its internal and external constituencies. **Target** – The School of Public Health Strategic Plan is a regular agenda item for

discussion during the Public Health Executive Committee meetings, where decisions are made regarding faculty hiring, research priorities, and growth in degree programs, and positioning the School of Public Health for collaborative initiative within the university.

Objective 7.b) Regularly seek the advice of local leaders and stakeholders in the public health community. **Target:** Hold quarterly meetings of the Community Advisory Board, whose membership is described in a later section, where School of Public Health's involvement in community based activities are discussed. **Target:** Hold six meetings per year with the Community Policy Group at the Department of Health, where student internships are created, collaborative research opportunities are identified and public health response to community needs are discussed.

Objective 7.c) Regularly meet with the School of Public Health Advisory Council regarding national and international topics relevant for the School. The Council is a group with national membership, appointed by the President of Brown University. **Target** – Hold two meetings per year in order to increase the visibility of activities at the School to national leaders in the public and private sectors.

Objective 7.d) Each degree program has a systematic approach for obtaining feedback for continuous program improvement. **Target** – 80% of graduating students participate in annual exit interviews, surveys or focus groups to provide feedback on improvements which would benefit their respective programs. **Target** – Conduct employer surveys every three years to obtain feedback on the preparation of graduates for their job roles and discuss survey outcomes at appropriate committees to plan potential enhancements to programs.

GOAL 8: Ensure faculty and students are participating in service related activities in the local and global communities.

Objective 8.a) Faculty will actively participate in community service activities. **Target:** 50% of primary faculty will participate and provide service to the community.

Objective 8.b) Students will actively participate in community service activities. **Target:** Conduct annual survey of student participation in service activities. **Target:** 50% of students have participation.

1.1e Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

The mission for the Brown University School of Public Health was developed across a series of strategic planning and review processes accompanying the development of the former Public Health Program into the now School of Public Health. These strategic planning processes included faculty and local stakeholders. The plan for the Public Health Program, a unit within the Brown Medical School at that time, received approval in 1997 by a full vote of the faculty. The plan focused on integrating the activities of the Program's constituent parts: the Department of Community Health (which evolved into the 4 academic departments of the

School of Public Health) and the then 10 interdisciplinary research centers. The mission of the Program as stated in the 2002 strategic plan was

- the education of undergraduates, graduate students, medical students and post-doctoral fellows;
- research on the factors that affect the health of populations; and
- service to communities through translation of research findings into policy and practice.

The document served as a blueprint for intra-university discussions, and ultimately approvals, around major investments and expansions including research funding, educational programs, a new building, and faculty recruitments.

In late 2006, the Public Health Program launched an inclusive, multi-constituency strategic planning process to discuss and assess the program needs from 2007 to 2012. The strategic planning process began with interviews of key stakeholders, including several community leaders external to the Program and Brown. Subsequent facilitated sessions of the core planning group focused on (1) vision, direction and signature; (2) institutional environment, resources and synergies; (3) research activities, educational programs and implications for faculty recruitment; and (4) faculty recruitment targets. The mission was unchanged and the program entered a period of significant growth.

Strategic planning beginning in 2012 included faculty and key stakeholders from across the university, from the affiliated hospitals, and from health care organizations. This phase of planning focused on specifying the next set of priorities for becoming a School of Public Health. The mission evolved as follows. To improve population health by

- Conducting research to better understand disease risk factors and health promotion
- Educating future generations of health researchers and policy makers
- Providing public service through the translation of research into public policy and improved practice.

After university approval to become a School of Public Health as of July 1st, 2013, we began a 2-year strategic planning process that incorporated the elements of our financial agreement with the university and identified signature areas for fundraising/investment. The Public Health Executive Committee (see section 1.1f) has been integral to the development and implementation of the strategic plan, which has been reviewed by all faculty and by the external School of Public Health Advisory Council.

The Associate Dean for Academic Affairs led a process of clustering value statements into thematic areas, with final wording determined by the School of Public Health Executive Committee to best capture our particular perspectives. The goals and objectives were informed by those included in the Self-Study for our MPH Program, which was prepared and submitted a year before the Self-Study for the School, as well as by consideration of School-wide priorities that extend beyond the MPH degree per se. The mission and values were circulated for faculty review and comment and presented for discussion at a School-wide faculty meeting in early 2015.

1.1f Description of how the mission, values, goals and objectives are made available to the school's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

The School of Public Health mission and values are posted on our website. The Self-Study, which includes the mission, values, goals and objectives, is available on request. The School of Public Health Executive Committee is the main body responsible for periodically undertaking a comprehensive review of the mission, values, goals and objectives. For this Self-Study, input was obtained from the full faculty, the Department Chairs, the Center Directors, the Graduate Program Directors, and the Public Health Executive Committee. The mission is also reviewed with the Community Policy Group (representing the RI Department of Health and educational institutions) and the Community Advisory Group, and with various university committees and leadership groups. The evolution of the Brown University School of Public Health involves a broad range of activities over the coming years. The School's goals and objectives will continue to be reviewed and refined as part of the School transition process. In addition, the relevant Committees regularly assess critical components of the School and its activities. These Committees are listed in Section 1.5a.

1.1g Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: The Brown University School of Public Health's goals and objectives were developed with broad input from the key stakeholders. Measurable objectives for evaluating the achievement of goals are identified, and relevant data are regularly collected.

Challenges: The goals are ambitious and the data collection strategies require substantial effort. Some of the goals may be influenced by external events (e.g., changes in external funding such as NIH, growth in competing degree programs across the country, or competition for high quality faculty candidates or student applicants who are underrepresented minorities).

The growth of public health at Brown has emphasized instruction and research. Going forward, there will be additional focus to develop and sustain a greater emphasis on community service.

Plans: Continued vigilance and response to external changes, evaluation of achievement of goals and refinement of programs to respond to changes. We are enthusiastic to take advantage of opportunities presented by the transition of becoming a School of Public Health.

Increase awareness of service opportunities. The School of Public Health plans to implement an annual service event for students, faculty, and staff to participate and give back to the community.

1.2 Evaluation. The school shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the school’s effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the school must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.

1.2a Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

Status and progress on the objectives defined in Criterion 1.1d are tracked by several entities in the School, and assessment of progress on the objectives as a group is monitored by the School of Public Health (SPH) Executive Committee. As noted elsewhere (section 1.5a), the SPH Executive Committee is comprised of the Department Chairs and all senior members of the Dean’s Office, so monitoring occurs at the highest level of School administration.

Major persons/entities in the tracking process are: the Department Chairs, Graduate Program Directors and Admission Committees of the individual degree programs; the Associate Dean for Academic Affairs; and the Associate Dean for Administration and Finance. These individuals and their staffs create the assessment methods for, and oversee the collection of, data relevant to the objectives. For Goal 1, we draw on university databases available through the Graduate School and the online application system.

The following table summarizes the data sources and responsible individual(s) for each objective.

Outcome Measure	Target	Data Source	Persons/Entities
Applicant pool (Obj 1.a)	Increase number of completed applications by 5% annually over the next 5 years	CollegeNet Reports (software in Graduate School)	Academic Program Coordinator’s report to Academic Program Manager
Diversity of student body – applicant (Obj 1.b)	13% of applicant pool should represent racial or ethnic minorities	CollegeNet Reports	Academic Program Coordinator’s report to Academic Program Manager
Diversity of student body – race/ethnicity (Obj 1.c)	13% of incoming class should represent racial or ethnic minorities	CollegeNet Reports and reports from graduate programs	Academic Program Coordinator’s report to Academic Program Manager
Student evaluation process (Obj 2.a)	One student evaluation meeting each semester with primary advisors participating in person, by phone, or through written communication.	Student progress reports-meeting minutes	Academic Program Coordinator’s report to Academic Program Manager

Student resources-exit interviews (Obj 2.b)	80% of responding graduating students will report in exit interviews that they had adequate resources.	Summary of exit interviews from each Academic Coordinator	Academic Program Coordinator's report to Academic Program Manager
Student performance (Obj 2.c)	Fewer than 5% of students leave for academic reasons, across all enrolled students in graduate programs in an academic year.	Report to Dean's office on all graduate students leaving programs	Academic Program Coordinator's report to Academic Program Manager
Employment rate (Obj 2.d)	90% of students are employed or either accepted or enrolled in a graduate program within a year of graduation.	Exit interviews, alumnae tracking, and follow-up by Academic Program Coordinator	Academic Program Coordinator's report to Academic Program Manager
Alumni survey (Obj 2.e)	90% of responding graduate program alumni report their public health education was extremely, very, or somewhat helpful in obtaining their job and preparing them for their job roles.	Alumni Survey	Associate Dean for Academic Affairs
Course review (Obj 3.a)	Annual reviews of course evaluations for all courses (100%) by the School of Public Health Dean's office and/or Department Chairs with appropriate feedback to instructors and program directors.	Report from Associate Dean for Academic Affairs	Associate Dean for Academic Affairs, Department Chairs
Competency review (Obj 3.b)	Each degree program annually reviews the competency matrix with each core course instructor to ensure that the course continues to address the specified competencies	Annual reports from graduate program directors	Associate Dean for Academic Affairs
Course Offerings (Obj 3.c)	Annually solicit input from graduating students to identify any critical gaps in course offerings to insure that our curricula continues to offer adequate breadth and depth in the key areas of public health. Curricular needs will be addressed by the respective Curriculum Committees.	Exit interview data to graduate program directors who will follow-up with curriculum committees and department leadership	Graduate Program Directors
MPH Applied Learning Placements (Obj 3.d)	100% of MPH students will have quality options for a field experience and a thesis experience in settings that are appropriate to their public health interests and to help them achieve their public health career goals	Annual report from the MPH Coordinator for Applied Learning Experiences & Professional Development	Director and Administrative Coordinator of MPH

Faculty resources (Obj 4.a)	Maintain a minimum of 37 faculty in the School of Public Health in the tenure track or term appointment faculty lines, all of whom are available to meet the needs of students as potential course instructors, field experience mentors and/or thesis mentors within their areas of expertise.	Faculty database maintained by the Manager of Public Health Faculty Affairs and Administration	Associate Dean for Faculty Affairs
Course evaluations by students (Obj 4.b)	Using the end of semester course evaluations performed by students, on a 5 point scale (1 = very effective; 2 = effective), 85% of both courses and instructors are evaluated with an average score of 2 or better.	University online course evaluations	Associate Dean for Academic Affairs
Faculty – professional development (Obj 4.c)	90% of primary faculty attend a professional meeting, Brown initiated faculty development seminar or workshop, and/or session in the Sheridan Center for Teaching and Learning each year.	Faculty Activity Report database	Associate Dean for Faculty Affairs
Faculty – external funding (Obj 5.a)	80% of primary faculty are principal investigators on externally funded grants/contracts each year.	WorkDay financial system	Manager of Public Health Faculty Affairs and Administration
Faculty- publications (Obj 5.b)	95% of primary faculty have at least one peer reviewed publication each year	Faculty Activity Report database	Manager of Public Health Faculty Affairs and Administration
Faculty- publications (Obj 5.b)	At least 75% of primary faculty have 2 or more peer reviewed publications (Referenced in 3.1d and 4.1d).	Faculty Activity Report database	Manager of Public Health Faculty Affairs and Administration
Public health building space (Obj 6.a)	Increase square footage of occupied space from 70,600 net square feet to 82,600 net square feet by 2017 while continuing to improve and repurpose space to meet demands.	Associate Dean for Administration and Finance	Associate Dean for Administration and Finance
Adequacy of space (Obj 6.b)	Annual meeting with representatives of School of Public Health student council to obtain feedback on adequacy of space.	Associate Dean for Administration and Finance	Associate Dean for Administration and Finance
Financial resources for students (Obj 6.c)	Average of 25% in tuition scholarships awarded to Master’s students across all programs.	Associate Dean for Administration and Finance	Degree Program Admission Committees

Financial resources for students (Obj 6.c)	100% of doctoral students receive support for up to 5 years for 100% of tuition, health insurance, health fee, and stipend.	Graduate Student Information System (GSIM)	Academic Program Coordinators report to Academic Program Manager
Financial resources for students (Obj 6.c)	100% of students who have a research paper/presentation accepted at a professional meeting and request financial assistance obtain funding to attend the meeting.	Graduate Program Directors	Academic Program Coordinators report to Academic Program Manager
Financial resources for students (Obj 6.c)	Increase endowment income for student research projects and financial aid from \$15,000 in 2014 to \$125,000 in 2017.	Associate Dean for Administration and Finance	School of Public Health Executive Committee
Transitional Funding (Obj 6.d).	Increase endowment in order to reduce the transitional funding from the University to the School of Public Health.	Associate Dean for Administration and Finance	School of Public Health Executive Committee
Strategic planning (Obj 7.a)	The School of Public Health Strategic Plan is a regular agenda item for discussion during the Public Health Executive Committee meetings.	Minutes of the School of Public Health Executive Committee	School of Public Health Executive Committee
Local leaders and stakeholders (Obj 7.b)	Hold quarterly meetings of the Community Advisory Board, whose membership is described in a later section (1.5a).	Minutes of the Community Advisory Board	Chair, Community Advisory Board
Local leaders and stakeholders (Obj 7.b)	Hold 6 meetings per year with the Community Policy Group, whose membership is described in a later section (1.5a)	Minutes of the Community Policy Group	Chair, Community Policy Group
National Advisory Council (Obj 7.c)	Hold two meetings per year.	Minutes of the National Advisory Council	Director of Communications
Feedback for program improvement (Obj 7.d)	80% of graduating students participate in annual exit interviews, surveys, or focus groups, to obtain feedback on improvements which would benefit their respective programs.	Academic Program Coordinator report to the Graduate Program Directors	Associate Dean for Academic Affairs
Feedback for program improvement (Obj 7.d)	Conduct employer surveys every three years to obtain feedback on the preparation of students for their job roles.	Associate Dean for Academic Affairs	Associate Dean for Academic Affairs; Graduate Program Directors
Faculty participation in community service (Obj 8a)	50% of Primary Faculty will participate and provide service to the community	Annual Faculty Activity Report	Associate Dean for Faculty Affairs
Student participation in community service (Obj 8b)	50% of students have participation	Student reports	Degree programs and Associate Dean for Academic Affairs

1.2b Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

Evaluation and planning are integrated into operational committees such as the SPH Executive Committee, MPH Executive Committee, the degree program administrative staff, the MPH and other degree program Curriculum Committees, and the MPH and degree program Admissions Committees. The newly created Public Health Graduate Student Organization is being integrated into School functioning, and the Departmental Undergraduate Group (DUG) for the Public Health concentration will be consulted on appropriate topics. There is a bi-weekly meeting of the Associate Dean for Administration and Finance, the Program Manager for Faculty and Administration, the Academic Program Manager, and the Department Coordinators to discuss School operations. Most recently, the Graduate Student Council requested designated space for a library with the upcoming expansion of our space on the 3rd floor of our building. The request was discussed and approved in the Public Health Executive Committee meeting. This approach empowers students and faculty not just to identify problems, but to work together to implement solutions. This approach fits well with the culture of Brown that empowers students and faculty to be active in shaping the educational enterprise.

1.2c Data regarding the school’s performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 1.7, 1.8, 2.7, 3.1, 3.2, 3.3, 4.1 and 4.3), the school should parenthetically identify the criteria where the data also appear. See CEPH Outcome Measures Template.

Table 1.2c Outcome Measures for Program Targets				
Outcome Measure	Target	2012/13	2013/14	2014/15
Applicant pool (Obj 1.a)	Increase number of completed applications by 5% annually over the next 5 years (graduate)	530	647 (22% increase over 2012-2013)	TBD
Diversity of student body – applicant (Obj 1.b)	13% of applicant pool should represent racial or ethnic minorities (graduate)	13%	10.8%	TBD
Diversity of student body – race/ethnicity (Obj 1.c)	13% of incoming class should represent racial or ethnic minorities (graduate)	14%	12.9%	TBD
Student evaluation process (Obj 2.a)	One student evaluation meeting each semester with advisors participating in person, by phone, or through written communication (graduate)	100%	100%	TBD
Student resources-exit interviews (Obj 2.b)	80% of responding graduating students will report in exit interviews that they had adequate resources (graduate)	N/A (MPH only)	N/A (MPH only)	TBD

Outcome Measure	Target	2012/13	2013/14	2014/15
Student performance (Obj 2.c)	Fewer than 5% of students leave for academic reasons, across all enrolled students in graduate programs in an academic year (graduate)	2%	1.2%	0.5%
Employment rate (Obj 2.d)	90% of students are employed or either accepted or enrolled in a graduate program within a year of graduation (graduate and undergraduate)	94.6%	91.3%	TBD
Alumni survey (Obj 2.e)	90% of responding graduate program alumni report their public health education was extremely, very, or somewhat helpful in obtaining their job and in preparing them for their job roles (graduate)	N/A	N/A	95% help obtain jobs; 97% help job performance
Course review (Obj 3.a)	Annual reviews of course evaluations for all courses (100%) by the School of Public Health Dean's office and/or Department Chairs with appropriate feedback to instructors and program directors (graduate and undergraduate)	Dean's office reviewed all course evaluations	Dean's office reviewed all course evaluations	Dean's office reviewed all course evaluations
Competency review (Obj 3.b)	Each degree program annually reviews the competency matrix with each core course instructor to ensure that the course continues to address the specified competencies (graduate)	All core course instructors report that all students who passed the course met the competencies (MPH)	All core course instructors report that all students who passed the course met the competencies (MPH)	All core course instructors report that all students who passed the course met the competencies (graduate)
Course Offerings (Obj 3.c)	Annually solicit input from graduating students to identify any critical gaps in course offerings to insure that our curricula continues to offer adequate breadth and depth in the key areas of public health. Curricular needs will be addressed by the respective Curriculum Committees (MPH)	(MPH only) See Electronic Resource File for minutes for exit interview meetings	(MPH only) See Electronic Resource File for minutes for exit interview meetings	(MPH only) See Electronic Resource File for minutes for exit interview meetings
MPH Applied Learning Placements (Obj 3.d)	100% of MPH students will have quality options for a field experience and a thesis experience in settings that are appropriate to their public health interests and to help them achieve their public health career goals (MPH)	100.0%	100.0%	100.0%

Outcome Measure	Target	2012/13	2013/14	2014/15
Faculty resources (Obj 4.a) ¹ (Footnote)	Maintain a minimum of 37 faculty in the School of Public Health in the tenure track or term appointment faculty lines, all of whom are available to meet the needs of students as potential course instructors, field experience mentors and/or thesis mentors within their areas of expertise	43	43	42
Course evaluations by students (Obj 4.b)	Using the end of semester course evaluations performed by students, on a 5 point scale (1 = very effective; 2 = effective), 85% of both courses (C) and instructors (I) are evaluated with an average score of 2 or better	Fall 2012: 79.3% (C) 85.3% (I) Spring 2013: 75.7% (C) 83.7% (I)	Fall 2013: 79.5% (C) 93.8% (I) Spring 2014: 76.9% (C) 78.0.0% (I)	Fall 2014: 77.5% (C) 86.9% (I) Spring 2015: TBD
Faculty – professional development (Obj 4.c)	90% of primary faculty attend a professional meeting, Brown initiated faculty development seminar or workshop, and/or session in the Sheridan Center for Teaching and Learning each year	100%	92%	TBD
Faculty – external funding (Obj 5.a)	80% of primary faculty are principal investigators on externally funded grants/contracts each year	81.2%	84.1%	83.1%
Faculty- publications (Obj 5.b)	95% of primary faculty have at least one peer reviewed publication each year	96%	100%	TBD
Faculty- publications (Obj 5.b)	At least 75% of primary faculty have 2 or more peer reviewed publications (Referenced in 3.1d and 4.1d)	91%	97%	TBD
Public health building space (Obj 6.a)	Increase square footage of occupied space from 70,600 net square feet to 82,600 net square feet by 2017 while continuing to improve and repurpose space to meet demands	70,600 square feet	70,600 square feet	70,600 square feet
Adequacy of space (Obj 6.b)	Annual meeting with representatives of School of Public Health student council to obtain feedback on adequacy of space	N/A	N/A	Meeting occurred January 2015

Outcome Measure	Target	2012/13	2013/14	2014/15
Adding access to resources (Obj 6.c)	Continue to add access to new library resources, data sets, and electronic data bases for research and education	Jackson Heart Study data subset added	Regular updates to Medicare and Medicaid databases	Regular updates to Medicare and Medicaid databases
Financial resources for students (Obj 6.c)	Average of 25% in tuition scholarships awarded to Master's students across all programs	29%	24.2%	25.5%
Financial resources for students (Obj 6.c)	100% of doctoral students receive support for up to 5 years for 100% of tuition, health insurance, health fee, and stipend	100%	100%	100%
Financial resources for students (Obj 6.c)	100% of graduate students who have a research paper/ presentation accepted at a professional meeting and request financial assistance obtain funding to attend the meeting	100%	100%	100%
Financial resources for students (Obj 6.c)	Increase endowment income for student research projects and financial aid from \$15,000 in 2014 to \$125,000 in 2017	\$0	\$15,000	\$113,000
Transitional Funding from University (Obj 6.d).	Increase endowment in order to reduce the transitional funding from the University to the School of Public Health	N/A	\$1,139,000 (transitional funding) \$593, 478 (endowment income)	\$1,082,000 (transitional funding) \$722, 706 (endowment income)
Strategic planning (Obj 7.a)	The School of Public Health Strategic Plan is a regular agenda item for discussion during the Public Health Executive Committee meetings	Met	Met	Met
Local leaders and stakeholders (Obj 7.b)	Hold quarterly meetings of the Community Advisory Board, whose membership is described in a later section (1.5a)	0 meetings	4 meetings	4 meetings
Local leaders and stakeholders (Obj 7.b)	Hold meetings of the Community Policy Group, whose membership is described in a later section (1.5a)	6 meetings/year	6 meetings/year	6 meetings/year
National Advisory Council (Obj 7.c)	Hold two meetings per year	N/A	100%	100%

Outcome Measure	Target	2012/13	2013/14	2014/15
Feedback for program improvement (Obj 7.d)	80% of graduating students participate in annual exit interviews, surveys, or focus groups, to obtain feedback on improvements which would benefit their respective programs (graduate)	The MPH program began this process as a pilot. 44.4% graduating students attended	The MPH program began this process 69.7% graduating students attended	All programs are instituting exit interviews.
Feedback for program improvement (Obj 7.d)	Conduct employer surveys every three years to obtain feedback on the preparation of students for their job roles (graduate)	N/A	Conducted the MPH employer survey	School-wide employer survey will be conducted in Fall of 2015
Faculty participation in community service (Obj 8a)	50% of Primary Faculty will participate and provide service to the community	N/A	17.8%	32.3%
Student participation in community service (Obj 8b)	50% of students have participation	N/A	N/A	N/A We will more precisely track student service activities going forward

¹These faculty are tenure-track, Teacher Scholar, and Research Scholar. Not included are (Research), Clinical, Practice, and Adjunct.

1.2d Description of the manner in which the self-study document was developed, including effective opportunities for input by important school constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.

Preparation of the Self-Study has been a multi-faceted process and is closely integrated into ongoing program and School assessment and planning. Initial preparation of the formal report began with a review of the new criteria as posted on the CEPH website. We also contacted CEPH to schedule a visit of our program in April of 2015. The purpose of this visit was to review draft materials, provide comments and answer specific questions regarding presentation of the materials and interpretation of the guidelines. We scheduled our official CEPH accreditation site visit for December 7-9, 2015.

A Self-Study working team was formed to do the writing of the Self-Study. This committee included the following faculty and staff:

- Terrie Fox Wetle, PhD; Dean of Public Health
- Patrick M. Vivier, MD, PhD; Director of Interdisciplinary Education (including MPH)
- Linda Laliberte, JD, MS; Associate Dean for Administration and Finance
- William Rakowski, PhD; Associate Dean for Academic Affairs (through 6/30/2015)
- Diane Schlacter; MPH & ScM Programs Manager
- Karen Scanlan; Director of Communications

The Self-Study working team consulted with administrators, faculty, students and community partners in preparing Self-Study materials. The following additional staff members in the School of Public Health played significant roles in gathering materials and obtaining information:

- Joann Barao; Coordinator for Applied Learning Experience & Professional Development
- Corinne Giordani; Administrative Assistant
- Gillian Paynter; Operations Coordinator (thru February 2015)
- Laura Kligler; Special Assistant to the Dean (from March 2015)

An external review of the Departments and School was conducted October 29-30th, 2014. Reviewers included SPH Deans, department chairs, and senior faculty. Their recommendations have been incorporated into the Self-Study. The draft Self-Study was regularly discussed with the SPH Executive Committee for input, review of goals/objectives and targets, developing consensus regarding reporting strategies for individual program areas. The Self-Study working team prepared a draft to submit to Mollie Mulvanity at CEPH for review and discussion during her consultant's visit to Brown on April 8, 2015. Based on her input the Self-Study was revised and further vetted with input.

1.2e Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: The School has developed a planning and evaluation strategy in which data from faculty, students and graduates are used to shape and improve our service, research and education.

Challenges: The challenges of a recently created School of Public Health are to derive and refine our objectives and targets. Because some of the target criterion measures are newly developed and many focus on processes, we are at the stage of collecting longitudinal data from which to form more specific targets. Our target for course and instructor evaluations is ambitious, and we have progress to make in order to reach these targets. We also must keep more precise track of the number/percentage of graduating graduate students who complete an exit interview.

Plans: We will evaluate our objectives and targets with School leadership annually, identify areas requiring additional attention and opportunities for improvement. We will have a review of course evaluations after each semester involving the Dean of Public Health, the Associate Deans for Academic Affairs and Faculty Affairs, and the Department Chairs. This review will try to identify reasons for results lower than the stated target, and action will be taken as seems appropriate. Departments will be told to keep tally of graduating students and those who complete an exit interview

1.3 Institutional Environment. The school shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.

1.3a A brief description of the institution in which the school is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

Brown University

Founded in 1764, the seventh college in the United States and the third in New England, Brown University first awarded advanced degrees in 1888. During the following years, graduate work increased in quality and importance, and in 1927 the Graduate School was established as a formal organization. A four-year program leading to the degree of Doctor of Medicine was established in 1972. Brown currently offers graduate programs in 49 fields leading to a PhD degree, as well as twenty-six programs leading to six different kinds of Masters degrees.

Brown University received its most recent 10-year accreditation from the New England Association of Schools and Colleges (NEASC) in 2009. The Warren Alpert School of Medicine was most recently accredited by the Liaison Committee on Medical Education (LCME) in 2013. The university also has professional accreditation from the American Chemical Society and the Accreditation Board for Engineering and Technology. The university is a member of the Association of American Universities; the Association of American Medical Colleges; the Council of Graduate Schools; the Association of Research Libraries; the Association of Academic Health Sciences Libraries; the Online Computerized Library Center; the International Federation of Library Associations and Institutions, the American Council on Education; the American Association for Higher Education; the Consortium on Financing Higher Education; and the Council of Ivy League Presidents, among others.

With its talented and motivated student body and accomplished faculty, Brown is a leading research university that maintains a particular commitment to exceptional undergraduate instruction. Brown's vibrant, diverse community consists of 6,000 undergraduates; 2,000 graduate students; 457 medical students; more than 5,000 summer, visiting and online students; and nearly 700 faculty members. Eighty percent of undergraduate classes are taught by faculty or visiting scholars and only 2% of advanced level undergraduate courses are taught by graduate students. A key philosophy associated with Brown is the open curriculum which is based upon three principals. The first is that students ought to take an active role in their education by assuming responsibility for the direction of their learning. Secondly, an undergraduate education is seen as a process of individual and intellectual development, rather than simply a way to transmit a set body of information. Finally, the curriculum should encourage individuality, experimentation, and the integration and synthesis of different disciplines. Brown believes in the value of breaking down traditional barriers that compartmentalize information into departments and fields. Undergraduates pursue bachelor's degrees in more than 75 concentrations (equivalent to undergraduate majors), many of which are interdisciplinary or span at least two departments. Similarly, there is strong support for vertical integration of faculty and students, providing opportunities for interaction among undergraduates and graduate students, and across undergraduate and graduate programs. For example, a significant number of Brown Medical Students have been a part of the 8 year Program in Liberal Medical Education (PLME), which provides an integrated undergraduate and Medical School curriculum to students admitted to the program at the beginning of their college

career. PLME students are not traditional “pre-med” majors, but instead are free to select any concentration, as long as their pre-med courses are taken. Many of these students concentrate in Public Health. The School is built upon this philosophy and established practice, in that faculty make efforts to work across departmental lines, students are encouraged to have interaction both with other graduate students and undergraduates, and the curriculum is highly vertically integrated.

School of Public Health

Prior to July 1, 2013, the Public Health Program served as the “administrative umbrella” for the educational, research, and service programs relevant to public health, including the MPH degree program. The Public Health Program (and the former Department of Community Health) were formerly located administratively in the Division of Biology and Medicine, so that the Associate Dean of Medicine for Public Health and Public Policy (Dr. Terrie Fox Wetle) reported to the Dean of the Division of Biology and Medicine. The faculty and Corporation of Brown approved plans for the Public Health Program to become a free-standing School of Public Health, effective July 1, 2013, with Professor Terrie Fox Wetle as the School’s founding dean. In April 2013, the School of Public Health submitted an application to CEPH to conduct a Self-Study and to be reviewed for accreditation as a School of Public Health. CEPH accepted the application on June 8, 2013. This preliminary Self-Study is being submitted to CEPH by June 8, 2015, the site visit is scheduled for December 7-9, 2015, and we anticipate an accreditation vote by the CEPH council in June of 2016.

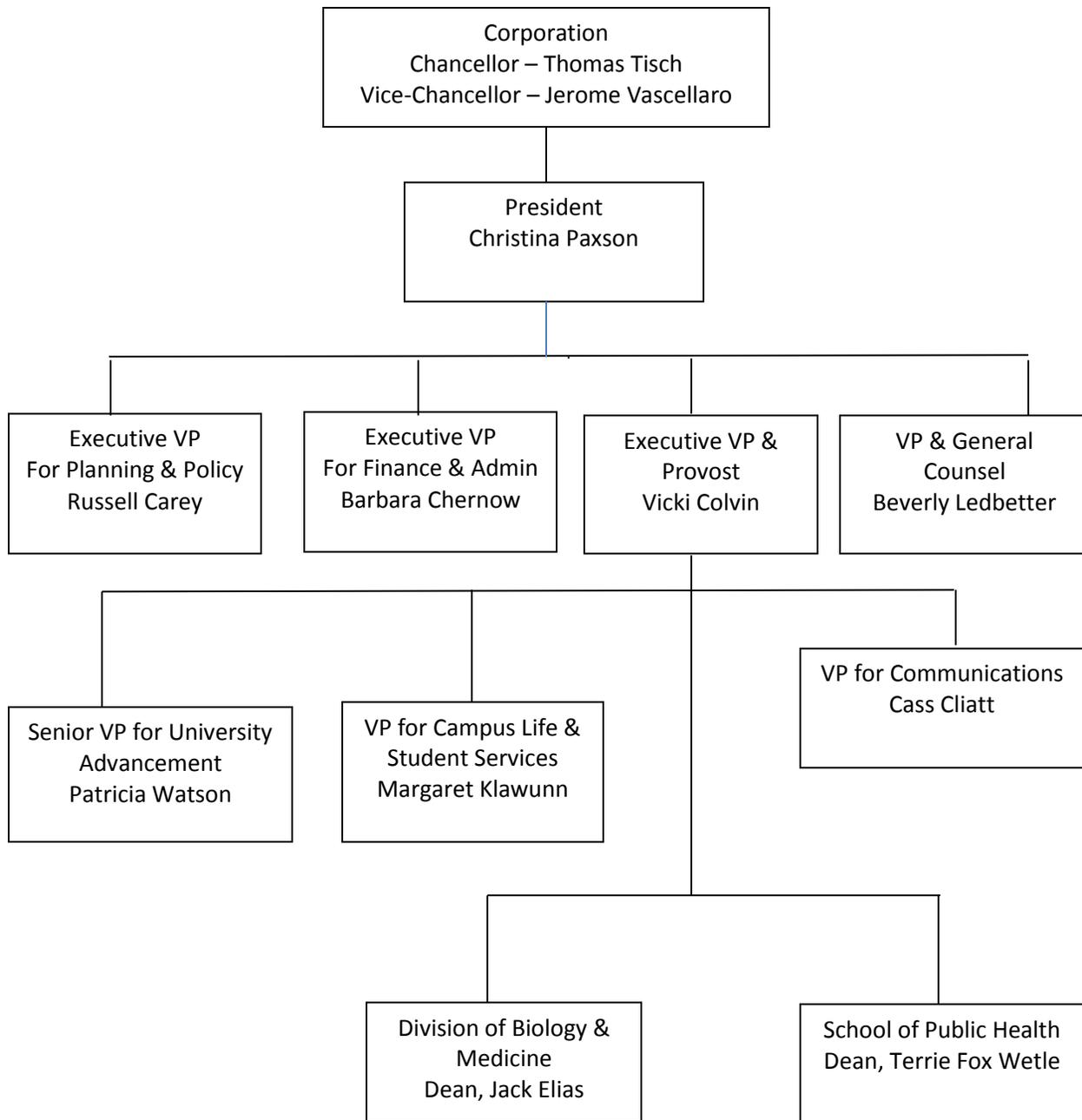
The School of Public Health has four departments representing the core areas of public health: Behavioral and Social Sciences, Biostatistics, Health Services Policy and Practice, and Epidemiology. Environmental Health is a section within Epidemiology. The MPH degree program is an interdisciplinary degree residing in the School of Public Health, but not in a specific department. Similarly, the undergraduate Public Health concentration is not operated by a single department; all departments contribute coursework (see Section 2.9a).

1.3b One or more organizational charts of the university indicating the school’s relationship to the other components of the institution, including reporting lines.

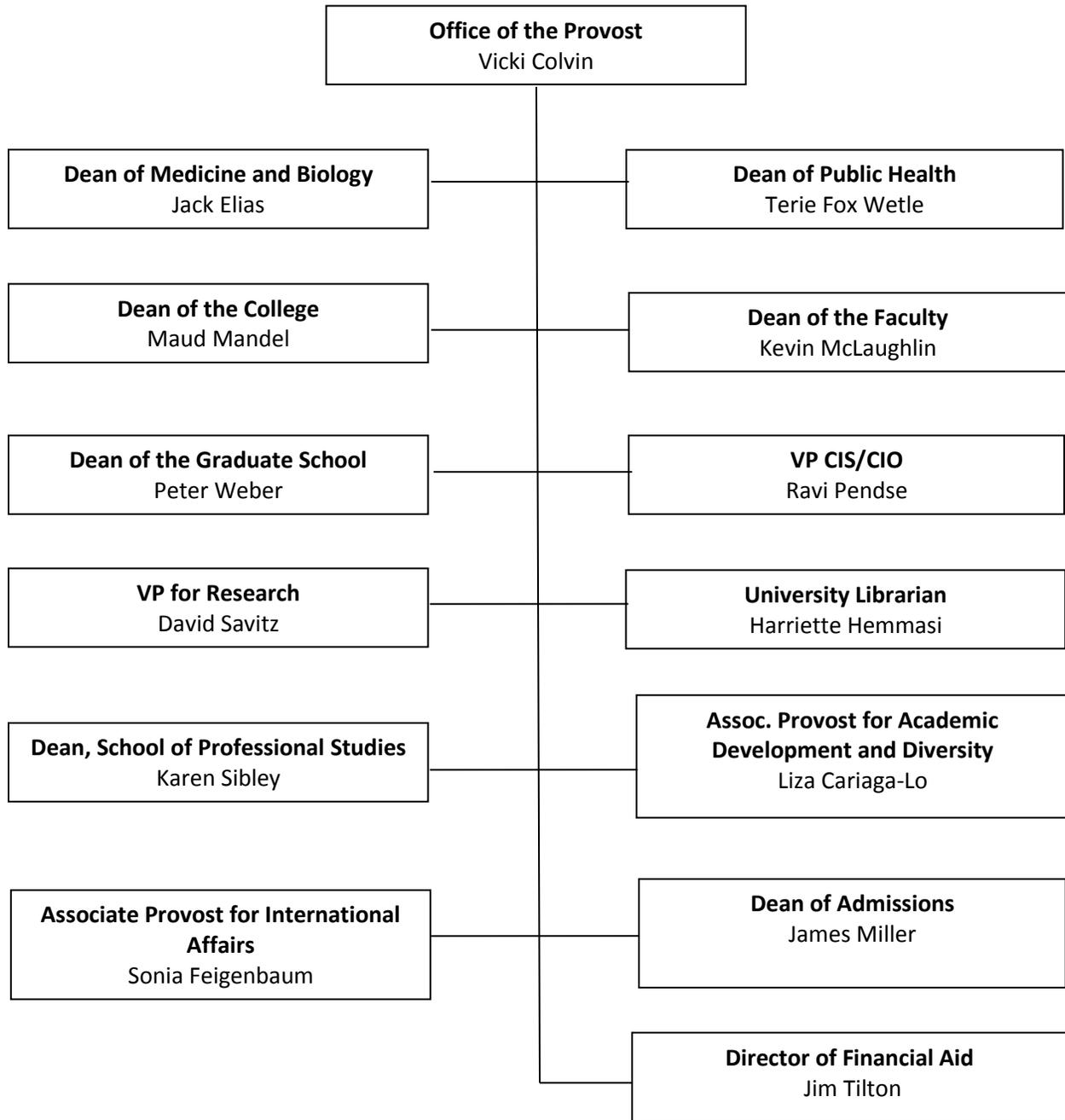
See next pages for charts.

Brown University

ORGANIZATIONAL CHART: University System of Governance



Reporting Lines to the Provost of Brown University



The School's relationship to Brown University's system of governance.

Brown University is governed by the **Corporation**, a bicameral body composed of a Board of Fellows with twelve members and a Board of Trustees with forty-two members. The authority and responsibilities of the Corporation were set forth in the Charter of Brown University granted by the Colony of Rhode Island and Providence Plantations in 1764. The Corporation concerns itself with matters of policy and does not become involved in the daily administration of the university. The Corporation, comprised of five standing committees, meets annually three times per year in October, February and May.

The **President, Dr. Christina H. Paxson**, is responsible to the Corporation as Chief Executive Officer. She is responsible for the management and administration of the operations of the university. The officers of administration reporting directly to the President are: the Provost, Executive Vice President for Finance and Administration, Vice President for Campus Life and Student Services, Executive Vice President for Planning and Senior Advisor, Vice President for Communications, Senior Vice President for University Advancement, Vice President and General Counsel, Assistant to the President. The university Ombudsperson also reports directly to the President.

The chief academic administrators within the purview of the **Provost, Dr. Vicki Leigh Colvin** are the Dean of Medicine and Biological Sciences, **Dean of Public Health**, Dean of the College, Dean of the Graduate School, Vice President for Research, University Librarian, Dean of the Faculty and the Vice President for Computing & Information Services/CIO . On the financial and business side, the Vice President of Administration, Assistant Vice President and University Comptroller, Vice President for Facilities Management, Associate Vice President Budget and Planning, University Auditor, and Associate Vice President for Investments all report to the Executive Vice President for Finance and Administration and Chief Financial Officer.

The School of Public Health Dean's office is comprised of the Dean of Public Health (Terrie Fox Wetle, PhD), Associate Dean for Administration and Finance (Linda Laliberte, JD, MS), Associate Dean for Academic Affairs (Don Operario, PhD), Associate Dean for Faculty Affairs (Joseph Hogan, ScD), Director of Communications (Karen Scanlan), Public Health Manager of Faculty Affairs and Administration (Pamela DeSimone), Academic Program Manager (Elizabeth Malone), IT Specialist for Academics/Administration (Michael Gallino), Special Assistant to the Dean (Laura Kligler), Communication Specialist (Matthew Gannon), and the Academic Coordinator (Rachel Lopes-Almeida). Drs. Wetle and Hogan are tenured Professors, Dr. Operario is a tenured Associate Professor, and Linda Laliberte is a Clinical Assistant Professor. All positions in the Dean's Office are permanent and budgeted. In addition to the MPH Program Director (Patrick Vivier, MD, PhD) who reports to the Dean of Public Health, the MPH Program has 3 staff—Program Manager, Diane Schlacter; Coordinator for Applied Learning and Professional Development, Joann Barao; and Administrative Assistant, Corrine Giordani.

- 1.3c Description of the school's level of autonomy and authority regarding the following: budgetary authority and decisions relating to resource allocation; lines of accountability, including access to higher-level university officials; personnel recruitment, selection and advancement, including faculty and staff; academic standards and policies, including establishment and oversight of curricula**

Budgeting and Resource Allocation.

Beginning in FY 14, the School of Public Health has its own budget. The university budget process begins in the fall with the University Resource Committee (URC), which reviews the university's overall financial plans and priorities, analyzes available resources, and presents recommendations to the President for the upcoming year's operating budget. The URC membership comprises seven elected faculty members, six administrators as ex-officio members (including the Dean of Public Health represented by the Public Health Associate Dean of Administration and Finance), seven elected students and two staff members appointed by the Staff Advisory Committee in consultation with the Provost. Each major operating unit within the university makes a presentation to the URC with its financial plan/budget request and responds to questions. The President, in consideration of URC recommendation and in consultation with the Provost, presents the budget to the Corporation for approval. The School of Public Health is one of the major operating units.

Faculty recruitment, selection and promotion

Faculty recruitment, selection and promotion activities within the School of Public Health are implemented by the individual Departments, and are overseen by the Associate Dean for Faculty Affairs and the Public Health Manager of Faculty Affairs and Administration. There are two broad domains of faculty recruitment, selection, and promotion. One is tenure-track; the other is non-tenure track, which includes the (Research), Teacher Scholar, Research Scholar, and Professor of Practice tracks. Many step-by-step procedures for faculty recruitment, promotion, and tenure are specified by the university in the Faculty Rules and Regulations and in the Handbook for Academic Administration (Electronic Resource File, X.X.X). Brown University procedures emphasize tenure-track faculty hirings and promotions, and all university departments follow these procedures. In addition, the School of Public Health has procedures for our own internal steps in the recruitment, promotion, and tenure process; for both tenure-track and non-tenure track faculty. All faculty search plans and "short-lists" for interview, whether tenure-track or non-tenure-track, are reviewed by the university's Office of Institutional Diversity. This is a university-wide policy.

The standards for faculty recruitment, promotion and tenure are set by the university and are interpreted by each Department (including the Departments in the School of Public Health). Each department has a document that presents its interpretation of the criteria for hiring, appointment, and promotion to the tenure-track and non-tenure-track ranks (Electronic Resource File, X.X.X). These criteria are applied by one of two committees, depending upon the nature of the appointment:

- Tenure, Promotions and Appointments Committee (TPAC). This is the university committee that deals with actions for all tenure-track faculty. All Departments in the university go through TPAC for their tenure-track faculty actions, including our Public Health Departments. TPAC recommends actions directly to the Provost.
- Public Health Faculty Appointments committee (PHFA). This committee was approved by the university in November 2013, as part of the creation of the School of Public Health. The PHFA acts on appointments and promotions for non-tenure-track Public Health faculty. The Division of Biology and Medicine has a parallel process called the Committee on Medical Faculty Appointments (CMFA). CMFA handles the non-tenure-track faculty actions within BioMed. The PHFA is therefore a parallel committee to

CMFA, and they are at the same level within the university. PHFA and CMFA actions are taken to the respective Deans (Public Health; Biology and Medicine), and then to the Provost.

In sum, our Public Health Departments' faculty actions for recruitment, appointment, and promotion are conducted equivalently with other Departments and Schools across the university.

Academic standards and policies, including establishment and oversight of curricula

New graduate degree programs are proposed and reviewed following a standard procedure specified by the Provost's Office. The procedure includes review by the university-level Academic Priorities Committee, the Graduate Council, and the Faculty Executive Committee, culminating in a vote at a regularly scheduled university faculty meeting and subsequent consideration by the Corporation of the university.

The School of Public Health, academic home for the degree programs in this accreditation application, has a standing curriculum committee (Public Health Curriculum Committee: PHCC) that reviews all proposals for new courses after they have been reviewed by the respective Departmental/degree curriculum committees, and if appropriate, by the MPH Curriculum Committee. The PHCC is chaired by the Public Health Associate Dean for Academic Affairs, and has faculty and student representatives from the School's degree programs. Any substantial change in the content and/or specificity of existing academic programs requires review by the Curriculum Committee and, if warranted, the Committee may choose to vote to approve or not the proposed change.

The MPH Curriculum Committee has responsibility for overseeing competencies and learning objectives for that degree. The MPH Curriculum Committee identifies courses to address competencies and learning objectives, proposes new courses, reviews courses for MPH elective status, and assists in coordinating content across courses. The MPH Curriculum Committee has two student members. One is a first year student, and one is a second year student. The MPH Curriculum Committee is chaired by the Director of Interdisciplinary Programs (Dr. Patrick Vivier), who is also Director of the MPH. The Associate Dean for Academic Affairs also sits on the committee. In instances where there can be broad implications of MPH curriculum actions, decisions of the MPH Curriculum Committee are also vetted with the School of Public Health Curriculum Committee (e.g., as took place with the creation of "tracks" within the MPH).

For existing and newly proposed degrees, the Graduate School sets procedural standards and policies for graduate programs, including all Master's degree programs and all doctoral programs (e.g., minimum credits required, semesters in-residence, maximum class load per semester) and this information can be found in the Graduate School Handbook (Electronic Resource File, X.X.X). The individual degree programs establish their requirements for successful completion of the degree, with review, comment, and approval by the university's Graduate Council during the initial proposal process. Subsequent substantive changes to a degree program (e.g., increasing the number of required courses) also go through the Graduate Council. There is also coordination with the Registrar's Office which monitors students' course selections relative to degree requirements and selected other criteria (e.g., full-time vs. part-time status, estimated date of degree completion, visa status).

The Graduate Council, delegated by the full faculty of Brown with oversight of graduate education, is chaired by the Dean of the Graduate School. Its membership consists of faculty members, graduate students, the Associate Deans of the Graduate School, the Public Health Associate Dean for Academic Affairs, and the Associate Dean of Biology and Medicine for Academic Affairs. The Graduate Council also reviews and approves all new courses giving graduate credit (after approval at the level of the School of Public Health), so that individual courses comprising our Masters and doctoral degree programs have been reviewed and approved by the Graduate Council, in addition to the curriculum review process internal to the School of Public Health. The Graduate Council is also charged with reviewing all graduate programs on a regular cycle, linked to Departmental reviews.

1.3d Identification of any of the above processes that are different for the school of public health than for other professional schools, with an explanation.

There are no differences for the School of Public Health.

1.3e If a collaborative school, descriptions of all participating institutions and delineation of their relationships to the school.

Not applicable

1.3f If a collaborative school, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the school's operation.

Not applicable

1.3g Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: The School of Public Health is a highly visible, integral part of the Brown University more generally. The Dean of Public Health and the Dean of Biology and Medicine each report to the Provost. The Dean of Public Health is a member of the President's Cabinet and Executive Committee as well as a member of the Provost's Leadership group comprised of senior deans throughout the university.

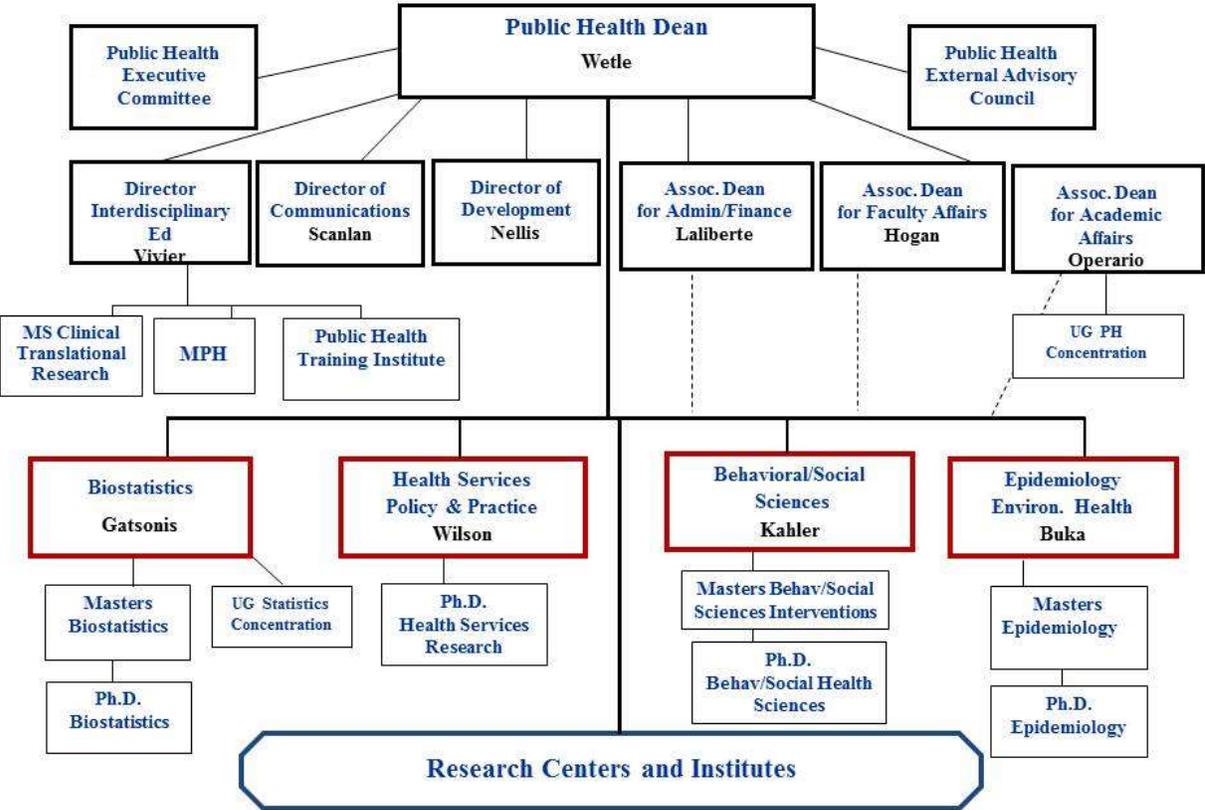
Challenges: We are a recently created School, and are establishing our place and identity within the university.

Plans: The transition to being a School of Public Health presents opportunities to strengthen our programs and expand our role in the university. We are working with the university in regard to its current "Building on Distinction" strategic planning initiative, to take leadership in some areas and be collaborators in areas led by other units of the university.

- 1.4 **Organization and Administration.** The school shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the school’s public health mission. The organizational structure shall effectively support the work of the school’s constituents.
- 1.4a One or more organizational charts showing the administrative organization of the school, indicating relationships among its component offices, departments, divisions or other administrative units.

See the following chart

School of Public Health: Organizational Chart



1.4b Description of the roles and responsibilities of major units in the organizational chart.

Dean of Public Health: The Dean of the School of Public Health (DSPH, Terrie Fox Wetle) is the chief administrative and academic officer in the School of Public Health. The DSPH oversees all aspects of academic instruction, budgetary planning and implementation, policy development, faculty affairs, School integration with the Centers and Institutes, liaison with central university administration, and development/advancement. The DSPH Chairs the School's Executive Committee (section 1.5a) and the committee of Center and Institute Directors (section 1.5a). The DSPH sits on The President's Cabinet; the Academic Priorities Committee; the university's Tenure, Promotions, Appointments Committee (TPAC; non-voting); and the University Resource Committee.

Associate Dean for Administration and Finance: The Associate Dean for Administration and Finance (ADAF, Linda Laliberte, JD) participates in budgetary planning with the Dean of Public Health, and implements the budgetary model for the School. These activities involve oversight of functions linked to the categories of revenues and expenditures that are cited in section 1.6a. The ADAF also meets regularly with the administrative team of staff who serve as Departmental Coordinators along with the Academic Program Manager (Elizabeth Malone), and the Public Health Manager (Pamela DeSimone), to review logistical operations of the School and the central-local interface. The ADAF represents the DSPH on Brown's University Resources Committee (URC). The URC is the venue for formalizing the primary university budgets for the coming fiscal year (General Educational, Biology & Medicine, Public Health), in the context of longer term budget models.

Associate Dean for Academic Affairs: The Associate Dean for Academic Affairs (ADAA; was Dr. William Rakowski through 6/30/2015, now Dr. Don Operario) oversees all non-MPH academic degree programs offered through the School of Public Health, although the ADAA does sit on the MPH Executive Committee. Until June 30th, 2015 the roles of Academic Affairs and Faculty Affairs resided with one Associate Dean (Dr. Rakowski). In addition to the degree program directors and Department Chairs, the ADAA works with the Academic Program Manager to monitor degree programs, schedule courses, and monitor enrollments. The ADAA chairs the Public Health Curriculum Committee and the Graduate Program Steering Committee, and sits on the MPH Curriculum Committee, and the Undergraduate Working Group (section 1.5a). The ADAA represents Public Health on the university-wide Graduate Council, and is a point of contact with the Dean of the College and the Registrar's Office.

Associate Dean for Faculty Affairs: The Associate Dean for Faculty Affairs (ADFA; was Dr. William Rakowski through 6/30/2015, now Dr. Joseph Hogan) oversees processes pertinent to faculty searches and hiring, reappointments, promotions, annual reviews, and sabbaticals. As noted above, until June 30th, 2015 the roles of Academic Affairs and Faculty Affairs resided with one Associate Dean (Dr. Rakowski). In addition to the Department Chairs and the Department Coordinators, the ADFA works closely with the Public Health Academic Manager and Academic Coordinator. The ADFA chairs the Public Health Faculty Appointments committee, and sits on the School of Public Health Executive Committee (section 1.5a.). The ADFA represents Public Health on the university's Committee on Faculty Equity and Diversity, and participates in a monthly meeting with administrators from the Dean of the Faculty Office, the Office of Biomedical Faculty Affairs, and the School of Engineering that is intended to facilitate coordination of faculty-related operations in Brown's major academic units.

Director of Interdisciplinary Education: The Director of Interdisciplinary Education (DIE; Patrick Vivier) directs the MPH degree program, the ScM in Clinical and Translational Research, and the

Summer Institute. The MPH degree program includes field placements for all students, which are coordinated through a staff member, Joann Barao, Coordinator of Applied Learning and Professional Development. The DIE also oversees the Summer Training Institute, in collaboration with local hospitals (see section 1.5a). Public Health contributions to Medical Student education also are coordinated through the DIE. For example, Dr. Vivier served on the committee that planned the recently initiated Master of Science in Population Medicine, which can be taken as a joint ScM/MD through the university's Warren Alpert Medical School. As noted in the section about School committees (1.5a), the DIE either Chairs or is a member of several academic committees.

Director of Communications: The Director of Communications (DC; Karen Scanlan) prepares materials for presentation/dissemination on behalf of the DSPH, both to the public and within the university. The DC designs visuals, prepares text, and has a primary role in creating the School's "face" to persons outside the School. The DC works closely with the university's Office of Communications on communications pertinent to the School of Public Health, both for the university's own website and for dissemination by other means, to general and specialized audiences. The DC has primary responsibility for maintaining the School's website, and in that role works directly with academic Departments, Centers/Institutes, degree programs, and other entities within the School. The DC takes a lead role in all media relations, including faculty training for video and real-time appearances. The DC also coordinates meetings for the DSPH and special events for the SPH.

Director of Development: The Director of Development (DD; Catherine Nellis), is a University Senior Director of Development, Foundation Relations and School of Public Health. The DD coordinates fundraising efforts for the School and staffs the School of Public Health Advisory Council (see section 1.5a). The DD also assists public health faculty with corporate and foundation relationships.

1.4c Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

Education and Curriculum: By nature, the field of public health is interdisciplinary, requiring that theory and application of a number of disciplines, among them epidemiology, anthropology, political science, sociology, psychology, biostatistics, health education, economics, medicine, and others be brought to bear for the improvement of the health of populations. One of the hallmarks of Brown University is the degree to which it supports and encourages teaching, research, and service across disciplines. This exchange among members of the Brown academic community is highlighted in the way that Brown views education as a partnership between faculty and students. It is further supported by the concept of a unitary faculty in the School of Public Health and in the organization of interdisciplinary departments such as the Department of Health Services, Policy and Practice and interdisciplinary Public Health Research Centers and Institutes.

The university's current Strategic Plan, entitled "Building on Distinction", emphasizes and incentivizes interdisciplinary research and educational activities through integrative scholarship initiatives. Public Health plays a key role in several of these initiatives, and is the leader of the "Improving Population Health Initiative."

There are slightly over 200 faculty with appointments through the School of Public Health, and the composition of the faculty reflects the School's interdisciplinary character. Our range of faculty is presented in more detail in section 4.1. Faculty members' focus of activities include the methodological areas of epidemiology, biostatistics, health care research, and behavior change; the content areas of medical anthropology, medical sociology, health policy, public health, behavioral medicine, psychology, health education, nutrition, economics, international health, gerontology, and health promotion/disease prevention; and the clinical areas of primary care and prevention. The majority of faculty (other than those with Adjunct appointments) are located on campus, particularly at 121 South Main Street. We also have faculty in affiliated hospitals as well the Rhode Island Department of Health.

This arrangement fosters a great deal of collaboration for course instruction. One recent example of this includes a collaborative effort among four faculty members to incorporate similar case studies into their courses but to focus on different aspects of those cases—ethics, epidemiology, critical thinking, and public health implications. The presence of students from a number of academic programs (undergraduates, graduate students, MPH students, medical students, and fellows) in the same classroom helps to ensure that a variety of viewpoints are expressed and helps to ensure that faculty mentors represent these points of view in their instruction.

Secondary appointments for faculty are another indication of interdisciplinary activities and content. Several faculty members in the School of Public Health hold secondary appointments in the departments of Sociology, Economics, Applied Mathematics, Medicine, Pediatrics, Obstetrics/Gynecology, and Psychiatry and Human Behavior.

Collaborations with and Service to the Community: Brown University has a strong and long history of providing opportunities and encouraging students and faculty to perform community service at all levels. The university's Howard R. Swearer Center for Public Service provides extensive opportunities for community-based service projects, coordinating over 20 programs in which students are central to the planning, coordination, and implementation of services. The University President has launched an 'engaged scholarship' initiative to facilitate experiential learning for all students. Public Health is recognized for its experiential learning opportunities. The School of Public Health faculty and students participate in many community projects throughout the year. Some examples include; The Center for Alcohol and Addiction Studies participates in the Annual AIDS Walk for Life to support AIDS Project Rhode Island; The Graduate Student Council of the School of Public Health participates in Providence Earth Day Spring Cleaning to support the Providence Parks Department.

Collaboration in the School of Public Health at Brown unites 11 interdisciplinary Centers and Institutes that carry out research in basic and applied health. Joint research activities are facilitated via a monthly meeting of Research Center/Institute Directors, chaired by the Dean of Public Health, which builds upon a long standing tradition of research collaborations among university faculty and hospital and community based professionals. Similarly, the Dean chairs a monthly meeting of the Community Health Policy group at the Department of Health. This meeting brings together Brown faculty, RI Department of Health leadership, and representatives of other Universities to discuss opportunities for collaborative research, education and service.

1.4d Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: Brown University provides a strong environment for public health learning, research and services. This organizational setting provides strong interdisciplinary support for the School to achieve its mission.

Challenges: There are opportunities to strengthen programs and initiatives. We are in an early development phase of our organizational structure.

Plans: Because the School is new and although organizational structure is in place, plans are underway to review and improve several areas including the administration function, faculty titles, PhD funding, and master's program planning.

1.5 Governance. The school administration and faculty shall have clearly defined rights and responsibilities concerning school governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of school and program evaluation procedures, policy setting and decision making.

1.5a A list of school standing and important ad hoc committees, with a statement of charge, composition and current membership for each.

The School of Public Health has standing committees which include: the School of Public Health Advisory Council, the School of Public Health Executive Committee, the Public Health Faculty Appointments Committee (PHFA), the Public Health Curriculum Committee (PHCC), the Graduate Program Steering Committee (GPSC), the MPH Executive Committee, the MPH Curriculum Committee, the MPH Admissions Committee, the Undergraduate Working Group, the Center and Institute Directors committee, the Awards Committee, the Community Health Policy Group, and the School of Public Health Community Advisory Board.

School of Public Health Advisory Council

Charge: Help the school fulfill its mission; inspire broad excitement and foster visibility for the school; promote the school and its work in local and global communities; advise the Dean on substantive matters that impact the school, its reputation and its mission.

Meetings occur on a bi-annual basis. Interim conference calls, email communication or additional meetings may occur. Members support the school as personally capable and identify other philanthropic supporters. The committee reports annually to the President of Brown University. All Advisory Committee members are appointed by the President of Brown University. (Note: “P” indicates parent of a former or current Brown student, and graduation year)

Current membership:

Wesley R. Edens, P'16	Co-Chair; Co-Founder, Fortress Investment Group
Drew E. Altman Ph.D. AM'74, P'08	Co-Chair; President/CEO, Henry J. Kaiser Foundation
Mrs. Susan Block Casdin	The Hassenfeld Committee (Co-Chair)
Mr. Ronald Gutfleish, Oh.D., '81, P'18	Managing member, Elm Ridge Capital Management, LLC
Mrs. Christine G. Fisher, P'17	US Board of Director, Women for Women International
Marie J. Langlois '64 LLD'92 hon.	Trustee Emerita of the Brown University Corporation
Brian A. McCarthy Jr. '81	Vice Chairman, Healthcare Investment Banking, Bank of America Merrill Lynch
Stephen McConnell Ph.D.	United States Country Director, The Atlantic Philanthropies
Ms. Elizabeth Roberts, MBA	Rhode Island Secretary of Health and Human Services
Dr. William Shrank, '93	Senior Vice-President, Chief Scientific Office, CVS/Caremark Corporation
Bruce Vladeck Ph.D.	Senior Advisor, Nexera
Elizabeth Roberts, MBA '78	Director, RI Department of Health and Human Services
Jennifer Klein, JD '87	Professor of Law, Georgetown University
Mrs. Louise MacMillan, P'08, P'09	Philanthropist
Gail Wilensky, PhD	Senior Fellow, Project HOPE

School of Public Health Executive Committee

Charge: Advise the Dean of Public Health on strategic issues and academic administration, plan activities across academic sections and programs, develop educational initiatives, advise on research initiatives and infrastructure, provide advice on administrative and fiscal issues, and provide general guidance for the School of Public Health. The Committee also reviews and approves any Self-Study documents related to CEPH accreditation and annual reporting.

Current membership:

Terrie Fox Wetle, PhD	Dean, School of Public Health
Christopher Kahler, PhD.	Chair, Department of Behavioral and Social Sciences
Stephen McGarvey, PhD	Acting Chair, Department of Epidemiology
Constantine Gatsonis, PhD	Chair, Department of Biostatistics
Ira Wilson, MD	Chair, Department of Health Services, Policy and Practice
Linda Laliberte-Cote, JD, MS	Associate Dean for Administration and Finance
Don Operario, Ph.D.	Associate Dean for Academic Affairs
Joseph Hogan, ScD	Associate Dean for Faculty Affairs
Karen Scanlan	Director of Communications
Patrick Vivier, MD, Ph.D	Director of MPH Program & Interdisciplinary Education

Public Health Faculty Appointments (PHFA)

Charge: The Committee on Public Health Faculty Appointments (PHFA) is responsible for the review of recommendations for non-tenure-track, senior level appointments and promotions for School of Public Health faculty. "Senior-level" is defined as faculty who will be promoted to, or appointed at, the ranks of Associate and Full Professor, in non-tenure tracks. PHFA has the responsibility of ensuring that these appointments and promotions are done in accordance with the academic standards of Brown University, the School of Public Health, and its respective Departments. Tenure-track and Lecturer/Senior Lecturer actions are processed through the university's Tenure, Promotions, and Appointments Committee (TPAC).

Composition: There are eight voting members: six faculty members from the School of Public Health; one faculty member from the Division of Biology and Medicine; and one faculty member from Departments reporting to the Dean of the Faculty. The committee is chaired by the Associate Dean for Faculty Affairs (non-voting). The Dean of Public Health may attend PHFA meetings, but does not vote. All committee members have the rank of Full Professor. Committee members represent the tenure-track and non-tenure track faculty [(Research), Teacher Scholar, Research Scholar, Clinical Voluntary Professor of Practice]. Each of the Public Health Departments must be represented on PHFA. Department Chairs are not eligible to serve on the PHFA.

Current membership:

Joseph Hogan, PhD	Associate Dean for Faculty Affairs Professor of Biostatistics
Melissa Clark, PhD, MPH	Professor of Epidemiology, Professor of Obstetrics and Gynecology
Kate Carey, PhD	Professor of Behavioral and Social Sciences
Joseph Lau, MD	Professor of Health Services, Policy and Practice
Peter Monti, PhD	Professor of Behavioral and Social Sciences

Christopher Schmid, PhD	Professor of Biostatistics
Susan Miller, PhD	Professor of Health Services, Policy and Practice
Susan Short, PhD	Professor of Sociology
Charles Eaton, MD	Professor of Family Medicine, Professor of Epidemiology

Public Health Curriculum Committee (PHCC)

Charge: The School-wide Curriculum Committee is responsible for the quality of the educational offerings of all academic programs offered within the School of Public Health. Its membership represents all academic departments and all academic programs, from undergraduate to graduate (both doctoral and masters) to medical student education.

The Curriculum Committee functions by reviewing and voting to recommend, or not, the approval of all new academic offerings, be they degree programs or courses. Furthermore, any substantial change in the content and/or specificity of existing academic programs requires review by the Curriculum Committee and, if warranted, the Committee may choose to vote to approve or not the proposed change. New proposals for courses or degree programs must emanate from an existing program or from a department. Inter-departmental academic initiatives that are being proposed de-novo must first be approved as an initiative by the School of Public Health Executive Committee. Otherwise, such initiatives as “tracks” within existing graduate or undergraduate programs must emanate from and be approved by those programs before being sent to the Curriculum Committee for review, comment and vote. In the event that an initiative is rejected, the department/faculty member will receive recommendations for improvement from the curriculum committee. If the department/faculty member disagrees with the Curriculum Committee recommendations, they may appeal to the Dean of Public Health.

Composition: The PHCC is chaired by the Associate Dean for Academic Affairs. Membership consists of representatives from each degree program, a doctoral student, an MPH student, and a non-MPH Masters student.

Current membership:

Don Operario, PhD	Associate Dean for Academic Affairs Associate Professor of Behavioral and Social Sciences
Cici Bauer, PhD	Assistant Professors of Biostatistics
Greg Wellenius, ScD	Associate Professor of Epidemiology
Kate Carey, PhD	Professor of Behavioral and Social Sciences
Patrick Vivier, MD, PhD	Director of Interdisciplinary Education, Associate Professor of Health Services, Policy and Practice
Patricia Nolan, MD, MPH	Medical Education, Adjunct Associate Professor of Health Services, Policy and Practice
Brady Bennett	MPH Student Representative
Jessica Shoaff	PhD Student Representative
Qing Liu	non-MPH Master’s Student Representative

Graduate Program Steering Committee (GPSC)

Charge: The Graduate Program Steering Committee is a forum for discussing within-School and university-wide topics that are relevant across the graduate degrees offered within Public Health. The Committee is also a venue and resource for discussing and developing programmatic procedures for implementing degree requirements (e.g., qualifying exams) and logistical support for instructional delivery (e.g., TA assignments, course scheduling). The Steering Committee interfaces with Public Health administration through the Associate Dean for Academic Affairs and the Academic Program Manager.

Composition: The GPSC is chaired by the Associate Dean for Academic Affairs. Every department or program offering a graduate degree in Public Health has a Director of Graduate Study (DGS), and each DGS (aka Program Director) is a member of the Committee. Student members represent each Department (one each) and the MPH program.

Current membership:

Don Operario, PhD	Associate Dean for Academic Affairs
David Williams, PhD	DGS, Behavioral & Social Sciences Interventions ScM/AM Program
Zhijin (Jean) Wu, PhD	DGS, Biostatistics PhD program
Christopher Schmid, PhD	DGS, Biostatistics ScM/AM program
Brandon Marshall, PhD	DGS, Epidemiology PhD program
Eric Loucks, PhD	DGS, Epidemiology ScM program
Amal Trivedi, MD	DGS, Health Services Research PhD program
Patrick Vivier, MD, PhD	Director, Master of Public Health Program, Interdisciplinary Education
Kate Carey, PhD	DGS, Behavioral & Social Health Sciences, PhD program
Laura Joyce	Behavioral & Social Sciences Academic Program Coordinator
Sarah Daly	Academic Program Coordinator in Health Services Policy and Practice
Denise Arver	Academic Department Manager in Biostatistics
Kathryn Petterson	Academic Program Coordinator in Epidemiology
Jessica Emerson	PhD Student in Behavioral & Social Sciences
Bahar Erar	PhD Student in Biostatistics
Ruoshui Zhai	MA student in Biostatistics
Geetanjoli Banerjee	PhD student in Epidemiology
Andrew Zullo	PhD student in Health Services Research
Sara Kavosifar	MPH Student

MPH Executive Committee (and Master's in Clinical and Translational Research)

Charge: 1) initiate and oversee short and long-range strategic planning for the MPH Program, 2) monitor MPH development and direction, 3) draft or review and approve Program policies, 4) oversee the Program budget, 5) integrate the MPH Program with overall direction and policies of the School of Public Health, and 6) review and approve the Self-Study document for the Council on Education in Public Health. This committee also provides oversight for the Master's degree in Clinical and Translational Research.

Composition: Dean, School of Public Health; Director, MPH Program and Interdisciplinary Education; Associate Dean for Administration and Finance; Associate Dean for Academic Affairs;

Current Membership:

Terrie Fox Wetle, PhD	Dean, School of Public Health
Patrick Vivier, MD, PhD	Director, MPH and Interdisciplinary Education Programs
Linda Laliberte-Cote, JD	Associate Dean for Administration and Finance
Don Operario, PhD	Associate Dean for Academic Affairs

MPH Curriculum Committee

Charge: To develop, integrate and implement the curriculum, and to ensure the quality of the MPH Program curriculum and teaching. Specifically, the Curriculum Committee will: 1) plan courses consistent with the Program mission and resources, 2) identify, review and approve MPH courses (e.g., MPH faculty-initiated courses and courses in other Departments), 3) guide revision of existing MPH courses as suggested by course evaluations, 4) review and integrate course syllabi to avoid duplications of material or gaps in content, 5) establish quality assurance procedures for teaching, and 6) develop core competencies for program graduates.

Composition: MPH Program Director, two MPH students (one first year student and one continuing student), one alumnus, and faculty members chosen to provide a broad range of disciplines and interests within public health.

Current Membership:

Chair, Patrick Vivier, MD, PhD	Director, MPH and Interdisciplinary Education Programs; Associate Professor of Health Services, Policy and Practice; Associate Professor of Pediatrics
Melissa Clark, PhD	Professor of Epidemiology; Professor of Obstetrics and Gynecology
Annie Gjelsvik, PhD	Assistant Professor of Epidemiology
Robert Marshall, PhD	Clinical Associate Professor in Health Services, Policy and Practice
Don Operario, PhD	Associate Dean for Academic Affairs; Associate Professor of Behavioral and Social Sciences
Michelle Tsagli	MPH Student
Naz Karim	MPH Student

MPH Admissions Committee

Charge: To ensure that the MPH Program takes all steps necessary to identify and admit qualified students. Specifically, the Admissions Committee will: 1) establish prerequisites for the MPH Program 2) develop strategies to recruit students to the Program, 3) establish criteria for admission and selection of MPH students, 4) review applications and recommend students for admission, and 5) advise the Program Director about the needs of individual students for financial aid. This group also serves as the admissions committee for the CTR Master’s program.

Composition: The committee is composed of faculty members representing a broad range of backgrounds and interests. This includes quantitative and qualitative aspects of public health; faculty based at the university, in research centers and those based at the Rhode Island Department of Health. In addition to faculty, there is an MPH Program graduate on the committee.

Current Membership:

Chair, Linda Laliberte-Cote, JD, MS	Associate Dean for Administration and Finance
Ex-officio, Patrick Vivier, MD, PhD	Director, MPH and Interdisciplinary Education Programs; Associate Professor of Health Services, Policy and Practice; Associate Professor of Pediatrics
Terrie Fox Wetle, PhD	Dean, School of Public Health; Professor of Health Services, Policy and Practice
Royi Gutman, PhD	Assistant Professor of Biostatistics
Robert Marshall, PhD	Clinical Associate Professor in Health Services, Policy and Practice
Patricia Nolan, MD, MPH	Adjunct Associate Professor in Health Services, Policy and Practice
Don Operario, PhD	Associate Dean for Academic Affairs; Associate Professor of Behavioral and Social Sciences
Simin Liu, MD, ScD	Professor of Epidemiology
Angela Sherwin, MPH	Program Director, Executive Master of Healthcare Leadership
Rosa Baier, MPH	Associate Director, Center for Long-Term Care Quality & Innovation; Associate Professor of Public Health Practice

Undergraduate Working Group

Charge: The Undergraduate Working Group (UWG) monitors the operation of the Public Health undergraduate concentration. It reviews course syllabi in regard to addition (or removal) from the lists of courses satisfying elective areas of the concentration. The UWG advises the Concentration Co-Directors and the Associate Dean for Academic Affairs on topics such as direction of the concentration vis-à-vis trends in undergraduate public health education, desired competencies for degree graduates, timing and options for study abroad, possible areas of expansion and/or deletion of requirements, and experience with undergraduates in courses that are service to the university and “feeders” into the concentration.

Composition: The UWG is chaired by the concentration Director. Members include faculty teaching required and/or highly subscribed courses, the Honors Thesis advisor, and a representative of the Rhode Island Department of Health. The Associate Dean for Academic Affairs is an ex-officio, non-voting member.

Current membership:

Mark Lurie, PhD	Associate Professor of Epidemiology, concentration Director
Melissa Clark, PhD, MPH	Professor of Epidemiology, Professor of Obstetrics and Gynecology
Royi Gutman, PhD	Assistant Professor of Biostatistics
Robert Marshall, PhD	Clinical Associate Professor of Health Services, Policy and Practice

Stephen McGarvey, PhD, MPH	Professor of Epidemiology
Natalie Asalgado	Student Member
Leah Eickhoff	Student Member

Center and Institute Directors

Charge: The Directors of School of Public Health Centers and Institutes meet monthly with the Dean and Associate Dean for Administration and Finance. This meeting includes the directors of the 8 public health Centers and Institutes located in the Public Health building and the 3 Centers/Institutes which are located in Brown-affiliated hospitals. Meeting agendas cover a wide range of topics, including updates from the dean, operational issues (e.g., space, computing resource), research administration issues, research proposals (submitted and under development), event planning, opportunities for collaboration and shared services.

Current membership:

Terrie Fox Wetle, PhD; Chair;	Dean, School of Public Health; Professor of Health Services, Policy and Practice
Peter Monti, PhD	Director, Center for Alcohol and Addiction Studies; Professor of Behavioral and Social Sciences
Michael Carey, PhD	Director, Centers for Behavioral and Preventive Medicine; Professor of Psychiatry and Human Behavior; Professor of Behavioral and Social Sciences
Michelle Lally, MD	Director, Brown University AIDS Program; Professor of Medicine
Stephen McGarvey, PhD	Director, International Health Institute; Pro Tem Director, Institute for Community Health Promotion; Professor of Epidemiology
Karl Kelsey, MD, MOH	Director, Center for Environmental Health and Technology; Professor of Epidemiology
Thomas Trikalinos, MD, PhD	Director, Center for Evidence Based Medicine; Professor of Health Services, Policy and Practice
Richard Besdine, MD	Director, Center for Gerontology and Healthcare Research; Professor of Medicine & Professor of Health Services, Policy and Practice
Constantine Gatsonis, PhD	Director, Center for Statistical Sciences; Professor of Biostatistics
Stephen Buka, ScD	Director, Center for Population Health and Clinical Epidemiology; Professor of Epidemiology
Charles Eaton, MD	Director, Center for Primary Care and Prevention; Professor of Family Medicine; Professor of Epidemiology

Awards Committee

Charge: This committee oversees awards for the School of Public Health. Its charge includes implementing procedures for solicitation and review of nominations/applications for existing awards, selection of awardees, and management of awards. The Awards Committee can form subcommittees for the review of specific nominations/applications, including persons not

members of the Awards Committee itself. These persons can be faculty, staff, and/or students as appropriate for the nature of the award.

Composition: Membership of the Awards Committee is: the Associate Dean for Administration and Finance, Associate Dean for Academic Affairs, Director of Communications, and the Development Office representative for Public Health. The Committee appoints its Chair from among these members. The Dean of Public Health is ex officio.

Current membership:

Linda Laliberte-Cote, JD, MS	Associate Dean for Administration and Finance
Don Operario, PhD	Associate Dean for Academic Affairs; Associate Professor of Behavioral and Social Sciences
Karen Scanlan	Director of Communications
Catherine Nellis	Senior Director of Development, Foundation Relations and School of Public Health Advancement

Community Health Policy Group

Charge: This group provides a forum for Rhode island Department of Health (HEALTH) staff who have Brown faculty appointments, other interested HEALTH staff and faculty from Brown and other academic institutions to engage in a variety of activities: discuss public health issues; share news about events, projects and research efforts; discuss proposed new research, opportunities for collaboration; recognize opportunities and strategies for linking research to policy and practice; identify student projects and mentors; and invite students, faculty and staff to present research findings.

Composition: The meeting is regularly attended by the Director of the RI Department of Health and senior staff, the Dean for Public Health, and Brown faculty. In addition, members of the RI Public Health Research and Education Roundtable are invited. The Roundtable includes academic colleagues involved in public health-related training and research programs based at institutions of higher education around the state.

Current membership:

First Name	Last Name	Organization
Jay	Amrien	Bryant University
Andrea	Bagnal-Degos	Department of Health
Utpala	Bandyopadhyay	Department of Health
Blythe	Berger	Department of Health
George	Bottomly	Johnson and Wales University, Director Physician Assistant program
Mary	Byrd	Rhode Island College
Donna	Costantino	Department of Health
Jeanne	Costello	Rhode Island College
Ed	D'Arezzo	Rhode Island Board of Governors for Higher Education
Ray	Di Pasquale	Rhode Island Board of Governors for Higher Education
Seema	Dixit	Department of Health

Dan	Egan	Association of Independent Colleges and Universities of Rhode Island
Elizabeth	Fallon	University of Rhode Island
Michael	Fine	Department of Health, Director
John	Fulton	Department of Health
Julia	Gold	Department of Health
Dona	Goldman	Department of Health
Christine	Goulette	Department of Health
Margaret	Gradient	Department of Health
Mary (Molly)	Greaney	University of Rhode Island
Lenny	Green	Department of Health, Chief of Staff
Jim	Griffin	Johnson and Wales University
Kim	Hyun	Department of Health
Susan	Jacobsen	Mental Health Association of Rhode Island
Ken	Levy	Johnson and Wales University
Eric	Loucks	Brown University, Co-chair
David	Lux	Bryant University
Marybeth	MacPhee	Roger Williams University
Robert	Marshall	Brown University
James	McDonald	Department of Health
Lucille	Minuto	Rhode Island College
Patricia	Nolan	Brown University
Ana	Novais	Department of Health
Amy	Nunn	Brown University
Greg	Paquette	University of Rhode Island
Deborah	Pearlman	Brown University
Paul	Pezza	Providence College
Daniela	Quilliam	Department of Health
Patricia	Raymond	Department of Health
Deb	Riebe	University of Rhode Island
Patti	Risica	Brown University
Todd	Seyfarth	Johnson and Wales University
Jan	Shedd	Department of Health
Karen	Sibley	Brown University
Melvin	Smith	Brown University
June	Speakman	Roger Williams University
Linda	TetuMouradjian	Department of Health
Alvaro	Tinajero	Department of Health
Samara	Viner-Brown	Department of Health
Fox	Wetle	Brown University
Jiang	Yongwen	Department of Health

School of Public Health Community Advisory Board (CAB)

Charge: The Brown School of Public Health CAB provides a formal forum for open communication between the broader RI public health community and SPH leadership and faculty. This forum provides an opportunity for the Brown SPH to learn about community health needs and helps to inform research and educational priorities for the School of Public Health. This forum also allows Brown faculty members to share important lessons from their research with the community. Faculty members also have opportunities to share their ideas with community members prior to a grant submission, or even in interpreting study results. The CAB also aims to help translate the research emerging from the Brown School of Public Health into public health practice. While the primary purpose of the CAB isn't recruitment of participants for research studies, the CAB might also be asked for feedback about research collaborations. Committees may be formed to focus on specific issues in accordance with CAB Suggestions.

Composition: Most CAB members are from the community; however, to encourage dialogue and participation with Brown faculty, we also have a modest number of non-voting Brown faculty members.

Current membership:

Name	Organization	Title
Jane Hayward (Chair)	Rhode Island Health Center Association	President & CEO
Dale Klatzker	The Providence Center	President & CEO
Anna Novais	RI Department of Health	Executive Director of Health Community, Family Health and Equity
Mario Bueno	Progreso Latino	Executive Director
Elizabeth Roberts	RI Dept. Health and Human Services	Secretary of
Jennifer Wood	RI Dept. Health and Human Services	Deputy Secretary of
Julius Kolawole	African Alliance	Director
Peter Asen	Healthy Communities Office, City of Providence Mayor's Office	Director
Neta Taylor-Post	YMCA	VP Health Care Initiatives
Brian Goldberg	Rhode Island School of Design	Associate Vice President for Strategic Initiatives
Marvin Ronning	Rhode Island Free Clinic	Finance, IT and Grants Director
Mark Treat	Nalari Health, LLC	CEO
Melissa Sanzaro	Providence Housing Authority	Director of Special Projects Office
Visael "Bobby" Rodriguez	Blue Cross/Blue Shield of RI (BCBSRI)	Director of Diversity and Inclusion
Marti Rosenberg	The Providence Plan	Health Insurance Small Employer Task Force Program Director

Diana Franchitto	Home Care & Hospice of New England	President and CEO
Kali Thomas	Brown School of Public Health	Assistant Professor (Research), Health Services, Policy and Practice
Joann Barao	Brown School of Public Health	Coordinator for Applied Learning Experience & Professional Development
Gemma Gorham	Brown School of Public Health	Project Director, Institute for Community Health Promotion
Elizabeth Tobin-Tyler	Brown School of Public Health	Assistant Professor of Family Medicine & Health Services, Policy and Practice
Amy Nunn	Brown School of Public Health	Associate Professor of Behavioral and Social Science, Research Scholar
Stephen Buka	Brown School of Public Health	Professor of Epidemiology and Center for Population Health and Clinical Epidemiology
Akilah Dulin Keita	Brown School of Public Health	Assistant Professor of Behavioral and Social Sciences and Institute for Community Health
Sara Becker	Brown School of Public Health	Assistant Professor of Behavioral and Social Sciences and Center for Alcohol and Addiction Studies

1.5b Description of the school's governance and committee structure's roles and responsibilities relating to the following: general school policy development; planning and evaluation; budget and resource allocation; student recruitment, admission and award of degrees; faculty recruitment, retention, promotion and tenure; academic standards and policies, including curriculum development; research and service expectations and policies

In addition to the specific committees listed below, each of our four Departments has an Admissions committee and a Curriculum committee. Subcommittees are formed within departments as needed, such as for reappointment and promotion reviews, and for development of the self-studies that accompanied a university-mandated, external review of our four Departments (as part of the regular review of all departments university-wide), the visits for which occurred in October 2014.

(A.) General School Policy Development

Public Health Executive Committee (PHEC)

Advises the Dean of Public Health on strategic issues and academic administration, plan activities across academic sections and programs, develop educational initiatives, advise on research initiatives and infrastructure, provide advice on administrative and fiscal issues, and provide general guidance for the School of Public Health. The Committee also reviews and approves any Self-Study documents related to CEPH accreditation and annual reporting. The School of Public Health Executive Committee advises the Dean on educational, research, and administrative policies.

It is comprised of the Dean of Public Health (Chair), the Department Chairs, the Associate Dean for Administration and Finance, the Associate Dean for Academic Affairs, the Associate Dean for Faculty Affairs, the Director of Interdisciplinary Education, and the Director of Communications. (Detailed Description section 1.5a)

Public Health Faculty Appointments (PHFA)

PHFA advises the Dean on policies related to faculty activities for non-tenure track faculty. (Detailed Description section 1.5a)

Public Health Curriculum Committee (PHCC)

The PHCC advises the Dean on policies related to educational programs, policies, and activities. (Detailed Description section 1.5a)

MPH Executive Committee

(Detailed Description section 1.5a)

Graduate Program Steering Committee (GPSC)

(Detailed Description section 1.5a)

MPH Admissions Committee

(Detailed Description section 1.5a)

MPH Curriculum Committee

(Detailed Description section 1.5a)

Undergraduate Working Group

The Undergraduate Working Group (UWG) recommends policy changes to the PH Executive Committee and Dean
(Detailed Description section 1.5a)

Center and Institute Directors

The Directors of School of Public Health Centers and Institutes recommend research administration policy changes to the PHEC and Dean.
(Detailed Description section 1.5a)

Awards Committee

(Detailed Description section 1.5a)

(B.) Planning and Evaluation

The School of Public Health is on a 5-year strategic planning cycle and this planning activity will continue to guide its growth. The fourth strategic plan was completed in the fall of 2014. The 2014 plan establishes goals to guide the next set of investment priorities, identifies linkages to the new Brown University strategic plan- Building on Distinction- and presents the School's opportunities and aspirations to its internal and external constituencies

The individual Departments and the cross-departmental degree programs each engage in planning and evaluation. As noted above, there is an MPH Curriculum Committee and an MPH Executive Committee. There is also the Undergraduate Working Group for the undergraduate Public Health concentration. Each of our four Departments has a Curriculum Committee and an Admissions Committee, and has at least two departmental faculty meetings each semester. There are also School-wide faculty meetings twice a semester.

Initiatives at the Departmental and degree program levels are typically vetted in School-wide committees, most often the Public Health Curriculum Committee, the Graduate Program Steering Committee, the School's Executive Committee, and the Center/Institute Directors Committee. The committees also generate proposals and policies of their own, that are discussed at the level of Departments and degree programs.

(C.) Finances, Budgeting and Resource Allocation

Finances, budgeting and resource allocation are a process of continuing interaction between the Public Health Dean's Office, the academic Departments, the Centers/Institutes, the university's Graduate School, and the university's central finance officers. These activities are coordinated by the Associate Dean for Finance and Administration. More detail about School finances is provided in Section 1.6.

(D.) Student Recruitment, Admission, and Awarding of Degrees

Undergraduate Public Health, and the undergraduate Statistics concentrations. The undergraduate Public Health concentration (Brown's term for "major") is not sponsored by any single Department. The undergraduate Statistics concentration is administered through our Department of Biostatistics, but is classified by Brown as a track within the Independent Concentration category of concentrations. Graduates of the Statistics concentration attend a separate "departmental ceremony" after the university-wide Commencement in May to receive their diplomas; they do not attend the Public Health ceremony unless they opt to do so.

Although students have to "declare" their intended concentration by submitting a proposed course-plan for approval by the end of their fourth semester, and concentration advisors have the prerogative to require changes to a course plan if it is incomplete, as long as the course plan meets the published requirements it will be approved. The concentrations are not able to exclude students from declaring the concentrations based simply on grades-to-date, although pre-declaration conversations between students and concentration advisors can address possible difficulties with concentration requirements based on previous course grades. Public Health and Statistics are included in all university websites and publications that list concentrations (e.g., Focal Point; the Registrar's website; Course Announcement Bulletin).

Concentration advisors and students attend “concentration fairs” for first-years and sophomores. The Admissions Office also notifies all university concentrations about admitted students (Early Decision and Regular Admission) who list that concentration as an area of interest. Prior to the deadline date for applicants to make a choice of acceptance we send a welcoming letter acknowledging their interest and encouraging them to contact us, even before making a decision on acceptance. Additional information about accessibility of information regarding the concentrations is included in section 4.3c.

The concentrations, as with all university concentrations, certify students for graduation in conjunction with the Registrar’s Office. Each semester, the Registrar sends to the concentration documentation about students expected to finish their degree requirements at the end of that semester. For the vast majority of students, this documentation is sent in Spring semester, for a May graduation. However, there are a small number of students who complete requirements in December, so their documentation is sent during Fall semester. The concentration reviews the student files and verifies eligibility for graduation based on meeting their concentration requirements. This step is typically pro-forma, for purposes of administrative closure, since student progress is monitored at the end of each semester by the respective concentration directors. There is also a final documentation of eligibility on the Friday before commencement, at a university wide meeting of undergraduate and graduate program directors.

Graduate. Each graduate degree program has its own admissions committee, as does the MPH as a School-wide degree program. Each degree program monitors its students’ progress toward graduation requirements. As noted in section 2.7a, each degree program has regular post-semester meetings of the faculty, to discuss progress, and students receive individual letters noting their progress on at least an annual basis. The respective support staff for the degree programs enter markers of progress into the Graduate Student Information Management system (GSIM), which is a software provided by the Graduate School. The degree program support staff, the School’s Academic Program Manager, and staff at the Graduate School interact around GSIM as needed to track progress and certify to the Registrar when graduation requirements have been met. The Graduate School Handbook (Electronic Resource File, X.X.X) also specifies documentation to be filed with the Graduate School (e.g., scheduling of dissertation defenses).

Each graduate degree program has an Admissions Committee. Graduate program admission applications, for all graduate degrees at Brown, are submitted to the Graduate School via an on-line system, and logged. This system is currently CollegeNet, although the School of Public Health is considering switching to SOPHAS. Individual degree programs download their applications from the Graduate School, and conduct their respective reviews. Admission decisions are conveyed to the Graduate School. Official letters of acceptance are sent by the Dean of the Graduate School, and the individual degree programs follow-up with separate communication with degree-specific information (e.g., level of stipend support for doctoral students, tuition scholarships for Masters students, links to student handbooks). Section 4.3a provides information about degree program advertising. In general, graduate policies are set by the Graduate School and university leadership. School-wide policies are recommended by the Graduate Program directors to the PHEC and Dean.

(E.) Faculty Recruitment, Retention, Promotion and Tenure

Policies for recruitment, retention, promotion, and tenure are set by the university with guidelines for interpretation of criteria determined by each Department.

Recruitments. Requests for new faculty positions are initiated by the Departments in the School of Public Health. There can be consultation with Centers/Institutes, but all faculty lines come through Departments, so the Chairs are the ultimate originator in any faculty recruitment, regardless of track (tenure, non-tenure). However, all requests for tenure-track appointments must be approved by the Dean of Public Health, and may also require consultation with the Provost in light of the School's funding model. Prospective new hires of tenure-track faculty are also discussed at the School's Executive Committee, in light of the current Strategic Plan. Our current 5-year, Strategic Plan, the fourth in a series going back to 2002, was formulated in 2013-2014 (Electronic Resource File, X.X.X). Our four Departments also underwent external reviews in October 2014, in accordance with university policy for regular review of academic units, and as of this writing, vetting of the reviews is underway with central university administration, and discussions are occurring within the departments.

Departments conduct searches and appointment requests in accordance with regulations specified in the university's Faculty Rules & Regulations (Electronic Resource File, X.X.X), the university's Handbook of Academic Administration (Electronic Resource File, X.X.X) their respective departmental Standards and Criteria (Electronic Resource File, X.X.X), and administrative procedures established by the School (samples in Electronic Resource File, X.X.X). Searches are also reviewed by the university's Office of Institutional Diversity. No search progresses to the campus interview phase until that Office approves the "short list," which includes a report on compliance with the university's affirmative action policies.

Hiring recommendations come through the Department. Junior faculty receive approval by the Dean of Public Health, on recommendation of the Department Chair, and typically do not require additional review (unless tenure-track). Senior Faculty require additional review depending on track. Senior, tenure-track recruitments require review by the university's Tenure, Promotions, and Appointments Committee. Senior, non-tenure track appointments require review by the School's Public Health Faculty Appointments committee (section 4.2c, section 1.5a. and Electronic Resource File, X.X.X). After these committee reviews, senior faculty appointments are reviewed by the Provost, and in specified instances (e.g., tenure-track, even junior rank; senior appointments in academic tracks) by the university President and the Corporation

Retention. In the presence of an outside offer, or the prospect of an outside offer, retentions are typically a joint effort by the respective Department Chair and the Dean of Public Health. A Center/Institute Director may also be involved, insofar as their resources might be contributed to a retention package. The Provost's Office annually asks for a report about retention cases in the prior academic year, and tracks the success of these situations. The School's then Associate Dean for Academic Affairs (W. Rakowski) joined the university's Committee on Faculty Equity and Diversity in AY 2014-2015, representing the Dean of Public Health. The current Associate Dean for Faculty Affairs (J. Hogan) is now in that role. That committee has faculty retention as a priority, and interacts with the university's Dean of the Faculty to review retention data.

Promotion and Tenure. The formal criteria for faculty reappointment and advancement are provided in the Electronic Resource File (X.X.X), that contains each Department's standards and criteria. Because non-tenure-track faculty have fewer or even no teaching obligation, the evaluation procedures differ somewhat for tenure-track and non-tenure track faculty. It should be noted that Centers and Institutes at Brown cannot provide faculty appointments on their own; all faculty are hired through Departments, even those in totally research-funded positions, with no teaching obligations. Therefore, evaluations for all faculty occur with review by the Department Chair and senior faculty in the Department.

Tenure track: Newly hired, junior tenure-track faculty are under a system of an 8-year "up or out" timeframe. These 8 years are divided into two, 4-year appointment periods so that the initial hiring commitment is for 4-years. The university requires an annual evaluation by the tenured faculty of the person's Department in the early Fall (adjusted for mid-year hires). The time period of the review is the prior July-June academic year. This results of that review, vetted through the Associate Dean of Academic Affairs and the Dean of Public Health, is relayed to the faculty member by the Department Chair and placed in their permanent file. Content of the annual review covers research, teaching, and service. In year three of the initial appointment period, a dossier is assembled for purposes of reappointment review. That dossier is submitted to TPAC, with the Chair of the Department present to answer questions when it is being considered. Reappointment can be granted for all four years remaining, for two years with another review needed before consideration for tenure, or can be denied entirely. Assuming reappointment, these annual reviews continue. Early in year seven, the tenured faculty of the Department make a decision to recommend going forward for promotion or not. All negative recommendations are reviewed at the university level by TPAC and by the Committee on Faculty Equity and Diversity. Assuming a positive recommendation, the Faculty Rules and Regulations and the Handbook of Academic Administration specify the steps for preparing a dossier, including external letters of reference using names provided by the candidate and by the Department.

In addition, all primary faculty within the School submit an "activity report" early in the calendar year (January/February) for the prior calendar year. This is a computer-based, online report (Electronic Resource File, X.X.X.) covering multiple topics within the domains of teaching, research, and service. These reports are reviewed by the respective Department Chair and also for review by the tenured faculty (for junior faculty) and by tenured Full Professors (for Associate Professors). All faculty, regardless of rank, meet with the Chair to discuss the prior calendar year's activity, and plans for the coming year. Therefore, junior untenured, tenure-track faculty receive two reviews a year.

The tenure process is specified in the university's Handbook of Academic Administration, and is reflected in each Department's Standards & Criteria documents. Dossiers for tenure are reviewed by the university's Tenure, Promotions, and Appointments Committee (TPAC). TPAC members, all Full Professors) are elected by the university faculty, and two faculty represent each the four major sectors of the university (Life Sciences, Physical Sciences, Social Sciences, and Humanities). A faculty member chairs TPAC. The Dean of the Faculty, the Dean of the College, the Dean of Biology and Medicine, and the Dean of Public Health are ex-officio members. In summary, a departmental subcommittee assembles the untenured faculty member's dossier, the elements of which are specified in a standard checklist. Included are external referee letters, with the faculty member being required to submit at least 3 names for

solicitation, the others being provided by the Department. The Associate Dean for Faculty Affairs and the Dean of Public Health vet the proposed referees before solicitation occurs, and comment as necessary, from the perspective of having an optimally strong list of referees. The voting-eligible faculty of a Department meet and discuss the candidate's dossier, then take a vote. Minutes of all meetings are kept and are part of the dossier. The Department and the Associate Dean's office work with the Dean of the Faculty's office to schedule the dossier at TPAC, and there is also communication beforehand from an Associate Dean in that office, in regard to possible questions TPAC members might ask. The Department Chair meets with TPAC when the dossier is reviewed and voted upon. The Handbook of Academic Administration specifies steps taken after the vote.

Non-Tenure Track: Non-tenure-track faculty can have appointments of various types: Teacher Scholar, Research Scholar, (Research), Clinical, and Professor of the Practice. The "Clinical" faculty label is largely a vestige of the available faculty tracks when the former Public Health Program was located in the Division of Biology and Medicine. Most of these "clinical" titles are being transitioned to the newly approved Professor of Practice track. "Clinical" has most often designated a faculty member with experience, and even current employment, with the Rhode Island Department of Health or other community-based organizations.

Each faculty track has evaluation criteria pertinent to their expected activities, and these criteria are specified in the respective Departmental faculty handbooks (Electronic Resource File, X.X.X). The Teacher Scholar track has few expectations for empirical research, but an expectation for substantial instructional roles and related publications. The (Research) track is similar to the Research Scholar track in its emphasis on externally funded research, but the Research Scholar track also has an expectation for some level of teaching activity. The Clinical track and the Practice track have expectations for applied health-related activity and recognition in one's field as a leader in community health promotion and/or professional service.

Reappointments differ across tracks. Junior faculty in the (Research) and Clinical tracks are on 3-year renewable appointments, with no requirement that they go up for promotion review after a specified period of time. Junior-rank Teacher Scholars and Research Scholars do have a mandatory promotion up-or-out review from Assistant to Associate Professor. After promotion to a senior rank, reappointments can be indefinite, with up to a 5-year reappointment period, as determined by discussion between the Department Chair and the faculty member, with the approval of the Dean of Public Health.

These non-tenure-track faculty also submit the annual activity report in January/February. Their reports are reviewed by their Center/Institute Director and senior faculty, and by their Department Chair.

Promotion for these non-tenure-tracks very closely mirrors the process for tenure-track faculty, in that a dossier is prepared that includes external letters of recommendation drawn from names provided by the candidate and by the Department, as well as a promotion review by an internal Departmental committee before being forwarded to the next level. Prior to our becoming a freestanding School of Public Health, our non-tenure-track promotions were handled through the Division of Biology and Medicine's Committee on Medical Faculty Appointments (CMFA). Our non-tenure-track promotions are now handled through our Public

Health Faculty Appointments committee (PHFA). The charge of the PHFA can be found in the Electronic Resource File (X.X.X).

Promotion recommendations from TPAC and from PHFA (and CMFA) are forwarded to the Provost of the university for a final decision. Our public health promotions are therefore treated comparably with other units of the university. [Brown University has three reporting units in regard to faculty hiring, reappointment and promotion. The large majority of university Departments report through the Dean of the Faculty, who in turn reports to the Provost. The Departments within the School of Public Health report through the Dean of Public Health, who in turn reports to the Provost. The Departments within Biology and Medicine report through the Dean of Biology and Medicine, who in turn reports to the Provost]

(F.) Curriculum Development

Curriculum development is a process of interaction among the Departments and their degree programs, the cross-departmental degrees (MPH, CTR, undergraduate Public Health concentration), the Public Health Curriculum Committee, the MPH Curriculum Committee, and the SPH Curriculum Committee. Some of this development is also guided by the School's current Strategic Plan. Our current 5-year, Strategic Plan, the fourth in a series going back to 2002, was formulated in 2013-2014 (Electronic Resource File, X.X.X). Our four Departments also underwent external reviews in October 2014, in accordance with policy for regular review of academic units.

Individual courses are added (and sometimes regularity of offering is altered) by the respective Departments and degree programs, in conjunction with the relevant curriculum committees (departmental, School of Public Health Curriculum Committee, MPH Curriculum Committee). The Public Health Associate Dean for Academic Affairs is the ultimate approver for any new courses, and for the schedule of courses offered in any given semester. Brown University has an online system (i.e., Banner) for sending new courses to the Registrar's Office for placement in the Course Announcement Bulletin and in the online registration system. Even after review by the appropriate curriculum committees, the Associate Dean sees the final submission to the Registrar's Office.

Larger initiatives that can affect a curriculum (e.g., changes to degree requirements, new degrees, admitting larger class sizes) are vetted in broader venues. For example, in 2013 the former undergraduate Community Health concentration was changed in some ways, to become the new Public Health concentration. This included creating two new courses (Biostatistics; Epidemiology). The proposal came from the Undergraduate Working Group, through the Associate Dean for Academic Affairs, to the Executive Committee and the Dean of Public Health. The proposal was also discussed with the undergraduate student-Department Undergraduate Group, and the appropriate curriculum committees reviewed the new courses. Ultimately, the university's College Curriculum Council approved the change. Similarly, the development of "tracks" within the MPH, in conjunction with its October 2014 reaccreditation visit, also involved input from each curriculum committee overseeing core public health content.

There are, of course, university-based guidelines that pertain to curriculum. Public Health as an academic unit has the same prerogatives and processes that are available to any other academic unit at Brown University. For example, the Graduate Council (Graduate School), the College

Curriculum Council (undergraduate Dean of the College), and the Registrar's Office have ultimate review/approval for any course offered at Brown, as well as approving any new graduate degree program and new undergraduate concentration. The Registrar's Office has requirements for course scheduling and in some cases, allowable class size. There are requirements for minimum number of courses (often called "tuition units" at Brown) to constitute an undergraduate concentration, a master's degree, and a doctoral degree. In his time on the Graduate Council, former Associate Dean William Rakowski saw course proposals (from other academic units) returned to instructors for revision, as well as proposed degree programs directed to return with revisions, for continued consultation. The May 2015 Graduate Council meeting, attended by then Academic Dean Rakowski and the current Academic Dean Operario discussed the process of Graduate Council review of course proposals. The School of Public Health is therefore represented in these discussions and policy formulations.

(G.) Research and Service Expectations and Policies

Brown University's Faculty Rules and Regulations (Electronic Resource File, X.X.X), and the Handbook of Academic Administration (Electronic Resource File, X.X.X) provide broad guidance for the expectations of faculty performance, but emphasize processes and procedures to ensure fair and equitable consideration of any individual faculty member's review.

Each academic department is required to have a "standards and procedures" document that specifies the criteria that department will use for appointments at each rank, within whatever track(s) [tenure-track, non-tenure-track] that are used by that department. The relevant committees that review dossiers for appointments, tenure, and promotions are supposed to use those standards to guide their decisions. In the School of Public Health, for non-tenure tracks, it is the Public Health Faculty Appointments committee (PHFA; section 1.5c). For tenure-track faculty, including those in Public Health, it is the university's Tenure, Promotions and Appointments Committee.

Therefore, each Department in the School of Public Health has its own document (Electronic Resource File, X.X.X). However, these four documents are derived from the document that existed when there was a single Department of Community Health, and our criteria have always stressed research, teaching and service, with an emphasis on the first two. We have been separate Departments only since July 2011, and a separate School only since July 2013, and our research emphasis has been sustained, as has our teaching expectation for faculty with a contractual teaching role. As noted elsewhere (section 3.2b), we recently adopted a new university-approved faculty track, the Professor of Practice in <department name>. At present, three of our Departments have incorporated that track into their Standards & Criteria documents; one has not (Biostatistics) due to precedent of how that track is typically defined in Biostatistics departments at other institutions. Biostatistics also added some additional criteria for (Research) faculty.

1.5c A copy of the school's bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school.

The School of Public Health follows the policies of Brown University. Several administrative policies and procedures can be found in the Dean of the Faculty's *Handbook of Academic*

Administration: <http://www.brown.edu/about/administration/dean-of-faculty/handbook-academic-administration>

Faculty Rules and Regulations can be found on the Brown University Faculty Governance website, http://www.brown.edu/Faculty/Faculty_Governance/rules.html. (Electronic Resource File, X.X.X)

The *Handbook of Academic Administration* can be found at: <http://www.brown.edu/about/administration/dean-of-faculty/handbook-academic-administration> (Electronic Resource File, X.X.X)

Academic Code and Graduate Student Handbooks:

All graduate students must abide by the academic conduct rules as outlined in the Graduate School's "[Academic and Student Conduct Codes](#)" booklet. The academic code booklet can be found on the Graduate School website, <http://www.brown.edu/academics/gradschool/academic-code> (also in the Electronic Resource File, X.X.X). Each summer, all incoming graduate students are required to take an online tutorial on the rules of conduct defined in the academic codes booklet. The Graduate School is in communication with new students about the online tutorial, and they track that all students complete the tutorial.

In addition, to the academic codes booklet, the Graduate School Handbook defines the most important policies, procedures and practices that guide graduate education at Brown University. The Graduate School Handbook can be found on the Graduate School website, <http://www.brown.edu/academics/gradschool/graduate-school-handbook> (also in the Electronic Resource File, X.X.X).

In addition to the Graduate School rules, all graduate students receive a copy of their respective degrees programs' student handbooks. Copies of the student handbooks can be found in the Electronic Resource File (X.X.X).

1.5d Identification of school faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

University Service 2013-2015

Name	University Committee
Barnett, Nancy	Chair, Alcohol and Other Substance Use Subcommittee of the Campus Life Advisory Board Biology and Medicine Faculty Affairs Task Force for Medical Faculty Policies Chair, Student Conduct Code Review
Carey, Kate	Campus Life Advisory Board Subcommittee on Alcohol and Other Drugs
Clark, Melissa	Office of Women in Medicine and Science Royce Fellowship Selection Committee

Gjelsvik, Annie	Tougaloo College Campus Advisory committee
Galarraga, Omar	Fulbright Scholars, Selection Committee Brown International Advanced Research Institutes, Advisory Committee Framework in Global Health Scholarships Committee Brown/Tufts/Lifespan CFAR, Development Grants Reviewers Committee ALANA, Student Diversity Mentoring Program
Gatsonis, Constantine	University Conflict of Interest Review Board Center for Computer Visualization Advisory Board
Hogan, Joseph	Tenure, Promotions and Appointments Committee (TPAC) Division of Biology and Medicine Big Data Committee
Kahler, Christopher	Department Chairs and Center Directors Agenda Committee, Office of the Provost
Laliberte, Linda	University Deficit Reduction Committee
Luo, Xi (Rossi)	Advisory Committee for Brain Science Computer Cluster Advisory Committee for the Sheridan Center for Teaching and Learning
Lurie, Mark	Brown University IRB Program in Liberal Medical Education Undergraduate Summer Research Assistantship Review Committee
Marshall, Brandon	Alpert Medical School, Office of Diversity and Multicultural Affairs Advisory Committee
McGarvey, Stephen	Population Studies & Training Center, Steering Committee Ad Hoc Committee for Annual Reviews of Global Health Research Applications, Global Health Initiative Executive Committee Global Health Initiative Advisory Committee, Population Studies and Training Center
Monti, Peter	Faculty Executive Committee
Mor, Vincent	Chair, University Nominations Committee
Operario, Don	Committee on Masters Education Campus Planning Advisory Board Brown University Community Council Team Enhanced Advising and Mentoring Initiative Committee on Online Education
Papandonatos, George	Faculty Benefits Working Group
Savitz, David	Academic Priorities Committee University Senior Deans Information Technology Research Committee State, International Affairs Steering Committee Superfund Basic Research Program Internal Advisory Committee
Schmid, Christopher	Tenure, Promotions and Appointments Committee (TPAC; Jan-June 2014)
Shield, Renee	University Health Careers Advisory Committee Co-director Scholarly Concentration in Aging Program (Medical School)
Rakowski,	Advisory Committee on Athletics and Recreation

William	President, Brown University Faculty Club Graduate Council
Vivier, Patrick	University College Curriculum Committee (term completed in Spring 2013)
Wellenius, Gregory	University Environmental Change Task Force Executive Committee Brown University Cardiopulmonary Training Program
Wilson, Ira	Research Advisory Board
Wetle, Terrie	TPAC Senior Deans President's Cabinet Academic Priority Committee University Resource Committee

1.5e Description of student roles in governance, including any formal student organizations.

Students actively participate in governance. There are two student representatives on the MPH Curriculum Committee (one first year and one second year student). There are three students on the School of Public Health Curriculum Committee and 6 students on the School of Public Health Graduate Program Steering Committee. There are two undergraduates on the Undergraduate Working Group. Students are voting members of these committees. The undergraduate Public Health concentration has a DUG (Department Undergraduate Group), as do many concentrations across the university. Section 2.9b has additional information about the DUG. The DUG is asked to name the student representatives to the Undergraduate Working Group, and typically works with faculty staffing an information table and fielding questions at campus events publicizing the concentration (e.g., Activities Night for first-years, Concentration Fair for sophomores, A Day on College Hill for prospective students who have been offered admission). The Concentration Advisors met with DUG members when changes were being contemplated for the Senior Seminar course after Fall 2014 semester, in order to get a student perspective on desired content and activities. Revisions to the senior seminar, including a move from Fall to Spring semester, were implemented in Spring semester, and the Undergraduate Working Group has talked with the instructors during Spring semester, including student input. We plan to debrief with the DUG after Spring semester ends and evaluations are made available.

The university-wide Graduate Student Council (GSC) is the primary political and social body for graduate students at Brown (<http://www.brown.edu/academics/public-health/education-training/graduate-student-council>). The GSC is made up of representatives from each department and of officers elected from the entire graduate student population. The GSC holds monthly meetings and offers many events and free classes throughout the year. Public Health has representation on the GSC.

As part of the transition to becoming a School, a School of Public Health Graduate Student Council was formed that includes students from all public health graduate degree programs (<http://www.brown.edu/academics/public-health/education-training/graduate-student-council>). In April 2014, all public health students were invited to a meeting facilitated by the Director of Interdisciplinary Education, Patrick Vivier, and the Coordinator for Applied Learning Experiences and Professional Development, Joann Barao. The formation of a School of Public

Health Graduate Student Council was discussed. The students discussed the structure and goals of the Graduate Student Council, as well as a process for nominations and elections of leadership positions. The students agreed that the leadership structure of the Graduate Student Council would be comprised of a Chair and Co-chair of the general Council body, as well as a Chair and Co-chair for three subcommittees, social, academic/professional development, and community service, which would focus on issues and events relevant to the respective subcommittee. In the first Graduate Student Council meeting held on September 30, 2014, the Chair and Co-Chairs were established and the mission and goals of the council were discussed. The Graduate Student Council is represented on the School's Graduate Program Steering Committee, and recommends graduate students to fill vacant positions on other committees.

1.5f Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: We have a highly effective organizational structure with clear delineation of responsibilities with excellent working relationships between the different groups. Students play an active role in key School committees.

Challenges: As a new School our committee structure is evolving. Some current committees may need restructuring and other committee may need to be created.

Plans: We will review our organizational and governance structure annually and create ad hoc working groups as needed.

1.6 Fiscal Resources. The school shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.6a Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the school.

Background and Overview. On July 1, 2013, the Public Health Program became the School of Public Health, and separated from the Division of Biology and Medicine, where the Medical School is located, and the reporting line and budgetary authority for the Dean of Public Health (reporting to the Provost) became the same as the reporting line and budgetary authority for the Dean of Medicine and Biological Sciences. The School of Public Health entered into an agreement with the university in which a 5-year financial plan detailing revenue and expenses was approved as a separate academic budget within the university. The data presented for FY 10-13 reflect our previous arrangement in which the Public Health Program reported to the Dean of Medicine and Biological Sciences, but the narrative information presented in this section reflects the budgetary and allocation processes that are in place as of FY 14.

Revenue. The School does not receive an appropriation from the State of Rhode Island. Sources of revenue are:

- 1) 100% of tuition from Masters programs
- 2) Endowment and current use or directed gifts
- 3) University support:
 - transfer for undergraduate teaching
 - 3 semesters of doctoral student support and travel funds for Master's and doctoral students
 - support for strategic initiatives and transitional funding to balance budget until the other sources of revenue (especially endowment and current use gifts) are sufficient to balance the operating budget
- 4) Direct and a portion of indirect costs related to externally sponsored training grants and research grants and contracts (including a contract from the RI Department of Health to support faculty and sponsor graduate student Research Assistantships)
- 5) External support for graduate student Research Assistantship from several public health agencies and organizations
- 6) Reserve funds from Public Health Research Centers and the school. These sources of funds are described below.

Tuition

In FY 14, the School of Public Health's share of all Master's tuition increased from 97%-100%.

Endowment

The School of Public Health now has a dedicated staff member (Catherine Nellis) in the University Advancement Office to oversee fund raising initiatives and opportunities. The School of Public Health is one of the university's high priorities for fundraising and President Paxson has been very actively involved in fundraising efforts. Over the past 18 months, nearly \$5 million in endowment has been raised. Once donor payments reach a prescribed level, endowments begin to generate income for the School of Public Health in accordance with payment levels which are set annually by the Corporation of Brown University. Endowments which are generating income are described below:

The Norah Kahn Piore Awards

This endowment provides support for students who wish to undertake research in health services, with a focus on health status and access to health care by poor and underserved groups. The awards provide funding for research, travel and related costs in a range of fields including but not limited to health services, policy and practice; behavioral and social sciences; epidemiology; political science and economics. Awards are made on a competitive basis each year.

The Dr. and Mrs. Frederick W. Barnes Jr. Lectureship in Public Health

The Barnes Lectureship, now in its fifteenth year, honors the late Brown Professor Emeritus of Medical Science Frederick W. Barnes Jr., MD, PhD, and his late wife, Catherine, and is supported by a modest endowment. Its mandate is to address issues pertinent to public health that speak most meaningfully to the interface between medicine and society. Each year the Barnes Lecture serves as the centerpiece of Brown's annual Public Health Research Day. Recent speakers have included Elliott Fisher, Bernard Guyer, Kelly Brownell and David Satcher.

The Levinger Lecture

The School of Public Health is also responsible for organizing the annual endowed Levinger lecture on the Economics of Health Care. Recent speakers have included Gail Wilensky, Judith Feder, Troyen Brennan, Tom Trikalinos, and Amy Funkelstein.

The Surdna Endowment

This endowment provides funds for clinical faculty to develop research expertise in geriatrics and gerontology.

Donald G. Millar Endowment

This endowment supports faculty conducting research in the Center for Alcohol and Addiction Studies.

David S. Greer Professorship in Geriatrics

This endowment supports the Director of the Center for Gerontology and Healthcare Research.

Endowed Scholarships for Masters Students

Four endowments generated income of \$98,600 in FY 15 to support students in Master's programs.

Current Use/Directed Gifts

The Public Health Annual Fund

This fund was established in 2008 and it generates a modest amount of discretionary income for the School of Public Health. As the number of alumni continues to grow, we are optimistic that the amount of revenue from this source will continue to increase. In addition to the annual fund, there are several restricted gifts which are used in accordance with the donor's wishes.

The Littaurer Foundation Loan Repayment Assistance Program

This competitive program will assist graduating students and recent graduates who are choosing to serve in positions that impact improving population health and reaching underserved populations, but may not provide substantial compensation.

University Support

In addition to direct services provided by the university (e.g., registrar, library, facilities, human resources, advancement), the School of Public Health receives direct financial support from the university in its annual operating budget.

University support for undergraduate teaching (\$3.1 - \$3.4 million) recognizes the significant number of undergraduates enrolled in courses taught by School of Public Health faculty (undergraduate enrollment in FY15 exceeds 2,400).

Doctoral students in Brown University doctoral programs are guaranteed 5 years of support (tuition, health fee, health insurance and stipend). School of Public Health doctoral programs receive from the university financial support for the first 3 semesters and intervening summer for 4 incoming doctoral students per year for each PhD program; during this period, incentives exist in which all or part of these funds can be "banked" for future use if the graduate program has other sources of funding (e.g., training or research grants) to support the student. The university also provides travel funds for Masters/Doctoral students for attendance at a professional meeting to present a paper or poster.

The Provost sets aside funds for unanticipated opportunities and strategic initiatives in the School of Public Health and the university is providing transitional support for the School in an amount necessary to achieve a balanced budget. This amount is approximately \$1.1 million and we anticipate that it will decrease as income from endowment and current use gifts increases.

Grant/Contract Direct and Indirect Costs

Most sponsored research activities are conducted within the Public Health Research Centers/Institutes. Eight research centers/institutes are based at Brown University (Center for Alcohol and Addiction Studies, Center for Gerontology and Healthcare Research, Center for Statistical Sciences, International Health Institute, Institute for Community Health Promotion, Center for Population Health and Clinical Epidemiology, Center for Environmental Health and Technology, and Center for Evidence-based Medicine). In addition, there are two research centers at The Miriam Hospital (Brown University Aids Program and the Centers for Behavioral and Preventive Medicine) and one at the Memorial Hospital of RI (Center for Primary Care and Prevention). The Brown-based centers/institutes had over \$34 million direct and indirect costs in 2014

and the hospital-based centers had just over \$14 million. The Brown-based sponsored projects include 4 post-doctoral and pre-doctoral training grants, and many physicians who are fellows in one of the post-doctoral training programs are enrolled in our Masters' programs. In addition, many fellows who are not in a degree program, take courses of particular interest to them. The wide array of research projects provide students with an opportunity to gain valuable experience while they pursue their degrees. The direct costs on research grants and contracts provide support for PhD students in Biostatistics, Epidemiology, Health Services Research and Behavioral and Social Health Sciences; and also support Research Assistantships in all Masters programs in the School of Public Health. External funds from community agencies and Brown affiliated hospitals are also an important source of support for Public Health doctoral and masters students.

The School of Public Health receives 44% of indirect costs from external awards and the university retains 56%. The operating budgets of the Brown-based Public Health Research Centers/Institutes are set each fiscal year as a percentage (31.5% in FY 15) of the indirect cost recovery from the previous fiscal year. At the close of each fiscal year, remaining balances are transferred to the Centers' reserve accounts. Similarly, year-end deficits in operating accounts are covered by the Centers' reserve accounts. This incentive-based model of support for Centers/Institutes has been effective in growing their research programs. Reserve funds are used to support pilot research projects, new initiatives and bridge funding for faculty and staff who have short-term gaps in their research funding.

Contract from the RI Department of Health

The continuing contract from the Rhode Island Department of Health, now in its 22nd year, provides support for 3 faculty and 5-6 graduate student Research Assistantships. The faculty have primary responsibility for ongoing projects at the Department of Health, but under the terms of our agreement, they have protected time for mentoring and advising students.

Reserve Funds

Financial reserve funds in the School of Public Health total nearly \$9.7 million. These funds are distributed as follows:

Research Centers/Institutes	\$7.17 million
Doctoral programs	\$0.68 million
Academic departments	\$0.15 million
Dean's reserve	\$1.70 million

These discretionary funds provide a financial safety net for the School of Public Health, and its research and academic programs.

- 1.6b A clearly formulated school budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. This information must be presented in a table format as appropriate to the school. See CEPH Data Template 1.6.1.**

See next page for table.

Table 1.6.1

INCOME	Explanation	FY 10	FY 11	FY 12	FY 13	FY14
Tuition and Fees		\$2,237,531	\$2,378,822	\$2,860,794	\$3,316,710	\$4,474,542
State Appropriation		\$0	\$0	\$0	\$0	\$0
University Funds	Faculty startup and grant incentive program funds	\$222,545	\$85,388	\$59,643	\$95,433	\$962,849
University Funds	Undergraduate Teaching Support					\$3,105,000
University Funds	Transitional Support					\$1,139,000
University Funds	Doctoral Students					\$555,768
Grants/Contracts		\$26,042,319	\$29,765,854	\$29,572,629	\$26,796,438	\$24,803,959
Indirect Cost Recovery		\$9,874,054	\$11,533,012	\$11,279,855	\$10,350,599	\$9,160,680
Annual Fundraising		\$7,850	\$193,718	\$231,200	\$199,437	\$66,133
Endowment		\$666,074	\$522,338	\$616,603	\$500,577	\$593,478
Other - Restricted Gifts		\$1,341,366	\$344,201	\$394,605	\$507,983	\$209,922
TOTAL INCOME		\$40,391,739	\$44,823,333	\$45,015,329	\$41,767,177	\$45,071,331
EXPENSES						
Faculty Salaries and Benefits		\$1,628,175	\$1,794,178	\$3,028,303	\$3,643,198	\$4,040,514
Staff Salaries and Benefits		\$566,433	\$628,030	\$720,866	\$805,094	\$952,500
Operations		\$141,832	\$156,201	\$175,281	\$200,670	\$426,313
Travel		\$13,262	\$13,282	\$17,868	\$18,000	\$40,120
Doctoral Student Support	Graduate School Support					\$555,768
Student Support	Non-grant funded RAships	\$475,000	\$506,844	\$653,946	\$795,000	\$796,811
University Share of Indirect Cost Recovery	10% of Indirect Cost Recovery FY10-13, 56% beginning in FY14	\$987,405	\$1,153,301	\$1,127,986	\$1,079,142	\$5,118,363
Other	Research Support	\$287,812	\$654,003	\$561,289	\$416,105	\$962,848
Other	Facilities	\$2,939,693	\$2,574,429	\$2,662,410	\$2,707,091	\$3,269,740
Other	Direct Costs-Grants and Contracts	\$26,042,319	\$29,765,854	\$29,572,629	\$26,796,438	\$24,803,959
Other	Tuition scholarships	\$665,360	\$672,863	\$795,859	\$1,071,242	\$1,082,099
Other	Support for Research Centers	\$3,110,327	\$3,632,899	\$3,553,154	\$3,260,439	\$3,251,450
Other	Assessment for Division of Biology and Medicine Support Services	\$3,534,121	\$3,271,449	\$2,145,738	\$974,758	N/A
TOTAL EXPENSES		\$40,391,739	\$44,823,333	\$45,015,329	\$41,767,177	\$45,300,485
Deficit covered by SPH Reserves						-\$229,154

1.6c If the school is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by school of public health faculty who may have their primary appointment elsewhere.

Not applicable

1.6d Identification of measurable objectives by which the school assesses the adequacy of its fiscal resources, along with data regarding the school's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

Target: Average of 25% tuition scholarships for Master's students.

Target: Increase endowment income for student research projects and financial aid from \$15,000 in 2014 to \$125,000 in 2017.

Target: Increase endowment in order to reduce the transitional funding from the university to the School of Public Health needed to achieve a balanced budget.

As mentioned in 1.6.a, the School of Public Health now has a dedicated staff member (Catherine Nellis) in the University Advancement Office to oversee fund raising initiatives and opportunities. We are working with several donors who are interested in supporting school operations, student research and financial aid.

The Nora Kahn Piore Awards were created in 2013/14 in recognition of the lifetime work of health policy expert, Nora Kahn Piore, through the generosity of Margot Piore Onek, MD '64, P'91 and Joseph N. Onek. These awards are made annually to support undergraduate, graduate and medical students who wish to undertake research in health services, with a focus on health status and access to health care by poor and underserved people. The awards provide funding of up to \$5000.00 for research, travel, and related costs. \$15,000 was awarded in FY14 and FY15.

There are 3 endowed scholarships for Master's students and also a fellowship to support 2 students from the Ukraine. The latter endowment is currently supporting one MPH student; when the final payment on the endowment pledge is received, we will be able to fully fund a second student from that country: \$98,000 was awarded in FY 15.

As shown in the following table, the target for awarding an average tuition scholarship of 25% tuition scholarship has been met. We will continue to monitor this annually. Endowment for student scholarships and research projects increased dramatically in FY15 and we are expecting continued growth as pledge payments are received. Finally, the transitional support from the university declined in FY 15 and we are anticipating a steady decline in this support as other sources of revenue (tuition, endowment, gifts, indirect cost recovery) increase.

Outcome Measure	Target	2012/13	2013/14	2014/15
Tuition Scholarships for Students	Average of 25%	25%	24.2%	25.5%
Endowment- Student Scholarships and Research Projects	Increase from \$15,000 to \$125,000 in FY 17	\$0	\$15,000	\$113,000
Reduce Transitional Funding by Increasing Endowment	Transitional funding will cease by FY 19	N/A	\$1,139,000 (transitional funding) \$593,478 (endowment income)	\$1,082,000 (transitional funding) \$722,706 (endowment income)

1.6e Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: The Brown School of Public Health has considerable resources and an ongoing commitment from the university to provide the support needed for the School to fulfill its stated mission and goals, and its instructional, research and service objectives.

Challenges: Until endowment is raised, masters' tuition and indirect cost recovery are the major sources of revenue for the School of Public Health. Because of this financial model, the decline in NIH funding over the past several years has been a significant financial challenge. Faculty salary offset from research grants and contracts has declined, resulting in increased faculty salary support needed from the school. Declining research support has affected the funding available for doctoral students and programs have worked very hard to identify alternative sources of support.

Plans: The transition to the School of Public Health presents important opportunities for fundraising. Particular priorities are to name the school, secure endowments for faculty chairs and expand support for graduate students.

1.7 Faculty and Other Resources. The school shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.7a A concise statement or chart defining the number (headcount) of primary faculty in each of the five core public health knowledge areas employed by the school for each of the last three years. If the school is a collaborative one, sponsored by two or more institutions, the statement or chart must include the number of faculty from each of the participating institutions. See CEPH Data Template 1.7.1.

Primary faculty listed in the following table have a primary appointment in the School of Public Health and are on the payroll (The numbers differ in section 1.2c because primary faculty include research faculty in addition to tenure/track and term/contract faculty). Other faculty (see Table 1.7.2) include faculty who have primary appointments in the SPH and are not on the payroll, faculty with a secondary appointment in the SPH, and adjunct faculty. Students FTE's in table 1.7.2 are calculated as follows: 5+ courses per year = 1.0 FTE, anything less = .5 FTE.

Core Public Health Knowledge Area	2012/13	2013/14	2014/15
Behavioral & Social Sciences	27	25	27
Biostatistics	12	13	13
Environmental Health	4	4	5
Epidemiology	17	15	16
Health Services	26	25	22
Total	86	82	83

Core Public Health Knowledge Area	2012/13	2013/14	2014/15
Behavioral and Social Sciences	8	8	8
Biostatistics	8	8	8
Environmental Health	4	4	5
Epidemiology	12	12	12
Health Services	11	11	9
Total	43	43	42

1.7b A table delineating the number of faculty, students and SFRs, organized by department or specialty area, or other organizational unit as appropriate to the school, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty (primary faculty are those with primary appointment in the school of public health), b) FTE conversion of faculty based on % time appointment to the school, c) headcount of other faculty (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or

program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. All schools must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the school intends to include the contributions of other faculty in its FTE calculations.

Table 1.7.2a Faculty, Students and Student/Faculty Ratios by Graduate Department (schools) or Specialty/Concentration Area (programs)										
Department	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty*	HC Total Faculty	FTE Total Faculty	HC Students**	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Behavioral and Social Sciences										
2012-2013	27	27	26	2.8	53	29.8	27	21.3	0.79	0.65
2013-2014	25	25	29	1.95	54	26.95	33	26.8	1.07	0.93
2014-2015	27	27	32	2.45	59	29.45	36	30.6	1.13	0.96
Biostatistics										
2012-2013	12	12	2	0.5	14	12.5	52	47.5	3.96	3.65
2013-2014	13	13	3	0.5	16	13.5	57	53.3	4.10	3.81
2014-2015	13	13	4	0.5	17	13.5	61	53.3	4.10	3.81
Environmental										
2012-2013	4	4	3	0.45	7	4.45	6	5.6	1.40	1.14
2013-2014	4	4	3	0.3	7	4.3	7	6.5	1.63	1.41
2014-2015	5	5	3	0.3	8	5.3	7	6.2	1.24	1.11
Epidemiology										
2012-2013	17	17	22	1.25	39	18.25	39	35.4	2.08	1.82
2013-2014	15	15	26	1.45	41	16.45	46	44.7	2.98	2.50
2014-2015	16	16	30	1.85	46	17.85	50	47.1	2.94	2.39
Health Services, Policy and Practice										
2012-2013	26	26	34	3.92	60	29.92	35	31.8	1.22	0.94
2013-2014	25	25	42	3.91	67	28.91	36	34.7	1.39	1.06
2014-2015	22	22	46	4.3	68	26.3	38	35.2	1.60	1.15
TOTAL										
2012-2013	86	86	87	8.92	173	94.92	159	141.6	1.65	1.36
2013-2014	82	82	103	8.11	185	90.11	179	166.0	2.02	1.69
2014-2015	83	83	115	9.4	198	92.4	192	172.4	2.08	1.69
*Other Faculty FTE was calculated by assigning the following % efforts: teaching a course (.25); teaching independent study (.10); significant committee assignment (admissions, dissertation, faculty searches, etc.)(.10 per committee); thesis or field experience advisor (.05 per advisee); other service to the Department (.05-1.0).										
**Faculty from 4 departments and 1 section serve the MPH Program; students are "assigned" to departments based on proportion of MPH core and elective courses taught by faculty in those departments/section.										
*** (5+ courses per year = 1.0 FTE, anything less = .5 FTE). MPH and CTR Students were added to Department counts in proportion to the Department teaching of core and elective courses in these 2 degree programs.										

The next table shows information for the undergraduate concentrations. These SFR's are based on the number of faculty (and faculty FTEs) teaching courses that satisfy concentration requirements. Faculty who supervise theses and independent studies are additional resources, but are specific to individual students, and are not always Public Health faculty. The SFR estimates are therefore somewhat higher than in practice.

Table 1.7.2b Faculty, Students and Student/Faculty Ratios for the Undergraduate Concentrations in Community/Public Health and Statistics										
Degree	HC Primary Faculty*	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty*	HC Total Faculty	FTE Total Faculty	HC Students**	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Undergraduate Community/Public Health										
2012-2013	11	11	4	1.25	15	12.25	96	96	8.7	7.8
2013-2014	13	13	7	2	20	15	91	91	7.0	6.1
2014-2015	15	15	7	2	20	17	104	104	6.9	6.1
Undergraduate Statistics***										
2012-2013	3	3	8	2	11	5	4	4	1.33	0.8
2013-2014	2	2	8	2	10	4	5	5	2.5	1.3
2014-2015	3	3	8	2	11	5	6	6	2.0	1.2
* Primary faculty are those who offered courses with numbers 0001-1999, which are undergraduate courses in Brown's numbering system. All Primary faculty are counted as being 1.0 available to undergraduate concentrators. Other Faculty FTE was calculated by assigning .25 effort for teaching a course for undergraduates.										
**Brown University is a residential institution, and undergraduate students have full-time course schedules. Therefore, the HC of students equals the FTE of students.										
*** Primary faculty are SPH faculty who either offered courses with numbers 0001-2999 that are required by the statistics concentration, or advised statistics concentrator. Other Faculty includes faculty outside public health that are teaching courses required by the statistics concentration. Their FTE was counted as a .25 effort.										

Table 1.7.2c Faculty, Students and Student/Faculty Ratios for the MPH Program*										
Dept/Spec	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
2012/13 MPH	21	11.34	51	5.97	72	17.31	77	66	5.82	3.81
2013/14 MPH	38	37.1	41	6.25	79	43.35	83	81	2.18	1.86
2014/15 MPH	39	38.1	41	6.15	80	47.15	84	77.5	2.03	1.64

*The numbers listed in Table 1.7.2b represent the number of SPH faculty who are considered MPH faculty because they have significant roles in the MPH Program. The MPH Program began offering tracks in 2013/14. The numbers in Table 1.7.2b are not broken down by track because the majority of MPH students are in the Generalist Track.

1.7c A concise statement or chart defining the headcount and FTE of non-faculty, non-student personnel (administration and staff).

Table 1.7.3 Administrative Staff			
Name	Center/Department	Title	FTE%
Laliberte-Cote, Linda	Public Health Administration-Dean's Office	Associate Dean for Administration and Finance	100
Scanlan, Karen L	Public Health Administration-Dean's Office	Director of Public Health Communications	100
De Simone, Pamela L	Public Health Administration-Dean's Office	Manager, Public Health Faculty Affairs & Administration	100
Malone, Elizabeth	Public Health Administration-Dean's Office	Academic Program Manager	100
Kligler, Laura	Public Health Administration-Dean's Office	Special Assistant for the Dean	100
Gallino, Michael A	Public Health Administration-Dean's Office	Senior IT Consultant	100
Schlacter, Diane F	Public Health Administration-Dean's Office	MPH & ScM Program Manager	100
Barao, Joann M	Public Health Administration-Dean's Office	Coord For Applied Learning Exper & Professional Development	100
Giordani, Corrine L	Public Health Administration-Dean's Office	MPH Program Administrative Assistant	100
Rachel Lopes-Almeida	Public Health Administration-Dean's Office	Administrative Coordinator	100
Gannon, Mathew	Public Health Administration-Dean's Office	Communication Specialist	100
Joyce, Laura K	Dept of Behavioral and Social Science	Academic Program Coordinator	100
Arver, Denise	Dept of Biostatistics	Academic Department Manager	100
Clark, Elizabeth A	Dept of Biostatistics	Administrative Coordinator	100
Lirakis, Elizabeth A	Dept of Biostatistics	Administrative Coordinator	66.67
Petterson, Kathryn M	Dept of Epidemiology	Administrative Coordinator	100
Daly, Sarah J	Dept of Health Services Policy and Practice	Academic Program Coordinator, Health Services Policy & Practice	100
White, Valerie A	Dept of Health Services Policy and Practice	Administrative Assistant	51.33
Beaudoin, Sharon L	Center for Alcohol and Addiction Studies	Financial Coordinator	100
Bennett, Kathleen	Center for Alcohol and Addiction Studies	Administrative Manager	100
Camara, Denise H	Center for Alcohol and Addiction Studies	Postdoc Training Coordinator	66.67
Foster, Carol E	Center for Alcohol and Addiction Studies	Financial Coordinator	100
Griffin, Jeffrey F	Center for Alcohol and Addiction Studies	Associate Director	100
Hendrickson, Jamie L	Center for Alcohol and Addiction Studies	Administrative Coordinator	100
Stilwell, Christine B	Center for Alcohol and Addiction Studies	Manager, Financial & Administrative Services	100
Thomas Decosta, Julieta	Center for Alcohol and Addiction Studies	Financial Coordinator	100
Trahan, Linda L	Center for Alcohol and Addiction Studies	Administrative Coordinator	100
Vilardi, Christina A	Center for Alcohol and Addiction Studies	Financial Coordinator	100
Fox, Elizabeth M	Center for Environmental Health and Technology	Administrative Manager	100
Aneyci, Sarah J	Center for Evidence-Based Medicine	Financial/Grants Coordinator	100
Legault, Jenna	Center for Evidence-Based Medicine	Center and Research Project Manager	100
Kydd, Audrey	Center for Gerontology and Health Care Research	Assistant Director Of Administration	100

McCormick, Linda A	Center for Gerontology and Health Care Research	Administrative Coordinator	100
Medeiros, Ann Marie	Center for Gerontology and Health Care Research	Financial Manager	100
Medeiros, Melissa A	Center for Gerontology and Health Care Research	Grants Coordinator	100
Robinette, Monique	Center for Gerontology and Health Care Research	Financial Coordinator	100
Baxter, Gayle	Center for Population Health and Clinical Epidemiology	Manager, Finance and Administration	100
Ferreira, Sharon M	Center for Population Health and Clinical Epidemiology	Administrative Coordinator	88
Goodman, Dawn A	Center for Population Health and Clinical Epidemiology	Administrative Manager	100
McCullough, Jean L	Center for Population Health and Clinical Epidemiology	Financial Coordinator	100
Piskor, Katherine J	Center for Population Health and Clinical Epidemiology	Financial Coordinator	100
Deignan, Diane P	Center for Statistical Sciences	Manager, Finance & Administration	100
Ellis, Kate	Center for Statistical Sciences	Administrative Coordinator	100
Gilley, Kellye	Center for Statistical Sciences	Financial Coordinator	100
Wasserman, Pauline H	Center for Statistical Sciences	Administrative Assistant	100
Scheer, Robin	Institute for Community Health Promotion	Administrative Coordinator	100
Strolla, Leslie O	Institute for Community Health Promotion	Manager of Finance & Administration	100

1.7d Description of the space available to the school for various purposes (offices, classrooms, common space for student use, etc.), by location.

OVERVIEW

Public Health occupies 70,600 net square feet on floors 2-8 of an 11-story Class 1 office building at 121 South Main Street in Providence, RI. Twelve thousand additional square feet in this building are being acquired by Public Health in AY 2015-2016. The building is within easy walking distance of the main campus and the “Knowledge District” where the Alpert Medical School is located. The Public Health areas are within a wireless network, maintained by the university. The university provides shuttle service which connects the main campus, the School of Public Health, the Alpert Medical School and the RI Hospital/Hasbro Children’s Hospital/ Women and Infants Hospital medical complex. The School of Public Health academic Departments and Research Centers/Institutes share an infrastructure, which provides and promotes research and training opportunities.

TEACHING/STUDENT FACILITIES

The School of Public Health has an 81-seat auditorium style “Smart” classroom with lecture capture and teleconferencing capabilities, a 40 seat seminar/classroom, a 31-seat computer classroom, and six 10-20 seat seminar rooms. An 18-seat computer lab is available for teaching

and for student use. A 700 square foot study room for Master's students is located adjacent to classrooms, the computer lab and the student lounge. There are 8 PCs for general use in this room, 15 taps/power connections for laptops, conference tables a photocopier and printers for student use. Each doctoral student has his/her own 60-100 square foot carrel.

1.7e A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

The Bio-Behavioral Research Laboratories cover an area of 4200 square feet in the public health building. Within this space are 18 observation rooms that are designed to facilitate research studies involving behavioral and psychophysiological measures. All observation rooms are equipped with special ventilation, intercoms and one-way mirrors and each room can be monitored from a centralized control area. The laboratory space is accessible by elevator and includes an examination room and a handicap-accessible bathroom for research participants.

Lab Space. Although the Public Health building is not zoned for wet laboratory space, we have incorporated a 600 square foot prep room to accommodate the handling, preparation and storage of research specimen. This space houses 6 (-80 degrees) freezers where research specimen are stored; 1 refrigerator; and lab benches with equipment to process biological samples. Five thousand square feet of wet lab space is located at 70 Ship Street, within walking distance of the School of Public Health (see detailed description- 1.7h).

Survey Center. Public Health has a state-of-the-art telephone survey center with 10 call stations for conducting quantitative and qualitative computer-assisted telephone interviews in multiple languages. The Survey Center operates with Algo Enterprise Call Recorder software, which records all telephone interviews and allows for question by question monitoring and quality control. The Survey Center operates seven days a week and is open mornings, afternoons, and evenings to maximize survey completions. The Survey Center also has state-of-the-art online data collection and management software applications.

Video Production Center. The Institute for Community Health Promotion has the capacity to produce and create tailored or non-tailored videos and DVDs.

Exercise Laboratory. This 500 square foot research facility includes four state-of –the-art Lifefitness commercial grade treadmills, an automated blood pressure cuff and a medical scale; a room with 10 cubicles with video-viewing equipment; an assessment room for collecting biological samples; a changing room; and a waiting area.

Physical Activity Facility. This 500 square foot research facility is equipped with a fully outfitted 4-station Universal Gym for resistance training, a Lifecycle recumbent exercise bicycle, a Life Fitness 90T Commercial Treadmill, free weights, exercise balls, resistance tubing and assorted fitness accessories. It includes an exam table for participant assessments, heart and blood pressure monitoring equipment and a digital scale to measure body weight.

1.7f A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

The School of Public Health has current-technology IT infrastructure, including a 10-gigabit optical network connecting it to other Brown buildings, and 1-gigabit within its own building. The School of Public Health building contains a 1,029 net square foot server room with dedicated network capacity, power, cooling, and backup generator power. Brown's central computing group, CIS, provides administrative file share space for the university at large, and Public Health utilizes these resources for its academic and administrative needs. Security Zones created by CIS allow IT staff within departments the flexibility necessary to ensure that the appropriate levels of security for their supported areas are met.

A 20-seat computer lab is available for teaching and for student use and is equipped with up-to-date workstations, a broad range of software and publicly available databases used by students for research and courses. A 700 square foot study room for Masters students is located adjacent to classrooms, the computer lab and the student lounge. There are 8 PCs for general use, 15 taps/power connections for laptops, conference tables, a photocopier and printers for student use. On-site IT consulting services are available to all Public Health students with personal devices being used for academics. All Public Health students have access to several different (black and white only) printers from within the building and through wireless, and are provided with a print quota at the beginning of each semester. A 44 inch color poster/plotter printer is located on site and managed by staff to handle project related poster printing.

Students have access to research computing (terminal server) for the storage, access, and statistical analysis of sensitive/secure data. The server has various statistical software installed, including R, SAS, SPSS, Stata and Stat-Transfer. Access to secure data is strictly controlled using file system permissions, and all data are backed up locally using a tape backup system.

Research computing needs, including off-site network based backups, computational computing, and research data storage, are available for certain research activities by the university's Center for Computation and Visualization (CCV). The majority of research computing within Public Health is managed by Public Health Research Centers and Institutes.

1.7g A concise description of library/information resources available for school use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

Library Resources: There are five on-campus libraries that total over 372,000 square feet (interior space) and currently house approximately 3.4 million volumes. Off-campus facilities include the Library Collections Annex (27,000 square feet; 900,000 volumes) and the Champlin Health Sciences Library (2,750 square feet). The total collection (all Brown University library facilities combined) = 4.3 million volumes, the number of purchased journal subscriptions = 45,545 titles, the number of electronic biomedical titles = approximately 9,000 titles. The libraries of Brown University include the John D. Rockefeller, Jr., Library, the Sciences Library, the John Hay Library, the Virginia M. Orwig Music Library, and the Demography Library. The University Library also has administrative responsibility for Media Services, which provides video collections and classroom support for media and computer-based instruction. The Brown

community (faculty, students and staff) has access to electronic content within the collections of each library within the Brown network. This content includes books, media, databases, journals and local digital collections. These resources can also be accessed through a VPN connection. Material that is unavailable at a Brown library can be obtained from other facilities. Books from Rhode Island academic, hospital and Department of Health libraries; and books from other Ivy League universities can be obtained in 2-4 days if requested, but materials can be checked out directly from these libraries with a Brown ID. The Interlibrary loan system (ILLiad) has access to published journal articles throughout a worldwide network of over 25,000 libraries. Articles can be obtained within in 10-14 days.

The Rockefeller Library serves as the teaching and research library for the humanities and social sciences. It houses the general reference and bibliography collections, U.S. Government and United Nations documents, and the Social Sciences Data Services (which includes Geographic Information Services). The University Library is a U.S. Government Documents Depository. The Demography Library is a major resource for population research, with holdings that focus on fertility, mortality, mobility, migration, statistics, human ecology, immigration and population growth, and population policy.

The Sciences Library provides an integrated collection for the physical and life sciences and medicine. The Sciences Library holds 17 floors of current periodicals (~7,000) and bound volumes (~450,000) in astronomy, biology, chemistry, geology, mathematics, medicine, public health, physics, and engineering. The library holdings are accessible over the university network in individual laboratories. A technical platform, the Electronic Reference Library, provides access to Brown users', both on and off campus, to some 20 databases such as Medline, Psychological Abstracts, the MLA Bibliography, and the Cochrane Collaborative via Windows, Macs, and DOS.

Each of Brown's academic department's programs and centers has a library representative whose chief function is to represent the group's information needs to the Library and to assist librarians in providing information about the Library to the department/program/center. A portion of the Library's acquisitions budget is allocated to the disciplines, with each department/program/center receiving an annual appropriation for collection development.

1.7h A concise statement of any other resources not mentioned above, if applicable.

The School of Public Health has approximately 5,000 square feet of laboratory space at 70 Ship Street, which is located approximately 3 blocks from the Public Health building. These 2 buildings are also connected via the university's shuttle system.

Laboratories for Molecular Medicine at 70 Ship Street. Dr. Karl Kelsey and Dr. Simin Liu occupy laboratory space on the third floor of 70 Ship Street. They have access to all cold rooms, cell culture facilities and shared resources of Brown University. A separate cell culture rooms equipped with two biosafety laminar flow hoods (Class IIB) with dual Hepa filters and 100% external exhaust and a separate cell culture incubator is used exclusively for experiments involving carcinogens. His laboratory is well equipped with analytical instrumentation, two fume hoods and other resources needed to carry out the proposed work.

MAJOR EQUIPMENT:

Shared or Laboratory equipment available in the Department of Pathology and Laboratory Medicine on the fifth floor of 70 Ship Street:

- Nanodrop ND-1000 uv/vis spectrophotometer
- Agilent 2100 bioanalyze
- Sorvall RC-5B centrifuge and rotors
- Beckman L8-M ultracentrifuge and rotors
- Bio-Rad Gel Doc 2000 system
- Molecular Devices Spectramax M2 Plate reader
- Fujix Bas 1000 phosphorimager
- Computers and software for cDNA microarray and PCR array analysis
- Bio-Rad Gene Pulser II electroporator
- Jung Frigocut 2800 N cryostat
- Nikon E800 microscope equipped with brightfield, fluorescence, and phase contrast microscopy and a color digital camera and printer
- Arcturus PixCell II laser capture microdissection system equipped for brightfield and fluorescence
- Ultraspec 2000 UV/visible spectrophotometer
- Refrigerated bench-top centrifuges
- Millipore ultrapure water purification system
- Revco -80C freezers
- Thermolyne liquid nitrogen cryofreezers
- Agarose and Protein electrophoretic systems
- Probe sonicators and sonication water baths

Superfund Basic Research Program Analytical Core Facility: This facility is directed by Dr. David Murray and provides training and support services for the following equipment:

- Graphite furnace atomic absorption spectrophotometer (Perkin – Elmer GF-AAS, model 41002L)
- Jobin Yvon JY200 Ultrace inductively coupled plasma atomic emission spectrometer (ICP-AES)

Center for Genetics and Genomics: This center at 70 Ship Street is staffed by a molecular biologist provides professional bioinformatics support. An Affymetrix gene chip machine provides capabilities for microarray analysis of human, mouse, rat, and Drosophila gene expression. This facility also houses an ABI Prism 7700 real-time PCR machine.

Cell Imaging Facility: This centralized facility is directed by Dr. Robert Creton in the Division of Biology and Medicine. The following equipment is available in this facility:

- Philips 410 transmission electron microscope
- Hitachi 2700 analytical scanning electron microscope equipped with a Link EXL-FQ1 x-ray backscatter detector
- Zeiss 410 laser scanning confocal microscope
- Ultramicrotomes, vacuum evaporator, sputter coater, critical point dryer

Molecular Pathology Core Laboratory: This facility in the Department of Pathology and Laboratory Medicine at 70 Ship Street is directed by Dr. Mary Hixon with the assistance of Paula Weston, an experienced microscopist with training in light, confocal, and electron microscopy. This facility is fully equipped for preparation of tissues for histopathologic and immunohistochemical analysis. The following equipment is available in this facility:

- Lecia TP1020 tissue processor and embedder
- Finesse 325 microtome
- Nikon E400 microscope equipped with a color digital camera with projection capability
- Ventana Discovery Autostainer for immunohistochemistry
- Lecia RM 2165 microtome for plastic embedded tissue

Brown University maintains a centralized animal facility that is AAALAC-certified and directed by Dr. James Harper, a full-time veterinarian. These facilities include separate temperature-controlled rooms, filtered air supply for pathogen-free rodents, specialized rooms for animal surgery and recovery and separate housing for immunodeficient animals. Desk-top computers and LaserJet 4000N printers in each laboratory and office are linked to the Brown University computer network.

1.7i Identification of measurable objectives through which the school assesses the adequacy of its resources, along with data regarding the school’s performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

Table 1.7i. Outcome Measures Faculty				
Outcome Measure	Target	2012/13	2013/14	2014/15
Faculty Resources (Obj 4.a)	Maintain a minimum of 37 faculty in the School of Public Health in the tenure track or term appointment faculty lines, all of whom all available to meet the needs of students as potential course instructors, field experience mentors and/or thesis mentors within their areas of expertise.	43	43	42
Faculty-Professional Development (Obj 4.c)	90% of primary faculty attend a professional meeting, Brown initiated faculty development seminar or workshop, and/or session at the Sheridan Center for Teaching and Learning each year.	100%	92%	
External Funding (Obj 5.a)	80% of primary faculty have external funding for research and/or training each year.	81.2%	84.1%	83.1%
Publications (Obj 5.b)	95% of primary faculty have at least one peer reviewed publication each year (Referenced in 3.1D and 4.1D)	96.0%	100%	
Publications (Obj 5.b)	75% of core primary faculty have 2 or more peer reviewed publications each year.	91.0%	97.0%	
Public health building space (Obj 6.a)	Increase square footage of occupied space from 70,600 net square feet to 82,600 net square feet by 2017 while continuing to improve and repurpose space to meet demands	70,600 square feet	70,600 square feet	70,600 square feet

1.7j Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: The Brown School of Public Health is fortunate to have resources available to fulfill its stated mission and goals, and its instructional, research and service objectives. The School of Public Health is a priority for university fundraising. Our students have access to an impressive number of highly qualified faculty from a broad range of disciplines within public health. The number of tenure track faculty has expanded substantially over the past decade, which has allowed us to expand our graduate degree programs. We have highly functional space at 121 South Main St. and easy access to the broader college campus, medical school, affiliated hospitals and community partners such as the Department of Health.

Plans: Going forward we want to continue to improve the available space for teaching and research purposes. We also will maintain the strong faculty available to meet the educational needs of our students, both in our generalist program as well as the newly implemented specialty tracks. Brown University is beginning a major fundraising campaign and the School of Public Health plans to raise endowment for additional faculty, graduate student fellowships, and research initiatives.

1.8 Diversity. The school shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

1.8a A written plan and/or policies demonstrating systematic incorporation of diversity within the school. Required elements include the following: Description of the school's under-represented populations, including a rationale for the designation; A list of goals for achieving diversity and cultural competence within the school, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable; Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the school should also document its commitment to maintaining/using these policies; Policies that support a climate for working and learning in a diverse setting; Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations; Policies and plans to recruit, develop, promote and retain a diverse faculty; Policies and plans to recruit, develop, promote and retain a diverse staff; Policies and plans to recruit, admit, retain and graduate a diverse student body; regular evaluation of the effectiveness of the above-listed measures.

a. Description of the program's under-represented populations, including a rationale for the designation.

The Brown School of Public Health is committed to encouraging diversity in our program. The public's health is best served by having a diverse workforce that brings a broad range of skills, backgrounds, experiences and perspectives to improving health. We respect that diversity encompasses a broad range of factors including race, ethnicity, gender, sexual orientation, economic background, disciplinary training, and a broad range of other factors. Not all factors lend themselves to easy identification, categorization and counting for the purposes of setting goals and assessing achievement of diversity. Therefore, in defining under-representative populations specifically, we looked to external, established sources for definitions and context for setting numerical goals. Specifically, we use the definition of under-representative groups from a National Science Foundation workforce report: "Underrepresented minorities include individuals who have identified themselves as black, Hispanic, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander only and does not include those with multiple race." (Kannankutty N. 2003 College Graduates in the U.S. Workforce: A Profile. *InfoBrief*. National Science Foundation, December 2005.)

b. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.

"The mission of Brown University is to serve the community, the nation, and the world by discovering, communicating, and preserving knowledge and understanding in a spirit of free inquiry, and by educating and preparing students to discharge the offices of life with usefulness and reputation. We do this through a partnership of students and teachers in a unified community known as a university-college." (<http://www.brown.edu/about/mission>). Brown embraces the importance of diversity in achieving the mission. This is articulated in highly visible university statements, programs and policies (<http://www.brown.edu/about/administration/institutional-diversity/>).

Recruiting a diverse student body is an important and challenging goal of the Brown School of Public Health. Prior to becoming a School, we had not set a specific numeric target, but with input from CEPH have set an aggressive target for diversity. Our goal is that 13% of incoming students will be from underrepresented minority groups. We recognize that this is an ambitious goal. It is based on a published report that showed that 13% of college graduates in the United States workforce were underrepresented minorities (Kannankutty N. 2003 College Graduates in the U.S. Workforce: A Profile. *InfoBrief*. National Science Foundation, December 2005.) “Underrepresented minorities include individuals who have identified themselves as black, Hispanic, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander only and does not include those with multiple race.”

c. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.

Brown University has clear, strong policies to support a climate free of harassment and discrimination, where diversity is supported. These policies are posted on the university’s web site (<http://www.brown.edu/about/administration/institutional-diversity/policies>) and are included in our Electronic Resource File (X.X.X). The Brown School of Public Health follows the Brown University policies. The leadership of the program and the School of Public Health are committed to maintaining a supportive environment.

d. Policies that support a climate for working and learning in a diverse setting.

Brown University has a strong emphasis on supporting diversity in the working and learning environment. This priority is clearly stated on the university website and is supported by clear policies (<http://www.brown.edu/about/administration/institutional-diversity/policies>). The university also sponsors events and programs, including the current “Transforming Conversations” the goal of which “is to facilitate learning of critical skills and tools for challenging conversations across our diverse perspectives and differences.” (<http://www.brown.edu/about/administration/institutional-diversity/transformational-conversations>). The project has included a series of lectures on diversity related topics. There are also specific programs for faculty (<http://www.brown.edu/about/administration/institutional-diversity/programs-and-services/faculty-support>), students (<http://www.brown.edu/about/administration/institutional-diversity/student-support>), staff (<http://www.brown.edu/about/administration/human-resources/diversity-and-inclusion>) and alumni (<http://www.brown.edu/about/administration/institutional-diversity/affinity-groups>). As noted above, the university’s diversity action plan is included in the Electronic Resource File (X.X.X).

e. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

Diversity is included in the core competencies for the School of Public Health degree programs. As noted in section 2.6f, degree programs conduct regular reviews of their competency statement and the accompanying matrix. As an example, the MPH Program states that all students will be able to “Apply an understanding of cultural diversity to addressing public health

problems". The MPH also has a series of competencies related to community service and students have multiple opportunities for service based learning in the required Internship, the thesis and courses. From the Behavioral and Social Health Sciences AM and ScM: 3. Cultural Competence: (a) Recognize differences in beliefs, values, and norms within and across communities, and learn to work with diverse groups of collaborators, stakeholders, and colleagues; (b) Recognize personal or social biases and assumptions that might affect interactions with people of diverse backgrounds; (c) Demonstrate ability to incorporate knowledge of diverse beliefs, values, and norms into the planning, implementation, and evaluation of public health programs.

f. Policies and plans to recruit, develop, promote and retain a diverse faculty.

Brown University has clear policies and programs to promote and retain a diverse faculty (<http://www.brown.edu/about/administration/institutional-diversity/programs-and-services/faculty-support>). The Office of Institutional Diversity partners with Departments in faculty recruitment and the university has a special "target of opportunity" program to further enhance diversity among the faculty. The Brown School of Public Health follows university policies and benefits from university programs for faculty recruitment and retention.

All tenure-track faculty searches have a tenured faculty member who serves as the Affirmative Action representative, and is a full member of the committee, participating in the review of applications, decisions regarding who to invite for interview, and the eventual recommendation to hire. In addition, each search (tenure-track and non-tenure-track) is reviewed by the Office of the Vice President for Academic Development, Diversity, and Inclusion. In that documentation, all searches provide an Affirmative Action report, including a chart showing all applicants, self-reported gender and race/ethnicity, and disposition of the application. Applications are submitted and search progress is updated via an online system (Interfolio), so that tracking occurs automatically. As part of the search plan, copies of the position advertisement are sent to persons and organizations representing women and underrepresented groups at Brown and nationally.

School faculty and students also utilize the diversity supplement mechanism, when available, for federal grants. For example, students in the Department of Epidemiology submitted a diversity supplement to an R01 grant. Other students submitted a fellowship proposal in response to the parent announcement for the Ruth L. Kirschstein National Research Service Award Individual Predoctoral Fellowship to Promote Diversity in Health-Related Research. Faculty in the School also utilize diversity supplements to support postdoctoral fellows such as in the Centers for Behavioral and Preventive Medicine where an R01 grant provides support for a postdoctoral fellow.

g. Policies and plans to recruit, develop, promote and retain a diverse staff.

Brown University has clear policies and programs in support of a diverse staff (<http://www.brown.edu/about/administration/human-resources/diversity-and-inclusion>). This includes a toolkit for managing diversity and inclusion. The School of Public Health follows these university policies and has access to these resources.

h. Policies and plans to recruit, admit, retain and graduate a diverse student body.

Brown University has strong policies and programs to recruit, admit, retain and graduate a diverse student body (<http://www.brown.edu/about/administration/institutional-diversity/student-support>).

The School of Public Health benefits from diversity programs based at the Graduate School, and diversity is one of the dimensions by which the Graduate School assesses individual graduate programs. The Graduate School recruits at various annual meetings and conferences around the country. The Graduate School actively recruits students who are and have been traditionally underrepresented in graduate education, including but not limited to underrepresented racial and ethnic minorities, women and people with disabilities. The assistant dean for recruiting and professional development works in partnership with individual departments and programs at Brown and cultivates relationships with Historically Black Colleges and Universities (HBCUs) and other Minority Serving Institutions (MSIs). The Graduate School also works closely with the Leadership Alliance to identify potential graduate program applicants from the alumni of this program.

Dean Jabbar Bennett is responsible for diversity programs in both the Medical School and the Graduate School. He actively participates in the MPH Open House events, MPH Orientation program and is available to work with our students. The Graduate School sponsors monthly Multicultural Graduate Student (MGS) events for students from traditionally underrepresented groups. These events include dinners with invited guest speakers, academic achievement and cultural celebrations, and social-networking activities. In addition, there is individual and group support to students who identify as lesbian, gay, bisexual, transgender, and queer/questioning. The Graduate School also provides assistance to a variety of student associations and clubs that represent Brown's diverse graduate student population.

Brown Tougaloo Program. Dr. Vivier and Dean Wetle are members of the Brown advisory committee for the Brown-Tougaloo Program, a long established relationship between Brown University and Tougaloo College, a historically black college in Mississippi. This partnership includes an Early Identification Program (EIP) with Tougaloo, through which promising undergraduates are identified for admission to the MPH Program. This combined undergraduate/MPH in Public Health Education is five (or six) years in length, and offers students the opportunity to be awarded a bachelor's degree from Tougaloo College and a Master of Public Health (MPH) degree from Brown University. It requires that students complete the existing degree requirements for both institutions. While students are officially Tougaloo undergraduates during the first four years and Brown MPH students in year five (and, if needed, year six), it is expected that students will meet some of the MPH requirements during the first four years by spending time at Brown University. It is imperative that students work closely with advisors at both institutions to develop a plan to meet all requirements. Depending on the undergraduate major chosen, some courses taken at Brown may count toward the undergraduate degree. All core MPH requirements must be completed at Brown University. Up to four MPH electives may be taken outside of Brown, but they must be graduate level courses that are approved in advance by the Brown MPH Program Academic Advisor and the Director of the Brown MPH Program.

The first student was accepted into the Program during the Spring 2013 admissions process. The student was enrolled at Brown in Spring 2013, returned to Tougaloo for the 2013/14

academic year to finish his undergraduate degree, and was enrolled as an MPH student in the 2014/15 academic year.

We also are engaged in joint research and education programs with Tougaloo College as a Vanguard Center for the Jackson Heart Study. This fosters active collaborations between faculty and students at both institutions. Jackson Heart Study data are available to students in the MPH statistics sequence (PHP2507/2508) for course projects.

In the Spring 2015 semester, a new course was initiated jointly with Tougaloo College, at the undergraduate level (PHP0610: Community Engaged Public Health: Rhode Island and Mississippi). The course uses the innovative format of visual/audio simulcast, so that Tougaloo and Brown students and instructors can hear lectures and participate in cross-campus discussion. Drs. Annie Gjelsvik and Melissa Clark are the Brown-based instructors; Dr. Wendy White is the Tougaloo-based instructor. Substantive content for Spring 2015 is Maternal Child Health (and may change in subsequent offerings), but content is presented for both Rhode Island and Mississippi, and guest speakers represent Mississippi and Rhode Island.

University and School Events. During the 2014 commencement weekend, the School of Public Health sponsored its first-ever Commencement Forum, titled, "Partnership for the Next Generation of HIV/AIDS Social Science in Africa." Five Public Health faculty, led by Dr. Mark Lurie presented elements of a new research and training partnership between the Schools of Public Health at Brown University and the University of Cape Town.

In April 2015, recently hired Dr. Tongzhang Zheng hosted an event with invited officials from the People's Republic of China, titled "The China Forum on Public Health, Environment and Public Policy." The purpose of The China Forum on Public Health, Environment, and Health Policy was to bring together public health officials and scientists from China and Brown University to: 1) discuss the major current and projected future public health challenges in China; 2) understand the current state of public health research efforts in China and their implications on policy both in China and globally; and 3) create opportunities for interested students and faculty to develop new collaborations for further research, education, and training activities.

Talks and activities in our Departments' regular speaker series reflect and promote diversity. The Department of Behavioral and Social Sciences sponsored a presentation in April 2015 by Dr. Herman Taylor (Morehouse School of Medicine) on the topic "Race, Risk and Resilience: Launching and Learning from the Jackson Heart Study." And, in October 2014, Dr. Stephen Thomas presented "Toward a 4th Generation of Disparities Research to Achieve Health Equity" which was co-sponsored with the IMSD program. In October 2013 there was a panel presentation on Community Engaged Research that included both academic and community panelists.

In February 2014, the Department of Behavioral and Social Sciences hosted Dr. Kathleen Etz from the National Institute on Drug Abuse presented on the topic of building capacity for health disparities research and funding opportunities for community-based participatory research.

Between January and April 2013, The School of Public Health co-sponsored Incarceration, Disparities, and Health in America in the Age of Healthcare, a series of 4 symposia examining aspects of incarceration (access to care; substance abuse and addiction, racial barriers, and

health literacy/health communication). Public health faculty also participated as panelists, which included both university and non-university participants.

In April 2015, the Center for Alcohol and Addiction Studies sponsored a Pizza Party on behalf of Youth Pride, an organization focused on the needs of youth and young adults dealing with their sexual orientation and gender identity/expression. In February 2014, Judith Arroyo, from the NIAAA, presented on, "Addressing Health Disparities and Enhancing the Diversity of the NIH-funded Workforce"

In March 2015, Dr. Inês Dourado Associate Professor in the Health Collective Institute (Instituto de Saúde Coletiva) of the Federal University of Bahia, Northeast Brazil, gave an invited presentation on the topic: "Transgender health and opportunities for public health intervention in Northeastern Brazil: An interdisciplinary study." Her research is on epidemiology of infectious diseases and she has been extensively involved in the study of human retrovirus (HIV and HTLV) epidemiology and prevention in Brazil.

Rhode Island Public Health Institute (RIPHI). The Rhode Island Public Health Institute's mission is to promote community health and to eliminate health disparities in Rhode Island and beyond (<http://riphi.org/>). RIPHI is directed by Dr. Amy Nunn. Dr. Nunn also taught a new course in Spring 2015 semester (PHP 2385: Local and Global Community Engagement to Reduce Health Disparities). The RIPHI is a significant entity at Brown University, in that it was established to be a non-profit organization that could receive funding for projects in public health that are not specifically categorized as "research." RIPHI partners with Brown University, the Rhode Island Department of Health, and community agencies to develop innovative public health programs, conduct translational and policy research, and train students and public health practitioners. RIPHI's community programs reflect commitment to developing effective, evidence-based interventions that create positive change in our communities both in Rhode Island and beyond. Areas of emphasis are: Public Health Programs and Community Service; Community Engagement in Programs and Research; Educational Training in Public Health; Translational Research; and, Public Policy and Dissemination of Best Public Health Practices. Two current programs are faith-based, and not located in Rhode Island (Philly Faith in Action, Mississippi Faith in Action; <http://riphi.org/programs/>).

Leadership Alliance. Brown University is the central office for the Leadership Alliance. The Executive Director of the Alliance is Dr. Medeva Ghee, who has a faculty appointment as Assistant Professor of the Practice, in the School of Public Health. Dr. Ghee also teaches a course through Public Health (PHP1400: HIV/AIDS in Africa: A Multidisciplinary Approach to Support HIV/AIDS Care and Treatment Programs). The Leadership Alliance was established in 1992 as a consortium of 23 institutions to address the shortage of underrepresented minorities in graduate programs in the sciences at competitive universities. It is now a consortium of 30 institutions. The goal of this increased representation is to train, to mentor and to inspire, a diverse group of students from a wide range of cultural and academic backgrounds into competitive graduate training programs and professional research-based careers. The primary issue addressed by the Leadership Alliance is the relatively low participation of underrepresented racial and ethnic minorities in the academic areas as educators, leaders and decision makers. The Leadership Alliance's contribution to overcoming this discrepancy is to expand the opportunities for underrepresented students and increase the participation of those students in the academic enterprise. The mentoring begins at the undergraduate level with the

Summer Research Early Identification Program (SR-EIP), its flagship program. The SR-EIP introduces students to the world of research-based careers by providing hands-on research experiences in all academic disciplines. Dr. Joseph Braun sponsored a student in Summer 2014, and Dr. William Rakowski was on the committee in Spring 2015 that reviewed applications for placement at Brown during summer 2015. Dean Fox Wetle served on the internal advisory board from 2005-2013, hosted a Tougaloo student who did a project on quality of care in nursing homes, and has also mentored a Leadership Alliance student who was doing an MPH with us.

International activities. The Brown University School of Public Health is expanding its international health focus to include public health in Cuba. In March of 2015, we hosted visiting scholar from Cuba, Dr. Enrique Belderrain, Chief of Research Department National Information Center of Medical Sciences, Professor of Public Health and History of Medicine, National School of Public Health Havana, Cuba. His visit included a number of meetings to explore collaborations with Cuba, a talk on the public health system in Cuba and research in Brown's library system. This was followed by a visit to Cuba by Dr. Patrick Vivier from the Brown School of Public Health. His visit included a faculty talk, co-teaching an undergraduate class and multiple meetings with faculty in Cuba including the Dean of the School of Public Health in Havana. These initial activities have been supported by the Royce Family Professorship in Teaching Excellence program. We expect to build on this collaboration in the coming years to include collaborative academic work and study abroad opportunities.

Brown University and the School of Public Health participate in the AMPATH program with Moi University in Kenya, Africa (<http://www.brown.edu/initiatives/global-health/sites/brown.edu/initiatives.global-health/files/uploads/AMPATH%20poster.pdf>; <http://www.ampathkenya.org/>). As a full program, Academic Model Providing Access to Healthcare (AMPATH) is a partnership between Moi University School of Medicine, Moi Teaching and Referral Hospital (Kenya's second national referral hospital), and a consortium of U.S. medical schools led by Indiana University, AMPATH promotes and fosters a comprehensive approach to HIV/AIDS control that complements and enhances the existing health infrastructure. AMPATH addresses food and income security needs, delivers and monitors ARV treatment, and fosters prevention of HIV transmission through community-based health education and prevention of maternal to child transmission. Importantly, AMPATH works with all levels of health providers from the highest levels of government to community health workers (CHWs) to provide effective and culturally appropriate care. Dr. Joseph Hogan from Public Health is Co-Director of the Biostatistics Core for AMPATH, Dr. Omar Galarraga is a participating investigator. In addition, under a The Fogarty Aids International Training Program in Clinical Research grant, five Public Health students are being supported (doctoral and masters, across Biostatistics, Epidemiology, and Behavioral and Social Sciences).

The International Health Institute (IHI) is one of the 11 Centers/Institutes affiliated with the School of Public Health. The IHI mission is to apply interdisciplinary perspectives to research and training to improve the health of populations in developing countries. Since its inception, IHI faculty have established research collaborations with institutions in developing countries and developed supervised research experiences for Brown University graduate, medical, and undergraduate students with our overseas partners. IHI faculty are partners on global health education, training and research across most of the university's academic divisions, collaborating closely with several other Brown academic units in Social Sciences, Biomedicine &

Life Sciences, and Engineering. Dr. Stephen McGarvey is Director of the IHI, and is working on two large projects. The first examines the genetic, physiologic, and behavioral influences on cardiovascular disease risk factors in Samoa and American Samoa, and newer research in applied interventions on non-communicable diseases. He currently directs a genome-wide association study of adiposity and metabolic phenotypes in Samoa. His second project is on the parasitic infection *Schistosoma japonicum* in the Philippines. Dr. McGarvey has a history of supporting students as research assistants, including making trips to the research sites.

School faculty and students also participate in Global Health Research Day. The purpose of the annual Global Health Research Day is to showcase research done by a wide variety of Brown students working in global health. This includes not only Framework in Global Health Scholars and the Minority Health and Health Disparities International Research Training Program (MHIRT), Global Health Scholarly Concentrators from the medical school, Global Health Track MPH students, and student participating in the Brazil Community Health Fellows Program.

AB/MPH: Brown has one of the older undergraduate public health-relevant concentrations in the U.S. (originally named Health & Society, then Community Health, now Public Health as of Fall 2014) This concentration was launched in 1979 (as Health & Society) and attracts an excellent and diverse group of undergraduates each year. The MPH program has targeted this group for recruitment. In an effort to further utilize the resource of a very strong and highly diverse Brown undergraduate student body, we developed a five year, combined undergraduate AB/MPH program. The combined AB/MPH program was developed in 2006 and we began recruiting for the program in 2007. As anticipated, the AB-MPH combined program has been an excellent opportunity to recruit from the diverse student body at Brown. The chart below represents the number of students who have enrolled in the AB/ MPH with demographic characteristics.

Brown undergraduates in other School of Public Health Masters degrees. Brown University allows undergraduates to enroll in Master’s degrees as a “5th-year” option. That is, up to 2 courses taken as an undergraduate (and not used to meet requirements for their undergraduate concentration) can be applied to a Master’s degree. Of course, the courses must satisfy the degree program’s requirements, so students planning to use this option plan their Masters coursework accordingly. The remaining requirements must be met in the post-baccalaureate year. Beginning with AY2013-2014, our Masters of Behavioral and Social Health Sciences and Biostatistics Masters degrees have enrolled students with this option.

Demographic Characteristics New Enrolls in the AB/MPH, and in 5th Years Masters Option by Year (5th Year Masters admits began in AY13-14)

AB/MPH	2008		2009		2010		2011		2012		2013		2014	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
African American					1		1		1		1			
Asian						1								
Hispanic														1
White		2				1				2		1		
Totals AB/MPH:	0	2	0	0	1	2	0	1	0	3	0	2	0	1
Behavioral & Social Science Interv*											0	4	0	4
Biostatistics*											0	2	0	1

* 2 Behavioral and Social Science students are African-American, and 2 are Asian. 1 Biostatistics student is Asian

IMSD (Initiative to Maximize Student Diversity)

The IMSD program at Brown titled "Advancing the culture of PhD learning and scholarship in Biology and Health Sciences" provides research training support for students in underrepresented groups to significantly increase the participation of these groups within the fields of biomedical and behavioral research <http://biomed.brown.edu/imsd/>.

This ongoing program enhances partnerships with Minority-Serving Institutions to encourage and increase opportunities for minority students in biology and public health graduate training fields and promote graduate student development across the Brown campus. The program strives for Community, Collaboration, and Excellence in an innovative interactive learning environment. Participants are identified from incoming PhD cohorts spanning 12 graduate programs in BioMed and Public Health. Each student receives a unique advising plan and support structure, continuing throughout their graduate careers at Brown. Students participate in special training modules open to all graduate students to build expertise that will foster academic achievement and success in graduate school. These training modules focus on areas such as 'scientific writing', 'demystifying the PhD experience', and 'graphic presentations of biological data'; areas that may not have been fully developed at undergraduate institutions. The School of Public Health had two students in the IMSD program during AY2014-2015, and three are being considered for AY2015-2016. Dean Wetle serves on the Steering Committee for the IMSD.

i. Regular evaluation of the effectiveness of the above-listed measures.

The respective degree admission committees examine diversity issues in the applicant pool, accepted and matriculated students. Venues and channels for recruitment are discussed, to expand the applicant pool. Although program drop-out for academic reasons is low, those instances are reviewed by the degree program. The MPH degree program has a history of providing funds for tutoring students experiencing academic difficulty, often in the biostatistics and epidemiology courses. In AY1024-2015, the School began a program to provide writing assistance starting with MPH students, where need was evident, and efforts are underway by members of the Graduate Program Steering Committee to expand its capacity beyond the MPH. As a part of its external review in Fall 2014, the Department of Behavioral and Social Sciences formed a subcommittee to review diversity of the faculty and curriculum. The subcommittee's report is included in the Departmental Self-Study, and is part of the discussion in light of the external review. When selecting content for the School website, consideration is given to highlighting content that represents the contributions and achievements of School faculty and students from diverse backgrounds.

1.8b Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.

Each year we track the demographics of the applicant pools, accepted candidates and those who enroll. This information is discussed in respective Admissions Committees. We recognize that efforts to achieve a diverse applicant pool are continuous, and that competition among programs for minority candidates is strong. We try to collect information from persons whose applications are accepted, but who choose not to enroll, to determine the rationale for their

decision, the program to which they are going, and, if possible, the factors that influenced this decision. Frequently the issues are specific to the applicant (geographic preference, family issues, etc.) or financial. We are aggressive about offering financial assistance to highly qualified applicants, but Brown is an expensive institution, so even with the assistance students may choose not to attend for economic reasons.

RACE AND ETHNICITY BREAKDOWN FOR ALL APPLICANTS, ADMITS AND MATRICULANTS						
Total Count of Applications	FY 13	% FY 13	FY 14	% FY 14	FY 15	% FY 15
American Indian or Alaska Native	0	0.00%	1	0.15%		
Asian	54	10.19%	44	6.80%		
Black or African American	42	7.92%	32	4.95%		
Hispanic or Latino	27	5.09%	38	5.87%		
Non-Resident Alien	252	47.55%	338	52.24%		
Race/Ethnicity Unknown	33	6.23%	49	7.57%		
Two or More Races	2	0.38%	4	0.62%		
White	120	22.64%	141	21.79%		
Total Count of Applications	530	100.00%	647	100.00%		
Total Count of Admits						
American Indian or Alaska Native	0	0.00%	0	0.00%		
Asian	30	13.16%	16	7.21%		
Black or African American	15	6.58%	16	7.21%		
Hispanic or Latino	12	5.26%	12	5.41%		
Non-Resident Alien	83	36.40%	76	34.23%		
Race/Ethnicity Unknown	20	8.77%	24	10.81%		
Two or More Races	1	0.44%	3	1.35%		
White	67	29.39%	75	33.78%		
Total Count of Admits	228	100.00%	222	100.00%		
Total Count of Matriculants						
American Indian or Alaska Native	0	0.00%	0	0.00%		
Asian	13	15.12%	8	9.41%		
Black or African American	9	10.47%	6	7.06%		
Hispanic or Latino	3	3.49%	5	5.88%		
Non-Resident Alien	21	24.42%	20	23.53%		
Race/Ethnicity Unknown	8	9.30%	11	12.94%		
Two or More Races	0	0.00%	2	2.35%		
White	32	37.21%	33	38.82%		
Total Count of Matriculants	86	100.00%	85	100.00%		

1.8c Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

As described above, the School of Public Health follows university diversity policies and benefits from university diversity plans and programs. The current diversity plans and policies have been developed over three decades. In 1985, the university President Howard Swearer and the Board of Fellows of Brown University established a Visiting Committee on Minority Life and Education to evaluate programs and to make recommendations for new strategies for improving the

climate of racial relations at the university. The committee submitted a report entitled “The American University and the Pluralist Ideal,” which urged Brown University to institutionalize its commitment to fostering greater interaction among individuals from diverse backgrounds and to improve race relations on campus. The committee issued several recommendations for achieving these goals, mostly focused on broadening the range of perspectives found in the curriculum and improving efforts to recruit and retain a more diverse faculty. Brown University embraced the recommendations of the visiting committee, placing itself among the leading champions of diversity in higher education.

In 2000, a second visiting committee was established to forge Brown’s diversity agenda for the 21st century. The committee was asked to review Brown’s climate as it related to recruiting and retaining faculty and students of color. While the report commended Brown on its long history of valuing diversity, it also noted a level of complacency and a lack of accountability. The committee recommended that Brown articulate a comprehensive vision of its diversity goals and that the university establish the leadership, policies, and procedures necessary to realize those goals.

Five years later, a status report prepared for the Diversity Advisory Board and Diversity Advisory Council in the fall of 2005 found that significant progress had been made. Most notable was the creation of processes and structures designed to consider and foster diversity in various offices and departments (e.g., need-blind admission, hiring procedures, advisory boards and councils, training programs). Additionally, the position of Associate Provost and Director of Institutional Diversity was created to lead diversity efforts at Brown. Among many things, the new director was charged with developing a diversity action plan. Brown’s diversity action plan, developed in consultation with senior officers at the university, considers diversity in relation to other core priorities, such as faculty expansion.

Brown University is currently developing its next Diversity Plan. A confidential draft of this plan is provided in the Electronic Resource File (X.X.X). One objective of the Plan is to double the number of faculty from underrepresented backgrounds, over the next 10 years. There are also generally-stated objectives for students and senior staff. In personal communication, the university’s Vice President for Academic Development, Diversity and Inclusion, Liza Cariaga-Lo, has told us that more specific targets are being developed. This plan is a developing element of Brown. We will continue our contact with Vice-President Cariaga-Lo to stay abreast of developments in the Diversity Plan, and keep our goals consistent with the university.

1.8d Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

At the university level, the Associate Provost and Director of Institutional Diversity, Liza Cariaga-Lo, is charged with monitoring the university’s diversity plan. Within the School of Public Health, each degree program reviews diversity issues related to recruitment and retention. The Dean of the School of Public Health monitors issues of diversity of faculty and staff, in consultation with the Public Health Executive Committee.

1.8e Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the program’s definition of under-represented populations in Criterion 1.8.a.

Table 1.8e Summary Data for Faculty, Students, and/or Staff						
Category/Definition	Method of Collection	Data Source	Target	2012/13	2013/14	2014/15
STUDENTS- graduate student applicant pool: racial or ethnic minorities (obj. 1.b)	Self-report	Admissions application	13%	8%	13%	10.8%
STUDENTS- graduate student incoming students: racial or ethnic minorities (obj. 1.c)	Self-report	Admissions application	13%	2%	14%	12.9%
FACULTY- tenure track and term faculty: racial/ethnic minorities	Self-report	University records	10%*	6.9%	7.3%a	7.1%
FACULTY- tenure track and term faculty hires: women**	Self-report	University records	31%*	32.5%	31.7%	30.9%
STAFF- racial/ethnic minorities***	Self-report	University records	15%			14.8%

* At the start of the 2014-2015 academic year, 5% of faculty in Life Sciences were racial/ethnic minorities, based on the university’s Office of Institutional Research. School of Public Health departments are classified in the Life Sciences. Consistent with the goal of the university’s next Diversity Plan, the 10-year goal would be to reach 10%, which is the figure cited here. At the start of AY2014-2015, 7.1% of current tenure-track and term faculty (3 of 42) were racial/ethnic minorities as defined in Section 1.8a (two are African-American, one is Latino)

** At the start of the 2014-2015 academic year, 31% of faculty in Life Sciences were women, based on the university’s Office of Institutional Research. School of Public Health departments are classified in the Life Sciences. The university currently does not have a target for women faculty. We have adopted the current percentage of women faculty as our immediate target. At the start of AY2014-2015, 30.9% of current tenure-track and term faculty (13 of 42) were women.

*** At the start of the 2014-2015 academic year, 14.8% of staff in the School of Public Health were racial/ethnic minorities, based on self-report in the university’s workforce database, WorkDay.

1.8f Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: Our School and the University have a commitment to diversity for our faculty, staff and students.

Challenges: Meeting diversity goals is an ongoing challenge that we will continue to pursue, in regard to faculty, staff, students, and the activities that are sponsored.

Plans: We will continue to explore ways to innovate in meeting diversity goals. We will invite Liza Cariaga-Lo, the University's Vice-President for Academic Development, Diversity and Inclusion, to make an annual presentation at a School's general faculty meeting, and also to the School's Executive Committee, to present the resources her office can provide. In addition, the School's Executive Committee will review the diversity-related activities and initiatives of the School at least annually. In the coming academic year, Brown will be initiating a new Diversity Plan (specifics currently in development). We will participate in the implementation of that plan.

2.0 Instructional Programs

2.1 Degree Offerings. The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master’s degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

The areas of knowledge basic to public health include the following:

Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis.

Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;

Environmental health sciences – environmental factors including biological, physical and chemical factors that affect the health of a community;

Health services administration – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and

Social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

2.1a An instructional matrix presenting all of the school’s degree programs and areas of specialization. If multiple areas of specialization are available within departments or academic units shown on the matrix, these should be included. The matrix should distinguish between public health professional degrees, other professional degrees and academic degrees at the graduate level, and should distinguish baccalaureate public health degrees from other baccalaureate degrees. The matrix must identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.

Table 2.1.1. Instructional Matrix – Degrees & Specializations		
	Academic	Professional
Bachelor’s Degrees		
Specialization/Concentration/Focus Area	Degree*	
Public Health (baccalaureate public health)	A.B.	
Statistics (other baccalaureate)	Sc.B.	
Master’s Degrees		
Specialization/Concentration/Focus Area	Degree*	
Master of Behavioral and Social Health Sciences	Sc.M.	
Master of Behavioral and Social Health Sciences	A.M.	
Master of Biostatistics	A.M.	
Master of Biostatistics	Sc.M.	
Master of Clinical Translational Research	Sc.M.	
Master of Epidemiology	Sc.M.	

Master of Public Health: Generalist		M.P.H
Master of Public Health: Behavioral & Social Sciences		M.P.H
Master of Public Health: Biostatistics		M.P.H
Master of Public Health: Epidemiology		M.P.H
Master of Public Health: Environmental Health		M.P.H
Master of Public Health: Global Health		M.P.H
Master of Public Health: Health Services		M.P.H
Doctoral Degrees		
Specialization/Concentration/Focus Area	Degree*	
Behavioral and Social Health Sciences	Ph.D.	
Biostatistics	Ph.D.	
Epidemiology	Ph.D.	
Health Services Research	Ph.D.	
Joint Degrees		
2 nd (non-public health) area		Degree*
Medicine		M.D./M.P.H.
Undergraduate (with Public Health concentration)		A.B./M.P.H
Brown-Tougaloo Partnership		M.P.H

*Degree refers to MPH, MS, PhD, DrPH, BS, etc.

Specialization refers to any area of study offered to students in school/program publicity/website, etc., including "Generalist."

"Joint degrees" are synonymous, for these purposes, with dual degrees, combined degree programs, concurrent degrees, etc.

As listed in Table 2.1.1, MPH students have the option of participating in the Generalist Track or one of six specialty tracks (Behavioral and Social Sciences; Biostatistics; Environmental Health; Epidemiology; Global Health; Health Services, Policy and Practice). Students in the MPH Generalist Track complete the MPH course requirements listed in section 2.3a. In addition to completing the MPH core courses, students in the specialty tracks must also complete the track requirements as listed in Table 2.1.2 below.

Table 2.1.2 Course Requirements for MPH Specialty Tracks	
MPH Behavioral and Social Sciences Track Course Requirements	
<i>MPH Core Behavioral and Social Sciences Requirement (Students must take the following course):</i>	
PHP2360	Designing and Evaluating Public Health Interventions
<i>Apply Behavioral and Social Sciences Theories as they Apply to Health (Students must take one of the following courses):</i>	
PHP2340	Behavioral and Social Science Theory for Health Promotion
PHP2380	Health Communications
<i>Psychosocial, behavioral and environmental causes of health disparities (Students must take one of the following courses):</i>	
PHP1680T	Translation Diffusion and Cultural Relevance of Health Promotion Interventions
PHP2325	Place Matters; Exploring Community-Level Contexts on Health Behaviors, Outcomes and Disparities
<i>Substantive health issues in behavioral and social sciences (Students must take one of the</i>	

<i>following courses):</i>	
PHP1540	Alcohol Use and Misuse
PHP1680N	Tobacco Smoking and the Evil Empire
PHP1600	Obesity in the 21st Century: Causes, Consequences and Countermeasures
PHP1999	Public Health Nutrition: Concepts and Controversies
PHP2330	Behavioral and Social Approaches to HIV Prevention
PHP2310	Physical Activity and Public Health
PHP2365	Public Health Issues in LGBT Populations
MPH Biostatistics Track Course Requirements	
<i>MPH Core Biostatistics Requirement (Students must take the following 2 courses. Students who completed PHP2507/2508 for the core Biostatistics requirement, may request permission to substitute them for PHP2510/2511):</i>	
PHP2510	Principles of Biostatistics and Data Analysis
PHP2511	Applied Regression Analysis
<i>Analysis of Population Based Datasets (Students must take one of the following courses):</i>	
PHP2430	Analysis of Population Based Datasets
PHP2410E	Medicare: A Data Based Policy Examination
PHP 2260	Applied Epidemiologic Analysis Using SAS
<i>Advanced Methods in Biostatistics (Students must choose two of the following):</i>	
PHP2030	Clinical Trials
PHP2223	Statistical Genetics
PHP2520	Statistical Inference I
PHP2530	Bayesian Statistical Methods
PHP2580	Statistical Inference II
PHP2550	Practical Data Analysis
PHP2601	Generalized Linear Models
PHP2602	Analysis of Lifetime Data
PHP2603	Analysis of Longitudinal Data
PHP2604	Statistical Methods in Spatial Data
PHP2610	Causal Inference and Missing Data
PHP2620	Statistical Methods in Bioinformatics I
PHP2690	Advanced Topics in Biostatistics
MPH Environmental Health Track Course Requirements (as of September 2015)	
<i>Human Physiology (Students must take one of the following courses):</i>	
PHP2130	Human Biology for Epidemiology
PHP2222	Genetics, Human Population and Diseases
BIOL1820	Environmental Health and Disease
<i>Methods Electives (Students must take one of the following courses):</i>	
PHP2200	Intermediate Methods in Epidemiologic Research
PHP2240	Methods of Environmental Epidemiology
PHP2260	Applied Epidemiologic Analysis Using SAS
PHP2430	Analysis of Population Based Datasets
PHP2550	Practical Data Analysis (requires approval)
PHP2604	Statistical Methods for Spatial Data (requires approval)

<i>Environmental Health Substantive Electives (Students must take one of the following courses):</i>	
BIOL1820	Environmental Health and Disease (If not taken to fulfill the Human Physiology requirement)
PHP1700	Current Topics in Environmental Health (If not taken to fulfill the core Environmental Health requirement)
PHP2220E	Current Topics in Environmental Health (If not taken to fulfill the core Environmental Health requirement)
PHP2325	Place Matters: Exploring Community Level Contexts on Health Behaviors, Outcomes and Disparities
ENVS1720	Environmental Justice: The Science and Political Economy of Environmental Health and Social Justice (requires approval)
GEOL1350	Weather and Climate (requires approval)
MPH Epidemiology Track Core Requirements	
<i>MPH Core Epidemiology Requirement (Students must take the following course. Students who completed PHP2120 for their core Epidemiology requirement may request permission to substitute.):</i>	
PHP2150	Foundations in Epidemiologic Research Methods
<i>(Epidemiology Track Specific Requirements Intermediate Epidemiologic Methods)</i>	
PHP2200	Intermediate Methods in Epidemiologic Research
<i>Data Analysis Courses (Students must take one of the following):</i>	
PHP2430	Analysis of Population Based Datasets
PHP2260	Applied Epidemiologic Analysis Using SAS
PHP2410E	Medicare: A Data Based Policy Examination
PHP2019	Measurement Issues in Health Care
<i>Epidemiology Elective (Students must take one of the following):</i>	
PHP1960	Epidemiology of Chronic Disease
PHP1854	The Epidemiology and Control of Infectious Disease
PHP2030	Clinical Trials Methodology
PHP2090	Scientific Writing in Public Health
PHP2180	Interpretation and Application of Epidemiology
PHP2220B	Nutritional Epidemiology
PHP2602	Analysis of Lifetime Data
PHP2603	Analysis of Longitudinal Data
SOC2612	Geographic Information Systems and Spatial Analysis for the Social Sciences
PHP2130	Human Biology for Epidemiology
PHP2220C	Perinatal Epidemiology
PHP2222	Genetics, Human Population and Diseases
PHP2240	Methods of Environmental Epidemiology
MPH Global Health Track Course Requirements	
<i>Global Health Introduction (Students must take the following course):</i>	
PHP1070	The Burden of Disease in Developing Countries
<i>Global Health Electives (Students must take two of the following courses. One of the two must be an analytic methods course either in quantitative or qualitative methods*):</i>	
PHP1500	Global Health Nutrition

PHP1854	The Epidemiology and Control of Infectious Disease*
PHP2060	Qualitative Methods in Health Research*
PHP2180	Interpretation and Application of Epidemiology*
PHP2200	Intermediate Methods in Epidemiologic Research*
PHP2220H	Methodological Issues in the Epidemiology, Treatment, and Prevention of HIV*
PHP2220G	Methodological and Practical Issues in Global Health Research*
PHP2230	Infectious Disease Epidemiology*
PHP2511	Applied Regression Analysis*
PHP2601	Generalized Linear Models*
PHP2602	Analysis of Lifetime Data*
PHP2603	Analysis of Longitudinal Data*
SOC2612	Geographic Information Systems and Spatial Analysis for the Social Sciences*
BIOL1920A	Colonialism, Imperialism, and Public Health in Africa: Past and Present
<i>Global Health Electives that Are Not Standard MPH Approved Elective (Students need permission from their advisor and the MPH Program Director):</i>	
ANTH1310	International Health
ANTH1320	Anthropological Perspectives on Development
PHP2385	Local and Global Community Engagement to Reduce Health Disparities
SOC1870C	African Development and Demography
SOC1870K	Demographics and Development
SOC1871H	Social Perspectives on HIV/AIDS
SOC2080	Principles of Population
SOC2230	Techniques of Demographic Analysis
SOC2240	Event History Analysis
SOC2960H	Demography of the Life Course
MPH Health Services Track Core Requirements	
<i>Health System Research and Evaluation Methods (Students must take one of the following):</i>	
PHP2060	Qualitative Methods in Health Research
PHP2430	Analysis of Population Based Datasets
PHP2450	Measuring and Improving the Quality of Health Care
PHP2420	Evaluating Public Health Programs and Policies
PPAI2040	Policy Analysis
PHP2410E	Medicare: A Data Based Policy Examination
PHP2019	Measurement Issues in Health Care
<i>Health System Structure, Process and Outcomes (Students must take one of the following):</i>	
PHP1100	Comparative Health Care Systems <i>(if not taken to fulfill core requirement)</i>
PHP1530	Case Studies in Public Health: The Role of Government, Community, and the Profession
PHP2350	Economics of Medical Therapies: Health Policy and Practice
PHP2400	The US Health Care System: Case Studies in Financing, Delivery, Regulation and Public Health <i>(if not taken to fulfill core requirement)</i>
PHP2429	Medicine, Public Health, Law and Policy
PPAI2130	Organizations and Policy Making
SOC1550	Sociology of Medicine
PPAI1700K	Health Policy Challenges
PPAI1701B	Public Organization and Management

PHP2425	Doing Public Health: Getting It Done in the Real World
<i>One Additional Health Services Elective can be selected from the Health System Research and Evaluation Methods list or the Health System Structure, Process and Outcomes list above.</i>	

- 2.1b The school bulletin or other official publication, which describes all degree programs identified in the instructional matrix, including a list of required courses and their course descriptions. The school bulletin or other official publication may be online, with appropriate links noted.**

All degree programs offered through the School of Public Health are described on the Public Health website at: <http://www.brown.edu/academics/public-health/education-training>. Information on all programs and courses at Brown can be found in the University Bulletin, which can be found at <http://bulletin.brown.edu/pdf/2014-15-bulletin.pdf> and in the Electronic Resource File (X.X.X).

- 2.1c Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.**

This criterion is met.

Strengths: The Brown School of Public Health has a well-established, strong MPH curriculum, the requisite number of doctoral programs with a fourth doctoral degree recently initiated, a longstanding presence in undergraduate education, and a growing set of non-MPH Masters degrees. These degrees are grounded in a context of established research and scholarly productivity that has existed since the 1980's and the original Department of Community Health that was the source of development to the current point.

Challenges: Educational programs are not static. The School of Public Health hopes to develop new Masters programs in strategic areas, complementary to our expertise (e.g., Global Health; Environmental Health). We also intend to grow our current Masters programs. Similarly, the doctoral and undergraduate degrees need regular review.

Plans: The School has a committee structure, as was presented in Section 1.5, that allows regular review of educational programs and revisions as deemed necessary. In addition, as noted in other sections of the Self-Study, we are instituting surveys of our own, and utilizing university surveys, to monitor our degree programs.

2.2 Program Length. An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.

2.2a Definition of a credit with regard to classroom/contact hours.

The academic year at Brown University consists of two semesters (Fall, Spring), each of which is approximately fifteen weeks in length. The semester course is the unit of credit, rather than having a course count for a specific number of "credit hours." A full unit is defined as a course taken for the duration of one semester and, for purposes of evaluation, is considered the approximate equivalent of four semester/credit hours. Degree requirements at Brown are based on the total number of course units (sometimes called "tuition units") students must complete, rather than a count of "credit hours." The vast majority of courses at Brown are considered full course units, but there are some half-credit courses. Half credit courses either end half way through the semester or are otherwise half the time commitment of full credit courses. During the fall & spring semesters classes are typically scheduled in standard meeting times that meet either 3 days per week for 50 minutes each; 2 days per week for 1 hour and 20 minutes each; or seminar courses that meet 1 day per week for 2 hours and 30 minutes. Courses may have additional sessions for labs or small group work.

For purposes of evaluation, Brown courses are considered the approximate equivalent of four semester hours. While most courses only meet in person for roughly 2-1/2 hours of seat time per week, the reasonable expectation is that out of class reading assignments, research, labs, projects, etc. required of typical Brown courses will require much more than a 2:1 ratio per seat hour which is affirmed under both federal definitions of a credit hour as well as with our regional accrediting body NEASC (New England Association of Schools and Colleges). We have been provided guidance on this issue from our University Registrar.

There is also a Summer Studies program at Brown. The summer term lasts for seven weeks. The number of class hours per week is substantially greater than in the regular academic year to compensate for the shorter term. Each summer course counts as one course equal to semester courses in the academic year. Public Health has been offering one undergraduate course during the summer (PHP1010) and two courses for the Summer Institute (PHP2090; PHP2460). Therefore our undergraduate and graduate students have rarely taken summer courses as part of their degree programs. We hope to expand these offerings in the coming years. As additional courses relevant to public health are added to the summer session it is possible that students will take summer courses more frequently. We are also beginning to consider online courses. We do not anticipate online courses becoming a major focus of our degree programs, but we would like offer our students some online options.

2.2b Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix. If the school or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.

The current requirements for the MPH Program, our professional public health degree, are that students in all tracks must successfully complete 13 courses and a thesis to receive the MPH degree (these 13 courses include PHP2070, the Public Health/Community Service Internship, which is a full course). Students may request that up to four graduate/medical courses, taken previously or concurrently with their Brown MPH enrollment, be counted toward the thirteen

course requirement. Courses taken as part of an undergraduate degree program outside of Brown University will not be allowed to count toward the MPH. Requests to count MPH core or elective courses taken as part of a Brown undergraduate degree program will be subject to university rules, as well as MPH Program approval. The MPH Program Director reviews all requests and determines if the courses are appropriate. Only graduate level credit bearing courses are considered. The MPH Program Director assesses the course based on information in the syllabus and/or other information provided by the student along with the type of credit given (number of credits awarded, course duration, etc.) and the student's grade. First-year students must also seek approval from their core advisor, as well as the MPH Program Director. Input from other Brown faculty may also be solicited if helpful in judging the appropriateness of the course. If the course is in one of the five core knowledge areas (epidemiology, biostatistics, health services administration, social-behavioral and environmental health), the student is required to take at least one course at Brown in that knowledge area.

As discussed in Section 2.2a, Brown does not use a system of credit hours or credit units. Brown courses are at least comparable to four credit units at other universities. As the MPH Program has a 13 course requirement, if Brown used a credit unit system, the requirement for the MPH degree would be for 52 credit units. As discussed above, courses taken outside the Brown MPH Program may count toward the 13 courses, but only if they are assessed to be appropriate by the MPH Program Director.

Students in the MD-MPH Program are required to meet the same requirements of 13 courses and the thesis to receive the MPH degree. No more than four of the MD courses can also be counted toward the MPH degree. Students in the AB-MPH Program must complete 24 courses during the five years of their training to meet the undergraduate concentration requirements and the MPH requirements. Included in the 24 course requirement is the 13 course requirement of the MPH program, though students may take MPH courses at any time in the 5 years of the program. Students who do the MPH as part of the Brown Tougaloo Partnership must also complete the 13 course MPH requirement.

To assure that all students receiving an MPH degree from Brown meet the requirement of 13 courses (including core courses and electives) and the thesis, the MPH program tracks each student's progress in meeting the degree requirements using the same progress tracking sheet and process for all students.

2.2c Information about the number of professional public health master's degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

Brown does not offer a professional master's degree requiring fewer than 42 semester credit units. As discussed above, Brown does not award semester credit units but rather bases degree requirements on the number of required courses. Brown courses are at least equivalent to four credit courses at other institutions. The current requirements are that students must successfully complete 13 courses. Students may request that up to four graduate level or medical school courses taken previously or concurrently with the MPH Program count toward the 13 course requirement. Therefore while all students must complete 13 courses, well above the 42 credit equivalent, some students complete a small portion of those courses outside of Brown University. Only a small percentage of students fully exercise this option, with no more

than 6 students per year (1 out of 22 in 2012; 4 out of 36 in 2013; 6 out of 33 in 2014) graduating with fewer than 11 courses taken at Brown University.

2.2d Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: All students are treated equally. The MPH program has a 13 course requirement. Any MPH student may request to count up to 4 courses taken prior to enrollment, if they are graduate level and deemed appropriate by the Program Director. To assure that all students receiving an MPH degree from Brown meet the requirement of 13 courses (including core courses and electives) and the thesis, the MPH program tracks each student's progress in meeting the degree requirements using the same progress tracking form for all students.

2.3 Public Health Core Knowledge. All graduate professional degree public health students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

2.3a Identification of the means by which the school assures that all graduate professional degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program. See CEPH Data Template 2.3.1.

For the MPH Program, our only professional degree, a detailed matrix of core competencies and core courses is used to manage curricula. All students are required to complete at least one course in each of the five core areas basic to public health. The standard core course requirements for each of the five areas are listed in Table 2.3.1 below.

Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree		
Core Knowledge Area	Course Number & Title	Credits*
Biostatistics	Sequence 1: PHP2507, Biostatistics and Applied Data Analysis I AND PHP2508, Biostatistics and Applied Data Analysis II	2 units
	Or	
	Sequence 2: PHP2510, Principles of Biostatistics and Data Analysis & PHP2511, Applied Regression Analysis (This sequence requires an additional large data set course, which will count as an MPH elective)	2 units
Environmental Health Sciences	PHP1700, Current Topics in Environmental Health	1 unit
	Or	
	PHP2220E, Environmental & Occupational Epidemiology	1 unit
Epidemiology	PHP2120, Methods in Epidemiologic Research	1 unit
	Or	
	PHP2150, Foundations in Epidemiologic Research	1 unit
Health Services Administration	PHP2400, The U.S. Health Care System: Case Studies in Financing, Delivery, Regulation and Public Health	1 unit
	Or	
	PHP1100, Comparative Health Care Systems	1 unit
Social & Behavioral Sciences	PHP1740, Principles of Health Behavior and Health Promotion Interventions	1 unit
	Or	
	PHP2360, Designing, Implementing and Evaluating Public Health Interventions	1 unit

*NOTE: Brown University does not operate with a “credit hour” system. Brown employs a “tuition unit” system, in which one full-credit course earns one tuition unit. Courses generally meet twice a week for 80 minutes per session, or once a week for 150 minutes with some classes having additional required lab time or small group sessions.

In the MPH Program, there are two courses that serve as options for each of the five core areas of public health. The two options are designed to be similar in their coverage of the core content area, but approach the material from a different perspective. For example, in Biostatistics each sequence covers the key content, but one approaches the material from a more mathematical perspective and the other from a more applied data analysis perspective. In Behavioral and Social Sciences, one course (PHP1740) presents the material as a more standard introductory course approach. The other (PHP2360) also provides a broad introduction to behavioral and social sciences, consistent with nationally defined competencies for social and behavioral health, while also providing an introduction to program evaluation. The PHP2360 course was specifically designed at the founding of the MPH Program at Brown to meet the social and behavioral core competencies for MPH students. We recognize that that this is a different approach than other institutions, where program evaluation is a second course. The combined approach has worked well, meeting the core competency while also giving students an introduction to program evaluation.

In addition to the course requirements in the five core areas, all MPH students are required to complete the following courses.

Research Methods	PHP2040, Applied Research Methods	
Internship	PHP2070, Public Health/Community Service Internship	

Prior to the 2013-2014 academic year, our MPH Program did not offer specialty tracks. Tracks were implemented for the first time in 2014/15. Students in all tracks must complete the above course requirements. Where there are course options for meeting the requirement, some tracks may restrict the option (for instance PHP2150 is the preferred epidemiology course for the Epidemiology track).

In addition to the core requirements, students complete additional elective courses to meet the total 13 course requirement. There are track specific elective/selective requirements based on the competencies required for that track. Students, in consultation with their academic advisors, choose additional electives appropriate to the competencies needed for their individual public health career goals. A list of approved MPH electives is included in the Electronic Resource File (2.3A). Students may request to take an alternative course than the ones listed to meet core or elective requirements. Requests to take alternative courses must be approved by the student's academic advisor and the MPH Program Director.

Students in the AB-MPH, Brown-Tougaloo Partnership and MD-MPH programs must meet the requirements listed above. The MPH Program uses the same degree requirements form for evaluating completion of MPH requirements for the MPH Program, AB-MPH, Brown-Tougaloo Partnership and MD-MPH. In addition to fulfilling the MPH requirements, students in the AB-MPH Program must also meet the Honors requirements for the undergraduate Community Health/Public Health concentration. The former Community Health undergraduate concentration has been revised and renamed the Public Health concentration. The revised concentration became effective in Fall 2014, with two notable changes being the creation of a full course on Epidemiology (PHP0850) and a course on Biostatistics (PHP1501). The list of the 24 requirements for the AB-MPH can be found on the AB/MPH tracking sheet in the Electronic Resource File (2.3A). The MD-MPH students must also complete the requirements for the MD degree. Just as students in the standard MPH Program cannot use more than four courses taken

outside the Program to count toward the 13 course requirement, students in the MD-MPH program may not count more than four courses toward both degrees.

2.3b Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: Students are required to complete course work in each of the five core areas of public health. In addition, students are required to complete a course in applied research methods, an internship, and elective courses to complete the 13 course requirement.

Challenges: As our MPH class size has grown, we have continually reassessed our approach to be certain that we continue to meet student's needs. The program continues to expand course offerings and alternatives among core courses. We have also incorporated the use of small groups and poster presentations. We also now have the challenge of moving from a generalist program to offering tracks. We have undertaken an extensive planning process and will closely monitor the tracks and make adjustments as needed

Plans: We will continue to assess our approach as we implement specialty tracks, making adjustments as indicated.

2.4 Practical Skills. All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students' areas of specialization.

2.4a Description of the school's policies and procedures regarding practice experiences, including the following: selection of sites; methods for approving preceptors; opportunities for orientation and support for preceptors; approaches for faculty supervision of students; means of evaluating student performance; means of evaluating practice placement sites and preceptor qualifications; criteria for waiving, altering or reducing the experience, if applicable.

In the MPH Program, our only professional degree, all students are required to complete PHP2070, the Public Health/Community Service Internship course, including students enrolled in the AB-MPH and MD-MPH programs. All students, including physicians and other doctorally trained individuals, are required to participate in the internship. We believe that the internship offers critical experiences for all students and provides a good opportunity for students with different backgrounds to share their expertise with one another in establishing a community of learners. The field experience should expose the students to real world public health issues. Our goal is to have our students begin doing "real" public health work right from the beginning of their MPH training.

PHP2070, Public Health/Community Service Internship:

The MPH Program Director, Patrick M. Vivier, MD, PhD is the instructor for PHP2070. The course includes small group meetings with core advisors, large group seminars to cover important public health concepts, as well as a field experience of at least 145 hours. Students must complete a final project and poster as part of the field experience. The small group core advisor meetings provide a structured environment for students to explore public health concepts and topics, as well as potential field experience options. In addition to meetings with their core advisor and the course instructor, students are encouraged to meet with the Coordinator for Applied Learning Experiences and Professional Development in order to learn more about current issues of student interest, public health research, and internship opportunities. The Coordinator works closely with students to find field experience opportunities that are appropriate matches to the respective interests and future public health career goals of each student.

MPH students have undertaken a wide range of projects as part of their internship experiences, including developing public health educational materials for the Rhode Island Department of Health, performing public health assessments, developing public health resource materials, and writing public health research proposals, etc. The type of project is dependent on the student's skills, interests and the nature of the field experience. The MPH Program has established close relationships with a range of field experience sites, including the Rhode Island Department of Health, Rhode Island Department of Corrections, other Rhode Island state offices, Lifespan, Inc., Care New England, Providence Community Health Centers, Rhode Island Free Clinic, International Institute of Rhode Island, and other public health related and non-profit community based organizations.

All MPH students are required to submit a Field Experience Proposal form, which lists their field experience title, organization site, mentor, a brief description of their project activities and

goals, and a description of their final project. The Field Experience Proposal Form can be found in the Electronic Resource File (X.X.X). All Field Experience Proposal Forms must be approved by the PHP2070 course instructor (who is also the MPH Program Director) before the student can begin the field experience. The review includes an assessment of whether the field experience mentor is qualified. The MPH Program Director has more than a decade of experience in working with students in field experience settings and works closely with the Coordinator of Applied Learning Experiences and Professional Development. Examples of approved field experience forms can be found in the Electronic Resource File (X.X.X).

All field experience mentors are provided a copy of the MPH Internship Guidelines (Electronic Resource File, 2.4A), which includes an overview of the field experience requirements, student due dates for specific components of the MPH Internship, the Field Experience Proposal Form and Signature Page, and the MPH Internship Student Evaluation Form. The Coordinator for Applied Learning Experiences and Professional Development meets in person with all new local MPH Internship mentors, most often at the organization site, to review the goals and objectives of the field experience requirement and to discuss and help identify appropriate public health projects relevant to the organization, as well as to assure that there is appropriate mentorship. If the MPH Internship mentor is not local (e.g. students in summer internships in global health or non-local domestic locations), the Coordinator communicates with the mentor by phone and/or electronically to review the goals and objectives, as well as the requirements of the field experience. The Coordinator maintains periodic contact with all MPH Internship mentors to monitor ongoing student progress during the course of the internship.

Students complete evaluations of the quality of their field experience sites, related activities, and mentors at the end of the MPH Internship to help assure the quality of the field experience options and to provide useful feedback to field experience mentors.

The assessment of the student’s performance in the PHP2070 MPH Internship course is based on the quality of the resulting final project, a student poster presentation at the end of the internship, input from the field experience mentor, and observations by the course instructor and the core advisors. All students receive a final grade for the PHP2070 MPH Internship that appears on their transcripts and the field experience component is a key element in the overall grade. The syllabus for the PHP2070 MPH Internship course can be found in the Electronic Resource File (X.X.X), and includes the description of the assignments the students must complete.

The thesis process is another critical opportunity for students to gain practice experience in public health. The thesis process is described in section 2.5.

2.4.b. Identification of agencies and preceptors used for practice experiences for students, by program area, for the last two academic years.

MPH Behavioral and Social Sciences Track	
Preceptor	Organization
Wendy Nilsson	Partnership for Providence Parks Providence, RI

Marvin Ronning, Med	Rhode Island Free Clinic Providence, RI
MPH Biostatistics Track	
Preceptor	Organization
Jay Buechner, PhD	Neighborhood Health Plan of RI Providence, RI
Stephen Davis, MD	Neighborhood Health Plan of RI Providence, RI
Rouba Youseff, PhD	Veterans Affairs Medical Center Providence, RI
MPH Environmental Health Track	
Preceptor	Organization
Kali Thomas, PhD	Veterans Affairs Medical Center Providence, RI
MPH Epidemiology Track	
Preceptor	Organization
Judith Mercer, PhD	Women & Infants' Hospital Providence, RI
Marina Tolou-Shams, PhD	Rhode Island Family Court Mental Health Clinic Providence, RI
MPH Global Health Track	
Preceptor	Organization
Sarah Atunah-Jay, MD, MPH	Maternity Clinic and Antiviral Treatment Center Ghana
Jennifer Friedman, MD	Rhode Island Hospital Providence, RI
Michael Koster, MD	Saint Damien/NPFS Pediatric Hospital Tabarre, Haiti
Megan Pinkston-Camp, PhD	Warren Albert Medical School Providence, RI
MPH Health Services Track	
Preceptor	Organization
Rosa Baier, MPH	Healthcentric Advisors Providence, RI
Elizabeth Boucher	CareLink Rhode Island Providence, RI
Clara Taylor	Mad*Pow Boston, MA
MPH Generalist Track	
Preceptor	Organization
Siraj Amanullah, MD, MPH	Hasbro Children's Hospital Providence, RI
Jennifer Andrade-Koziol	RI Department of Health Providence, RI
Magaly Angeloni	RI Department of Health Providence, RI

Angela Ankoma	RI Department of Health Providence, RI
Kimberly Jacob Arriola	Emory Transplant Center Atlanta, GA
Rhonda Bentley-Lewis, MD, MBA, MMSc	Massachusetts General Hospital Boston, MA
Carrie Bridges Feliz	RI Department of Health Providence, RI
Bradley Brockmann, JD, MDiv	Center for Prisoner Health and Human Rights Providence, RI
Vianella Burgos	Dorcas Place Providence, RI
Anju Chawla, MD	Hasbro Children's Hospital Providence, RI
Channavy Chhay	Center for Southeast Asians Providence, RI
Melissa Clark, PhD	Center for Gerontology and Health Care Research Brown University Providence, RI
Tim Conibear	Waves for Change Cape Town, South Africa
Ellen Cynar, MPH	Office of the Mayor of Providence, RI Providence, RI
Christopher Daniel	Safer Institute Providence, RI
Sandy Dubey, RN	Home & Hospice Care of Rhode Island Providence, RI
Shira Dunsiger, PhD	Centers for Behavioral and Preventive Medicine, The Miriam Hospital Providence, RI
Damian Dupuy, MD	Rhode Island Hospital Providence, RI
Charles Eaton, MD, MS	Center for Primary Care & Preventive Medicine, Memorial Hospital of Rhode Island Pawtucket, RI
Christine Ferguson, JD	HealthSource, RI Providence, RI
Mary Flynn, PhD, RD, LDN	Rhode Island Free Clinic Providence, RI
Kim Gans, PhD	Institute for Community Health Promotion, Brown University Providence, RI
Aris Garro, MD, MPH	Hasbro Children's Hospital Providence, RI
Annie Gjelsvik, PhD	RI Department of Health Providence, RI
Dona Goldman, PhD	RI Department of Health Providence, RI

Paul B. Greenberg, MD	Lifespan, Inc. Providence, RI
Joseph Griffin, MPH	San Francisco General Hospital San Francisco, CA
Royi Gutman, PhD	Center for Statistical Sciences, Brown University Providence, RI
Jennifer Hinnenthal, MPH	Medtronic, Inc. Minneapolis, MN
Jennifer Johnson, PhD	Center for Alcohol and Addiction Studies, Brown University Providence, RI
Rami Kantor, MD	Moi Teaching and Referral Hospital Eldoret, Kenya
Akilah Keita, PhD	Institute for Community Health Promotion, Brown University Providence, RI
Hanna Kim, PhD	RI Department of Health Providence, RI
Robert Kohn, MD	Miriam Hospital Providence, RI
Awewura Kwara, MD	Komfo Anokye Teaching Hospital Kumasi, Ghana
Cheuk Kwong Lee, MD	Hong Kong Red Cross Hong Kong
Betsy Loucks, MPH	HealthRight Providence, RI
Mark Lurie, PhD	South African Medical Research Council and the University of Cape Town Cape Town, South Africa
Steven McGarvey, PhD, MPH	American Samoa Women, Infants and Children (WIC) Program, Department of Human and Social Services Pago Pago, American Samoa
Angelica McHugh, MPH	Weight Control and Diabetes Research Center Providence, RI
Michael Mello, MD, MPH	Injury Prevention Center, Rhode Island Hospital Providence, RI
Jennifer Merrill, PhD	Center for Alcohol and Addiction Studies Providence, RI
Christopher Merritt, MD, MPH	Hasbro Children's Hospital Providence, RI
Kate Minto	United Way King County Seattle, WA
Brian Montague, DO, MPH	Miriam Hospital Immunology Clinic Providence, RI
Yasmil Montes, Med	Institute for Community Health Promotion, Brown University Providence, RI
Vincent Mor, PhD	Center for Gerontology and Health Care Research Brown University, Providence, RI

Dina Morrissey, MD, MPH	Injury Prevention Center, Rhode Island Hospital Providence, RI
Patricia Nolan, MD, MPH	Rhode Island Public Health Institute Providence, RI
Junhie Oh, BDS, MPH	RI Department of Health, Providence, RI
Adam Pallant, MD, PhD	Hasbro Children's Hospital Providence, RI
Sharon Parker, PhD	University of North Carolina Chapel Hill, NC
Samir Patel, MD	South Shore Hospital South Weymouth, MA
Deborah Pearlman, PhD	RI Department of Health Providence, RI
Linda Pointon, MPhil	FDA Mini-Sentinel Initiative Boston, MA
Megan Ranney, MD, MPH	Injury Prevention Center, Rhode Island Hospital Providence, RI
James Rhodes	Rhode Island Clean Water Action Providence, RI
Cynthia Roberts, PhD	RI Department of Health Providence, RI
David Robinson, Ed.D	RI Department of Health Providence, RI
Lori Scott-Sheldon, PhD	Centers for Behavioral and Preventive Medicine The Miriam Hospital Providence, RI
Wayne Shreffler, MD	Massachusetts General Hospital Boston, MA
Kristina Stark	Sprouts East Greenwich, RI
Nancy Sutton, MS, RD	Rhode Island Department of Health Providence, RI
Lynn Taylor, MD	Miriam Hospital Immunology Clinic Providence, RI
Joan Teno, MD, MS	Center for Gerontology and Health Care Research Brown University Providence, RI
Madeleine Thibeault, RN, MS, CPHQ	Veteran's Affairs Medical Center Providence, RI
Meagan Towle, MPH	Rhode Island Department of Health Providence, RI
Amal Trivedi, MD, MPH	Center for Gerontology and Health Care Research Brown University, Providence, RI
Denise Tyler, PhD	Center for Gerontology and Health Care Research Brown University, Providence, RI

Tricia Washburn	RI Department of Health Providence, RI
Larry Warner, MPH	Safer Institute Providence, RI
Otis Warren, MD	Warren Alpert Medical School Providence, RI
Edward Westrick, MD	PACE Organization Providence, RI
Kaitlyn Whiton	National Sleep Foundation Washington, DC
Kenneth Williams, MD	Rhode Island Hospital Providence, RI
Margaret Wirth	Maternova Providence, RI

2.4c Data on the number of students receiving a waiver of the practice experience for each of the last three years.

All MPH students are required to complete PHP2070, the Public Health/Community Service Internship. No student has been waived from this requirement in the last 3 years.

2.4d Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.

Not Applicable.

Brown does not currently offer residencies in preventive medicine, occupational medicine, aerospace medicine, or public health and general preventive medicine residents. No students have participated in these residency programs while enrolled in the Brown MPH Program.

2.4e Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: We tell our MPH students that it is not enough to study public health; we require that they do public health while they are here. Students complete the Public Health/Community Service Internship, which provides real world public health experience, in their first year of the program. This is followed by the more independent thesis project. We feel that the Public Health/Community Service Internship and the thesis process form a continuum of practical

public health experience that helps to prepare our students for their future public health careers.

Challenges: As the class has gotten larger, the challenge is to continue to identify stimulating field placements for each student.

Plans: The Coordinator for Applied Learning Experiences and Professional Development was hired into this revised MPH staff position in June of 2012. The focus of this position is to increase the number of ongoing relationships with entities outside of Brown that will offer internship opportunities. With 264 MPH alumni, we now have more alumni in the area and we plan to cultivate those relationships as potential sources of internship and mentorship opportunities.

2.5 Culminating Experience. All graduate professional degree programs, both professional public health and other professional degree programs, identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

2.5a Identification of the culminating experience required for each professional public health and other professional degree program. If this is common across the school's professional degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

Students in the MPH Program, our professional degree, are required to complete an MPH thesis, including students in the AB-MPH program, the MD-MPH program and students doing the MPH Program as part of the Brown Tougaloo Partnership Program. Thesis projects may be descriptive research, investigative research, public health policy development or assessment, or a program evaluation. The thesis must have an analytic component, which may be qualitative and/or quantitative. The thesis must also have utility, with some application for public health action. The thesis project usually involves a smaller scale of administrative and data management activities than a typical PhD thesis. Students may use existing datasets or develop their own, although the latter, by necessity, usually involves smaller population samples. Faculty conducting research in the 11 Centers and Institutes of the School of Public Health have a large array of research projects using public relevant data bases that are available to MPH students. The Rhode Island Department of Health and other state agencies have public use data sets and other sources of data are available from federal public health agencies. These data sources are also options for thesis projects.

Students begin developing their thesis topic during the first year of study. As part of the core sessions for the MPH Public Health/Community Services Internship, students work in small groups with their respective core advisors to think through a public health issue from problem definition, to risk factors to intervention. They then build on this to develop a thesis idea, which they present and refine in the Core Advisor small group sessions. The Core Advisor, the Coordinator for Applied Learning Experiences and Professional Development, the MPH Program Director and a broad range of faculty are available to work with students to identify an appropriate thesis topic. See the Electronic Resource File (X.X.X) for MPH thesis guidelines, proposal form, and thesis progress report, as well as samples of thesis projects.

2.5b Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: A key signature of the Brown MPH Program is the development of skills to collect, analyze and translate data for public health policy and practice. A great strength of our program is that all students undertake a substantive public health project, working with high quality mentors, including accomplished public health researchers and public health practitioners.

Students have produced high quality work that has been published in journals and/or accepted for presentation at local, national and international meetings. In addition to the internship requirement described above, we also have a thesis requirement that provides extensive public health experience in research, policy or practice.

Challenges: The analytic aspect of the program is highly individualized to address student interests in the thesis project.

Plans: To continue to engage a broad range of public health professionals to work with students on thesis projects.

2.6 Required Competencies. For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The school must identify competencies for graduate professional public health, other professional and academic degree programs and specializations at all levels (bachelor's, master's and doctoral).

2.6a Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the school (eg, one set each for BSPH, MPH and DrPH).

The Brown University School of Public Health does not offer a professional public health doctoral degree (e.g., DrPH), nor does it offer professional public health masters degrees other than the MPH. The following competencies are therefore only for the MPH degree and the undergraduate concentration in Public Health.

MASTER OF PUBLIC HEALTH (MPH)

The MPH competencies for all tracks cover 5 essential areas and are listed below.

1. Knowledge Base: Be competent to identify, assess, understand and apply the current state of public health knowledge to a given public health concern.

- a) Identify multilevel factors that influence the health and well-being of populations
- b) Discuss strengths and limitations of domestic and international public health systems
- c) Discuss current public health issues and controversies
- d) Identify a public health problem with a defined population deserving of further study
- e) Compare the pros and cons of individual, community-based & environmental or policy interventions
- f) Contrast prevention with disease management approaches
- g) Identify the role of cultural, social & behavioral factors, among others, in determining disease expression, disease prevention, health promoting behavior and access to care
- h) Explain and apply fundamental biostatistical and epidemiological methods
- i) Discuss environmental factors including biological, physical, chemical and social factors that affect the health of a community
- j) Identify and discuss social and cultural issues relating to policies, research and interventions in public health and preventive medicine contexts
- k) Describe, identify and apply principles of screening data in intervention programs
- l) Discuss ethical issues related to public health problems and the potential approaches to ameliorate these problems.
- m) Identify funding sources for public health activities

2. Research: Be competent to design and carry out a health services or health policy research or epidemiological study or intervention study, analyze results, draw appropriate conclusions, and report results.

- a) Identify data sources relevant to the investigation of a public health problem
- b) For a specific public health problem, contrast generalizability and limitations of data from different sources
- c) State a public health research problem in terms of a research hypothesis
- d) Apply current statistical and epidemiological methods in the analysis of a given data-set
- e) Discuss various public health surveillance systems
- f) Design a public health survey
- g) Critique an existing public health survey
- h) Explain the limitations of statistical analyses within a public health context
- i) Read and critique public health research literature.
- j) Discuss research, statistical and epidemiological methods that can be applied to the research design and analysis of a particular public health problem.
- k) Demonstrate an understanding of rigorous qualitative research methods and their utility in public health research
- l) Discuss issues related to ethical/human concerns in research

3. Community Service and Intervention: Be competent to recognize and describe a public health problem; and to design, implement, monitor, and evaluate a program or intervention intended to manage, control, or solve that problem. Be competent to identify community service opportunities, and to develop and maintain effective linkages with organizations and agencies in the community

- a) Design an intervention/study to investigate a public health problem, and/or decrease risks for disease and/or promote wellness
- b) Assess components of well-designed intervention programs, including formative evaluation, process evaluation and impact evaluation
- c) Define a population, to include demographic, geographic, social and behavioral characteristics among others
- d) Assess the health status of a community/specific population in order to establish priorities for intervention and establish measurable health objectives for those interventions
- e) Discuss incorporation of community health action/participation into intervention and planning
- f) Use a causal/logic model to design an intervention program
- g) Discuss several behavioral change theories and constructs and how they can be applied to intervention design and implementation
- h) State comprehensive policy options for a particular public health issue and articulate the health, fiscal, administrative, legal, social, and political implications of each policy option
- i) State the feasibility and expected outcomes of each policy option, and decide on an appropriate course of action
- j) Apply an understanding of cultural diversity to addressing public health problems
- k) Perform public health service in community settings
- l) Compare and contrast multi-level approaches (intrapersonal, interpersonal, organizational, community, societal, etc.) to improve a public health problem

- m) Identify crucial stakeholders for the planning, implementation and evaluation of public health interventions, programs and policies.
- n) Apply ethical principles to the planning, implementation and evaluation of public health programs.
- o) Use evidence-based approaches in the development and evaluation of public health interventions.

4. Communication and Advocacy: Be competent to organize and communicate information pertaining to a public health problem or condition, including policy implications, priorities and recommended course of action

- a) Translate data into evidence-based public health recommendations, interventions, and policies
- b) Present accurate, clear and concise programmatic and scientific information to health professionals, decision-makers, and lay audiences, using the media, in oral and written forms
- c) Identify and collaborate with community leaders and public and private partners to promote health and prevent disease and disability
- d) Write a clear and concise policy statement on a selected public health issue
- e) Advocate for a public health position to further public or institutional courses of action
- f) Demonstrate written and oral communication skills that express sensitivity to diverse socioeconomic, cultural, demographic subgroups
- g) Deliver oral presentations that effectively disseminate information and convey knowledge

5. Information Management/Informatics: Be competent to manage and affect information including data, reference materials, etc. using computer technology and library resources

- a) Use computers for specific applications relevant to preventive medicine and public health, including the use of data management, epidemiological and graphics packages
- b) Access public health data-sets and references using the Internet and library resources
- c) Demonstrate proficiency with a statistical computing package
- d) Use a computer to prepare a formal presentation
- e) Construct and manage a database
- f) Clean and organize collected data

PUBLIC HEALTH UNDERGRADUATE CONCENTRATION (AB)

1. Knowledge Base: Be competent to identify, assess, understand and apply the current state of public health knowledge to a given public health concern.

- a) Identify multilevel factors that influence the health and well-being of populations
- b) Discuss strengths and limitations of domestic and international health systems
- c) Discuss current public health issues and controversies
- d) Identify a public health problem with a defined population deserving of further study
- e) Contrast prevention with disease management approaches
- f) Explain and apply fundamental statistical and epidemiological methods
- g) Discuss ethical issues related to public health problems and the potential approaches to ameliorate these problems.

2. Research: Be competent to understand a health services or health policy research or epidemiological study or intervention study, analyze results, draw appropriate conclusions, and report results.

- a) Identify data sources relevant to the investigation of a public health problem
- b) For a specific public health problem, contrast generalizability and limitations of data from different sources
- c) State a public health research problem in terms of a research hypothesis
- d) Define and provide examples of public health surveillance
- e) Explain the importance and conduct of public health needs assessments
- f) Read and critique public health research literature.
- g) Discuss ethical/human concerns in public health research and service

3. Community and Advocacy

- a) Define a population, to include demographic, geographic, social and behavioral characteristics
- b) Apply an understanding of cultural diversity to addressing public health problems
- c) Identify crucial stakeholders for the planning, implementation and evaluation of public health interventions, programs and policies.
- d) Understand evidence-based approaches in the development and evaluation of public health interventions.
- e) Identify and collaborate with community leaders and public and private partners to promote health and prevent disease and disability
- f) Demonstrate written and oral communication skills that express sensitivity to diverse socioeconomic, cultural, demographic subgroups
- g) Deliver oral presentations that effectively disseminate information and convey knowledge

4. Information Management/Informatics: Be competent to manage and affect information including data, reference materials, etc. using computer technology and library resources

- a) Access public health literature and references using the Internet and library resources
- b) Demonstrate familiarity with a statistical computing package
- c) Use a computer to prepare a formal presentation

2.6b Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the school) identified in the instructional matrix. The school must identify competencies for all degrees, including graduate public health professional degrees, graduate academic degrees, graduate other professional degrees, as well as baccalaureate public health degrees and other bachelor's degrees.

COMPETENCIES FOR THE MASTER OF PUBLIC HEALTH TRACKS

In addition to the competencies all MPH students must meet, students in the tracks must meet the additional competencies listed below by track.

Generalist Track Competencies

The history of the Brown MPH program has been to focus on the core competencies for the MPH Program; empowering students, with close advising support, to develop an individual educational path based on their public health focus and career goals. We will continue this tradition in the generalist track with an emphasis on the existing core competencies for the MPH Program.

In addition, students will develop an individualized educational plan to gain the competencies required for their own path in public health. This will include identifying the focus of the generalist studies for that student, be that a content area (for example Maternal and Children Health, Aging, Mental Health, HIV, etc.) or methodological focus (advanced methods in public health research/evaluation, etc.). The student will also identify two to four competencies that they will achieve, beyond the core, as part of the Generalist track and how those competencies are achieved. The Generalist track plan must be approved by the MPH Program Director.

Behavioral and Social Sciences Track Competencies

- 1) Design an intervention to investigate a public health problem, and/or decrease risks for disease and/or promote wellness.
- 2) Develop a plan to monitor and evaluate the reach, fidelity, quality, impact and outcome of public health interventions.
- 3) Apply behavioral and social science theories in the planning, implementation, and/or evaluation of health promotion intervention programs.
- 4) Examine the psychosocial, behavioral, and environmental causes of health disparities and incorporate an understanding of diverse values and traditions in the planning, implementation, and/or evaluation of health promotion/intervention programs.
- 5) Analyze a health issue from a multi-level behavioral and social science perspective including the role of biological, individual, social, community, and structural factors.

Biostatistics Track Competencies

- 1) Be able to design, analyze, and interpret the results of medical and public health surveys, observational studies and clinical trials.
- 2) Be able to apply biostatistical methods to public health issues.
- 3) Be able to effectively collaborate with policymakers, medical and public health scientists and community organizations.

Environmental Health Track Competencies

- 1) Demonstrate methodological expertise in a discipline relevant to the study of environmental health, including: statistics, epidemiology, toxicology, risk assessment, geographic information systems, and policy and regulation.
- 2) Demonstrate knowledge and expertise in at least one substantive area relevant to environmental health such as: health effects of air pollution, flame retardants, climate change/weather, water pollutants, vapor intrusion, or consumer products.
- 3) Demonstrate understanding of human physiology and pathophysiology.

Epidemiology Track Competencies

- 1) Identify and describe public health problems important to a specific population.
- 2) Demonstrate methodological expertise in formulating a research hypothesis, study design, obtaining or collecting epidemiologic data, and data analysis.

- 3) Effectively communicate epidemiologic information to diverse audiences in diverse settings.
- 4) Evaluate the strengths and limitations of epidemiologic reports.
- 5) Draw appropriate inferences from epidemiologic data.

Global Health Track Competencies

*** Multicausal Etiology of Health and Disease**

- 1) Know general patterns of age and cause specific morbidity and mortality in major regions of the world.
- 2) Identify major etiologic factors that influence infectious diseases (ID) in less developed countries (LDCs).
- 3) Identify major etiologic factors that influence non-communicable diseases (NCD) in LDCs.
- 4) For both ID and NCD be able to identify factors that are thought to initiate the disease processes, and factors that contribute to disease progression.
- 5) Identify putative levels of causal influence from biological, sociocultural, behavioral, political-economic, historical and evolutionary factors for at least one ID and one NCD.
- 6) Identify and discuss general levels of biological interactions that influence states of health and disease. Illustrate for at least one ID and one NCD.
- 7) Explain current international public health issues and controversies.
- 8) Apply an understanding of behavioral and cultural diversity to addressing international health issues.
- 9) Demonstrate understanding of processes of economic development in LDCs and their heterogeneity.

*** Research Concepts, Methods and Conduct:**

- 1) Demonstrate understanding of the principles of multivariable statistical analysis and ability to conduct it.
- 2) Show understanding of purpose, design & conduct of experimental trials at community & individual levels.
- 3) Discuss ethical issues related to the conduct of international health research.
- 4) State an international health research problem in terms of a research hypothesis.
- 5) Prepare an interdisciplinary international health research grant proposal for external funding.

Health Services Track Competencies

- 1) Use knowledge of the structures, performance, quality, policy, and environmental context of health and health care to formulate solutions for health policy problems.
- 2) Demonstrate ability to design research projects, including those involving both primary data collection and analysis of secondary data; demonstrate ability to apply sophisticated analytic techniques to the analysis of health services research data.
- 3) Understand the importance of collaborating with policymakers, organizations, and communities to plan, conduct, and translate health services research into policy and practice.

COMPETENCIES FOR BEHAVIORAL AND SOCIAL HEALTH SCIENCES (BSHS) DOCTORAL STUDENTS (PhD)

The PhD program in Behavioral and Social Health Sciences is designed to enable students to:

- 1) Identify and understand social and behavioral factors that affect the health and health-related behavior of individuals and populations, considering individual, community, environmental, sociocultural and policy influences, and their interactions, on health and health behaviors.
- 2) Draw from a variety of theories, concepts, and models from relevant social and behavioral disciplines to inform health behavior research.
- 3) Critically evaluate quantitative and qualitative research methods and appropriately draw inferences from research findings.
- 4) Design, implement, and evaluate interventions that influence health behaviors.
- 5) Conduct and disseminate research on health behaviors and outcomes, using appropriate methods and analyses.
- 6) Demonstrate a depth of knowledge within a substantive area of health behavior.
- 7) Develop competency in communicating research ideas and findings orally and in writing to students and the scientific community.

COMPETENCIES FOR BEHAVIORAL AND SOCIAL HEALTH SCIENCES (BSHS) MASTER'S STUDENTS (ScM; AM)

1. Basic Behavioral and Social Science

- a) Understand and apply principles of basic behavioral science to intervention research, including principles of learning, emotion, cognition, motivation, lifespan development, and social-contextual determinants of behavior and health.
- b) Understand the production of health from a multi-level perspective; examine the role of biological, individual, social, community, and structural factors that affect the health of individuals and populations.
- c) Identify theoretical or conceptual models and guidelines to design and evaluate interventions at multiple levels.

2. Program Planning, Intervention, and Evaluation

- a) Describe the merits of social and behavioral science interventions and policies.
- b) Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.
- c) Apply a variety of empirical strategies to assess concerns, assets, resources, and needs for conceptualizing and developing behavioral and social interventions within a particular context and community.
- d) Discuss important principles related to coordination and management of behavior change interventions and programs.
- e) Apply appropriate research principles and methods to the development of community health promotion/intervention programs.
- f) Apply rigorous evaluation methods to assess efficacy of behavior change interventions and programs.

3. Cultural Competence

- a) Recognize differences in beliefs, values, and norms within and across communities, and learn to work with diverse groups of collaborators, stakeholders, and colleagues.
- b) Recognize personal or social biases and assumptions that might affect interactions with people of diverse backgrounds.
- c) Demonstrate ability to incorporate knowledge of diverse beliefs, values, and norms into the planning, implementation, and evaluation of public health programs.

4. Communication and Informatics

- a) Use the public health information infrastructure to access and apply data for public health purposes.
- b) Accurately comprehend and interpret data sources when reading the published literature.
- c) Recognize and use appropriate verbal, non-verbal, and visual forms of communication for conveying/disseminating public health messages.

5. Ethics and Professionalism

- a) Understand principles underpinning the appropriate treatment of human participants in research and adhere to principles of confidentiality of information and/or client data.
- b) Identify ethical issues and institutional review board requirements relevant to behavioral and social science research in public health.
- c) Demonstrate professional behavior toward researchers, key stakeholders, community organizations, and their clients/constituents.

6. Translation and Dissemination

- a) Understand how to adapt interventions so that language, style, delivery modalities, and communication channels are appropriate to specific populations and settings.
- b) Explore approaches to improve the translation and dissemination of effective behavior change interventions/programs in diverse communities.

7. Epidemiology

- a) Develop a strong foundation in contemporary approaches to epidemiologic methods major epidemiologic study designs, their advantages and limitations.

COMPETENCIES FOR BIostatISTICS DOCTORAL STUDENTS (PhD)

1. Data Analysis and Computing

- a) Identify and implement advanced statistical models for the purposes of estimation, comparison, prediction, and adjustment in non-standard settings.
- b) Develop and plan research studies with complex sampling schemes
- c) Apply programming skills to analyze data and develop simulation studies
- d) Develop and plan randomized and non-randomized studies to measure effects of interventions
- e) Evaluate research reports and proposals for research funding on the basis of their scientific integrity, validity, and the strength of the quantitative analysis

2. Serve as the expert biostatistician on a collaborative team of investigators addressing a public health question

- a) Acquire knowledge and skills in research methodologies to collaborate with substantive investigators
- b) Formulate a public health question in statistical terms
- d) Choose a study design to address the public health question
- e) Identify important methodological problems through participation in collaborative research

3. Data Management

- a) Identify the uses to which data management can be put in practical statistical analysis, including the establishment of standards for documentation, archiving, auditing, and confidentiality; guidelines for accessibility; security; structural issues; and data cleaning
- b) Differentiate between analytical and data management functions through knowledge of the role and functions of databases, different types of data storage, and the advantages and limitations of rigorous database systems in conjunction with statistical tools
- c) Describe the different types of database management systems, the ways these systems can provide data for analysis and interact with statistical software, and methods for evaluating technologies pertinent to both
- d) Ensure the quality and security of information used in a statistical study

4. Public Health or Biomedical Competency

- a) Identify important scientific problems in an area of biomedical or public health research outside of biostatistics/statistics that require the development of innovative biostatistical methodology for their solution
- b) Review and evaluate the use of biostatistical methods in public health or biomedical field of study
- c) Demonstrate proficiency in the language of the public health or biomedical field of studies
- d) Build productive collaborations across public health and biomedical fields and disciplines

5. Communication

- a) Develop proficiency in making oral, written and poster presentations of work to statistical and non-statistical colleagues
- b) Communicate effectively with public health experts, relying upon a basic understanding of human health and disease
- c) Prepare written summaries of quantitative analyses for journal publication, presentations at scientific meetings, grant applications, and review by regulatory agencies

6. Teaching

- a) Review and illustrate selected principles of study design, probability theory, estimation, hypothesis testing, and data analytic techniques to public health students enrolled in all levels of graduate public health courses
- b) Explain statistical concepts and methods to a broad audience including undergraduate students, clinicians and medical researchers
- c) Explain advanced concepts in the theory of statistical inference to beginning and advanced graduate students in biostatistics and mathematical statistics.

7. Biostatistical Research

- a) Identify and integrate new developments in the statistical literature for challenging research problems in public health
- b) Generate original computer code for new statistical techniques
- c) Recognize gaps in current inferential methods that limit further public health research and propose solutions based on rigorous theoretical justification
- d) Develop guidelines for practical implementation and evaluation of public health research and programs
- e) Formulate methodological questions so that improved theory and/or methods can be derived
- f) Determine the statistical properties of new methods using mathematical and computer tools
- g) Write and publish peer-reviewed articles that effectively communicate new theory and methods
- h) Clearly present biostatistical research findings in a research seminar format

COMPETENCIES FOR BIostatISTICS MASTER'S STUDENTS (ScM; AM)

1. Concepts of Research Designs and Data Analysis

- a) Demonstrate a foundation in statistical theory and methods for standard designs and analyses encountered with biomedical data
- b) Identify and implement statistical techniques and models for analysis of data
- c) Acquire knowledge and skills in research methodologies to collaborate with substantive investigators
- d) Recognize key research designs and be able to assist in developing plans for their implementation
- e) Understand the advantages and disadvantages of randomized and non-randomized studies to measure effects of interventions
- f) Apply programming skills to analyze data and develop simulation studies

2. Data Management

- a) Attain proficiency in management, documentation of study data for use in practical statistical analysis

3. Collaboration

- a) Formulate a public health question in statistical terms
- b) Effectively function in an interdisciplinary collaborative environment (ScM)

4. Communication and Leadership Skills

- a) Develop proficiency in making oral, written and poster presentations of work to statistical and non-statistical colleagues
- b) Evaluate research reports and proposals on the basis of their scientific integrity, validity, and the strength of the quantitative analysis
- c) Gain overview of opportunities available to statisticians and learn how to market oneself to attain them

5. Public Health or Biomedical Competency

- a) Review and evaluate the use of biostatistical methods in public health or biomedical field of study
- b) Demonstrate proficiency in the language of the public health or biomedical field of studies
- c) Build productive collaborations across public health and biomedical fields and disciplines

6. Biostatistical Research

- a) Develop a research proposal (ScM)
- b) Successfully complete and write up a collaborative research project as a publishable thesis that consists of one of the following: ScM (1. Development of a new data-analytic method, 2. Detailed study of an existing method, or comparison of performance of various methods (e.g. via simulation study), 3. Development of new software for statistical computing, or 4. A review or synthesis of an new or emerging area of statistical methodology or application).

COMPETENCIES FOR MASTER OF SCIENCE IN CLINICAL AND TRANSLATIONAL SCIENCE (CTR) (ScM)

1. Research Methods: Be competent to design, carry out and critique health research.

- a) Develop and refine a research question or hypothesis.
- b) Apply appropriate methods to address a research question or hypothesis.
- c) Read and critique health research literature.
- d) Understand ethical and human subjects issues in research.
- e) Identify funding sources for research.

2. Biostatistics and Applied Data Analysis: Be competent to analyze results, draw appropriate conclusions, and report results.

- a) For a specific research question, contrast generalizability and limitations of data from different sources.
- b) Apply current statistical methods in the analysis of a given data-set.
- c) Access public health data-sets and references using the Internet and library resources.
- d) Demonstrate proficiency with a statistical computing package.
- e) Clean and organize collected data.

3. Research Communication: Be competent to organize and communicate research questions, methods, findings and implications.

- a) Translate data into evidence-based public health recommendations, interventions, and policies.
- b) Present accurate, clear and concise programmatic and scientific information to health professionals, decision-makers, and lay audiences, using the media, in oral and written forms.
- c) Explain the limitations of statistical analyses.
- d) Discuss research, statistical and epidemiological methods that can be applied to research design and analysis.
- e) Deliver oral presentations that effectively disseminate information and convey knowledge.
- f) Use a computer to prepare a formal presentation.

COMPETENCIES FOR EPIDEMIOLOGY DOCTORAL STUDENTS (PhD)

- 1) Develop a strong foundation in contemporary approaches to epidemiologic methods, and major observational study designs
- 2) Design a research study that can appropriately and efficiently examine an epidemiologic research question of interest; write and submit a proposal to support this research
- 3) Use causal diagrams to identify threats to study validity and potential approaches to mitigating such threats
- 4) Conduct appropriate analyses of epidemiologic data using standard regression models in SAS
- 5) Distinguish between association and causation based on counterfactual theory to make causal inference using data obtained from observational studies
- 6) Represent a priori subject-matter knowledge and hypotheses with causal diagrams
- 7) Understand the difference between effect modification and interaction
- 8) Learn to interpret and integrate multiple lines of scientific evidence concerning a particular topic of importance to the field of epidemiology
- 9) Effective communication of scientific findings
- 10) Demonstrate a basic understanding of human physiology and pathophysiology
- 11) Demonstrate mastery of a substantive area
- 12) Review, critically analyze and synthesize existing epidemiologic literature to identify meaningful gaps in current knowledge and formulate research objectives.
- 13) Strong understanding of what scientific misconduct is and the impact unethical conduct can cause within and outside of the research community

COMPETENCIES FOR EPIDEMIOLOGY MASTER'S STUDENTS (ScM)

- 1) Develop a strong foundation in contemporary approaches to epidemiologic methods, major epidemiologic study designs, their advantages and limitations.
- 2) Design a research study that can appropriately and efficiently examine a epidemiologic research question of interest; write a proposal to support this research
- 3) Interpret results of an epidemiologic study, including the relation to findings from other epidemiologic studies, potential mechanisms, limitations and public health implications
- 4) Use causal diagrams to identify threats to study validity and potential approaches to mitigating such threats
- 5) Conduct appropriate analyses of epidemiologic data using standard regression models in SAS
- 6) Effective communication of scientific findings.
- 7) Demonstrate mastery of a substantive area
- 8) Strong understanding of what scientific misconduct is and the impact unethical conduct can cause within and outside of the research community

COMPETENCIES FOR HEALTH SERVICES RESEARCH DOCTORAL PROGRAM (PhD)

1. Theory and Context

- a) Demonstrate knowledge of the structure, function, history, and legal foundations of the components of the health care financing, delivery and regulatory system
- b) Demonstrate an understanding of organizational theory derived from sociology, theories of the firm, and economics of the firm, micro and macroeconomic theory related to the functioning and areas of market failure in health care, and other theories to understand

the social and structural forces that contribute to the distribution of healthcare resources and health outcomes in the population

- c) Demonstrate an in depth understanding of at least one of the theories or frameworks that form the basis for health services research.
- d) Demonstrate ability to link theoretical framework to the design, conduct, and interpretation of health services research.
- e) Demonstrate understanding of principles of critical appraisal and synthesis of evidence from independent sources.

2. Study Design

- a) Have proven ability to construct a study question
- b) Define conceptual definitions of determinants, outcome variables, and confounders in ways consistent with the theoretical framework guiding the research
- c) Create operational expressions of key variables such that misclassification and measurement error is minimized.
- d) Demonstrate proficiency in the selecting the most appropriate study designs in health services research (e.g., ecological studies, randomized trials, cohort, case-control, time series, difference-in-difference) such that bias is minimized and efficiency maximized
- e) Understand the impact of measurement issues (misclassification and measurement error) on validity of the study, ability to use analyses to select the most appropriate measures during the design phase, and understanding techniques for adjustment in analysis
- f) Demonstrate knowledge of what confounding is, how to identify potential confounders, strategies for prioritizing concerns regarding confounders, and ability to minimize confounding through design and analysis
- g) Understand selection bias in the context of cohort and case-control studies, ways to minimize selection bias, and know when correction techniques are viable
- h) Understand required elements to estimate sample size, know how to provide valid estimates of parameters for sample size equations
- i) Demonstrate knowledge of the impact of bias owing to loss of study participants and methods to minimize such bias including the ability to devise retention strategies
- j) Understand issues of ecological fallacy as applied to health services research
- k) Demonstrate ability to design a systematic review and meta-analysis of aggregate data.

3. Analysis

- a) Estimate and interpret measures of disease or event frequency and to understand the inter-relationship between measures.
- b) Estimate and interpret crude and model-based measures of association
- c) Demonstrate proficiency in selecting the appropriate measure of association for the specific study
- d) Understand statistical reasoning including distributions, probability, sampling, methods of comparing means, and approaches to estimating relationships among variables.
- e) Implement analytic techniques to control for confounding.
- f) Parameterize regression models, evaluate diagnostics of the model and interpret model-based measures of association
- g) Demonstrate ability to evaluate the extent to which a factor modifies the relationship between determinant and outcome under study

- h) Demonstrate proficiency in the application of advanced statistical methods appropriate for student research needs (e.g. hierarchical modeling, mixed-effects models, categorical data analysis, and analytical techniques for evaluating spatial data)
- i) Use techniques to estimate causal effects from non-experimental study designs
- j) Conduct sensitivity analyses to understand the robustness of findings in light of sources of bias
- k) Demonstrate the ability to use, where appropriate, analytic tools for qualitative analysis.
- l) Implement simple meta-analysis, meta-regression.
- m) Implement advanced meta-analysis for complex data, including network, multivariate, and diagnostic tests.
- n) Understand principles of decision theory, mathematical modeling and simulation in health and medicine.
- o) Understand principles of value-of-information analyses.

4. Policy

- a) Demonstrate the ability to design and implement research to provide evidence for policy development or change
- b) Interpret research findings for application in policy and practice settings.
- c) Understand the ramifications of multiple stakeholder perspectives on the design of research and evaluative studies
- d) Design an evaluation plan to measure policy impact in terms of effectiveness and quality.
- e) Identify barriers and facilitators to implementation and design solutions to address the barriers
- f) Understand development of practice guidelines in health and medicine, including the role of stakeholders, sponsors and evidence.

5. Effective communication

- a) Understand others by listening and questioning
- b) Demonstrate proficiency in scientific writing (manuscripts, review of manuscripts, rebuttals to reviewer's, grant writing)
- c) Effectively deliver oral presentations (e.g., scientific presentations to professional audiences, lectures to students and other teaching) including the appropriate use of audio/visual technologies).
- d) Effectively communicate scientific information to multiple audiences (lay audiences and policy-makers) for the purpose of translating science into policy and practice
- e) Demonstrate proficiency in leading discussions (e.g. journal club, seminar, brainstorming sessions)
- f) Construct and orally pose scientific questions related to research (e.g. discussant, ask questions, etc.)
- g) Demonstrate the ability to effectively communicate across disciplines

6. Data Management and Practical Research Skills

- a) Be familiar with the availability, structure, and procedures to access contemporary datasets for health services research in public use form on the internet and in secure form via request processes
- b) Demonstrate ability to implement methods for evaluating the strengths and limitations of data sources for evaluating specific study questions

- c) Demonstrate expertise in the management of complex relational and hierarchical databases including merging, appending, aggregation and transposition of data structures, documentation, recoding of variables, and data conversion across different analysis software
- d) Apply appropriate weighting schemes to population-based datasets
- e) Have knowledge of security issues, as well as of HIPAA and other privacy regulations affecting data access and security requirements
- f) Execute methods for processing primary data including developing systems for data entry and validation, data cleaning and documentation (internal and external systems)
- g) Demonstrate proficiency in conducting thorough searches of the medical literature
- h) Demonstrate proficiency in the use of citation managers, presentation software, and spreadsheets

COMPETENCIES FOR UNDERGRADUATE STATISTICS CONCENTRATION (ScB)

Provide foundation of basic statistical concepts and methodology and expose students to a cross-section of statistical applications.

1. Mathematical Foundation

- a) Communicate in the language of mathematics
- b) Explain the interplay between mathematical concepts and methods and their uses in statistics

2. Statistical Methods and Theory

- a) Perform exploratory and graphical data analyses
- b) Identify fundamentals of study design (e.g., random assignment, random selection, data collection, and efficiency) and related issues of bias, causality, confounding, and coincidence.
- c) Describe, implement, and assess statistical models (e.g. linear, nonlinear, parametric, semiparametric, and nonparametric regression models)
- d) Demonstrate command of the foundations of statistical theory

3. Data Manipulation and Computation

- a) Use of one or more professional statistical software environments
- b) Manipulate data using software in a well-documented and reproducible way
- c) Understand and use basic programming concepts (e.g., breaking a problem into modular pieces, algorithmic thinking, structured programming, debugging, and efficiency)
- d) Understand and use computationally intensive statistical methods (e.g., iterative methods, optimization, resampling, and simulation/Monte Carlo methods)

4. Communication

- a) Communicate effectively with collaborators, understand domain research issues, and discuss results and conclusions
- b) Develop proficiency in making oral, written and poster presentations of work to statistical and non-statistical colleagues
- c) Appraise critically the application of statistical methods in domain research

5. Public Health

- a) Acquire an overview of issues and research in public health

- 2.6c** A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a. and 2.6.b are met. If these are common across the school, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree and concentration. See CEPH Data Template 2.6.1

See the following pages for competency charts

Table 2.6.1	PUBLIC HEALTH CORE KNOWLEDGE AREAS														OTHER REQUIREMENTS				
Master of Public Health (MPH)	Epidemiology		Biostats and Applied Data Analysis Seq 1		Biostats and Applied Data Analysis Seq 2 (2510 AND 2511 AND one data set course)					Health Services		Social/ Behavioral Science		Env Health					
	PHP2120	PHP2150	PHP2507	PHP2508	PHP2510	PHP2511	PHP2430	PHP22260	PHP2019	PHP2410E	PHP2400	PHP1100	PHP1740	PHP2360	PHP 2220E	PHP1700	PHP2040	PHP2070	Thesis
Competency*	1. Knowledge Base: Be competent to identify, assess, understand and apply the current state of public health knowledge to a given public health concern.																		
a) Identify multilevel factors that influence the health and wellbeing of populations.	P	P								P		R	P	R	R	P		P	R
b) Discuss strengths and limitations of domestic and international public health systems.											P	P							
c) Discuss current public health issues and controversies.	p	R								P	P	R	R	R	P	P		P	P
d) Identify a public health problem with a defined population deserving of further study.			R	R			R	P				R	P	R	P	P	P	P	P
e) Compare the pros and cons of individual, community-based & environmental or policy interventions.												R	R	P	R			P	
f) Contrast prevention with disease management approaches.	p										P	R	R	R		P			
g) Identify the role of cultural, social & behavioral factors, among others, in determining disease expression, disease prevention, health promoting behavior and access to care.	P	P									R	R	P	P		R		R	
h) Explain and apply fundamental biostatistical and epidemiological methods.	P	P	P	P	P	P	R	P		P					P				
i) Discuss environmental factors including biological, physical, chemical and social factors that affect the health of a community.	P	P									R		R	P	P	P		P	
j) Identify and discuss social and cultural issues relating to policies, research and interventions in public health and preventive medicine contexts.										P	P	R	R	P		P	R	P	
k) Describe, identify and apply principles of screening data in intervention programs.	P	P														R			
l) Discuss ethical issues related to public health problems and the potential approaches to ameliorate these problems.	R										R		R					P	
m) Identify funding sources for public health activities.										P			P						
2. Research: Be competent to design and carry out a health services or health policy research or epidemiological study or intervention study, analyze results, draw appropriate conclusions, and report results.																			
a) Identify data sources relevant to the investigation of a public health problem.	R	R				R	R	P	P	P	P	R	R	R	R	P	P		
b) For a specific public health problem, contrast generalizability and limitations of data from different sources.	P	P	P	P	R	R	R	P	P	P	P	R	R	R	R	P	P	R	
c) State a public health research problem in terms of a research hypothesis.	R	P	R		P	R	P	P	P	P	P	R	P	R	P	P	R		
d) Apply current statistical and epidemiological methods in the analysis of a given data-set.		P	P	P	P	P	P	P	P	P		R					R		
e) Discuss various public health surveillance systems.	P	P								R								P	
f) Design a public health survey.										P								P	
g) Critique an existing public health survey.										P	R							P	
h) Explain the limitations of statistical analyses within a public health context.	R	R		P	P	P	R	R	P	P			R						
i) Read and critique public health research literature.	P	P	R	R	R		R	P	P	P	R	R	R	R	P		R		

j) Discuss research, statistical and epidemiological methods that can be applied to the research design and analysis of a particular public health problem.	R	P		P	R	R	R	P	P	P			R	R	P	P	R		
k) Demonstrate an understanding of rigorous qualitative research methods and their utility in public health research.					R									R					
l) Discuss issues related to ethical/human concerns in research.	R	R						R									R	P	
3. Community Service and Intervention: Be competent to recognize and describe a public health problem and to design, implement, monitor, and evaluate a program or intervention intended to manage, control, or solve that problem. Be competent to identify community service opportunities and develop and maintain effective linkages with organizations and agencies in the community.																			
a) Design an intervention/study to investigate a public health problem, and/or decrease risks for disease and/or promote wellness.		R													P			P	
b) Assess components of well-designed intervention programs, including formative evaluation, process evaluation and impact evaluation.									R				P	P					
c) Define a population, to include demographic, geographic, social and behavioral characteristics among others.	P	P			P		P	P		R	R		P	R					P
d) Assess the health status of a community/specific population in order to establish priorities for intervention and establish measurable health objectives for those interventions.								P			R	P	R						
e) Discuss incorporation of community health action/participation into intervention and planning.								P				R	P						
f) Use a causal/logic model to design an intervention program.								P				P	P						
g) Discuss several behavioral change theories and constructs and how they can be applied to intervention design and implementation.												P	P						
h) State comprehensive policy options for a particular public health issue and articulate the health, fiscal, administrative, legal, social, and political implications of each policy option.										P	P					P		R	
i) State the feasibility and expected outcomes of each policy option, and decide on an appropriate course of action.								P	R	P	P								
j) Apply an understanding of cultural diversity to addressing public health problems.	R							P	R		R	R	R		R	R			
k) Perform public health service in community settings.																			P
l) Compare and contrast multi-level approaches (intrapersonal, interpersonal, organizational, community, societal, etc.) to improve a public health problem.								P	R	R		R	P					R	
m) Identify crucial stakeholders for the planning, implementation and evaluation of public health interventions, programs and policies.										P	R	R	P					R	
n) Apply ethical principles to the planning, implementation and evaluation of public health programs.												R	R				R	P	
o) Use evidence-based approaches in the development and evaluation of public health interventions.		R			R	R						P	R	P	P			R	
4. Communication and Advocacy: Be competent to organize and communicate information pertaining to a public health problem or condition, including policy implications, priorities and recommended course of action.																			
a) Translate data into evidence-based public health recommendations, interventions, and policies.					R	R	P	R	P	P	P	R	P	R	R	R	R	P	R
b) Present accurate, clear and concise programmatic and scientific information to health professionals, decision-makers, and lay audiences, using the media, in oral and written forms.				R	R	R	P	R		P	P	R					R	P	P
c) Identify and collaborate with community leaders and public and private partners to promote health and prevent disease and disability.											R	R						R	
d) Write a clear and concise policy statement on a selected public health issue.										P	P	R							
e) Advocate for a public health position to further public or institutional courses of action.											P	R							

Table 2.6.1 BEHAVIORAL AND SOCIAL SCIENCES TRACK

	MPH Core	BSS Course 1 (choose 1)		BSS Course 2 (choose 1)		BSS Course 3						
	PHP2360	PHP2340	PHP2380	PHP1680T	PHP2325	PHP1540	PHP1680N	PHP1600	PHP1999	PHP2330	PHP2310	
BSS Competencies												
1. Design an intervention to investigate a public health problem, and/or decrease risks for disease and/or promote wellness.	P											
2. Develop a plan to monitor and evaluate the reach, fidelity, quality, impact and outcome of public health interventions.	P											
3. Apply behavioral and social science theories in the planning, implementation, and/or evaluation of health promotion intervention programs.		P	P									
4. Examine the psychosocial, behavioral, and environmental causes of health disparities and incorporate an understanding of diverse values and traditions in the planning, implementation, and/or evaluation of health promotion/intervention programs.				P	P							
5. Analyze a health issue from a multi-level behavioral and social science perspective including the role of biological, individual, social, community, and structural factors.						P	P	P	P	P	P	P

Table 2.6.1 BIOSTATISTICS TRACK

	MPH Core Biostats Requirement		Biostatistics Course 1 (Choose 1)		Biostatistics Course 2 (Choose 2)													
	PHP 2510	PHP 2511	PHP 2430	PHP 2410E	PHP 2601	PHP 2602	PHP 2603	PHP 2520	PHP 2530	PHP 2550*	PHP 2580	PHP 2610	PHP 2620	PHP 2690D	PHP 2690F	PHP 2030	PHP 2604	
Biostatistics Competencies																		
1. Be able to design, analyze, and interpret the results of medical and public health surveys, observational studies and clinical trials	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
2. Be able to apply biostatistical methods to public health issues.	P	P			P	P	P	P	P	R	P	P	P	P	P	P	P	P
3. Be able to effectively collaborate with policymakers, medical and public health scientists and community organizations.			P	P							R			P				

*Needs MPH Curriculum Approval

Table 2.6.1 ENVIRONMENTAL HEALTH TRACK																	
Environmental Health Competencies	Human Physiology Choose 1			Methods Electives Choose 1							EH Substantive Electives						
	PHP 2130	PHP 2222	BIOL 1820*	PHP 2200	PHP 2240	PHP 2260	PHP 2430	PHP 2550	PHP 2604	SOC 2612	PHP** 1700	PHP** 2220E	PHP 2325	BIOL 1820*	ENVS 1720	GEOL 1350	
1. Demonstrate methodological expertise in a discipline relevant to the study of environmental health, including: statistics, epidemiology, toxicology, risk assessment, geographic information systems, and policy and regulation.	P	P	P	P	P	P	P	P	P	P	P	P		P	P		
2. Demonstrate knowledge and expertise in at least one substantive area relevant to environmental health such as: health effects of air pollution, flame retardants, climate change/weather, water pollutants, vapor intrusion, or consumer products			P		P						P	P	P	P	P	P	
3. Demonstrate understanding of human physiology and pathophysiology	P	P	P											P			

*If not taken for the Human Physiology EH Track Requirement

**If not taken to fulfill the core EH requirement

Table 2.6.1 EPIDEMIOLOGY TRACK																				
Epidemiology Competencies	Epi Core Course 1		Epi Course 2 Data Analysis (choose 1)				Epi Course 3 (Choose 1)													
	PHP 2150	PHP 2200	PHP 2019	PHP 2260	PHP 2410E	PHP 2430	PHP 1960	PHP 1854	PHP 2030	PHP 2090	PHP 2180	PHP 2210	PHP 2220B	PHP 2602	PHP 2603	SOC 2612	PHP 2130	PHP 2220C	PHP 2222	PHP 2240
1. Identify and describe public health problems important to a specific population.	P	P	P	P	P	P	P	P			P	P	P			P		P	P	P
2. Demonstrate methodological expertise in formulating a research hypothesis, study design, obtaining or collecting epidemiologic data, and data analysis.	P	P	P	P	P	P		P	P					P	P					
3. Effectively communicate epidemiologic information to diverse audiences in diverse settings.	P	P	P	P	P	P			P											
4. Evaluate the strengths and limitations of epidemiologic reports.	P	P		P		P		P	P	P	P									P
5. Draw appropriate inferences from epidemiologic data.	P	P	P	P	P	P	P	P	P		P	P	P					P		P

Table 2.6.1 GLOBAL HEALTH TRACK

Global Health Competencies	MPH Biostats Core		MPH Epi core		GHS Req.	Analytic Methods Electives (Students must take two GHS electives. One must come from this list.)										Other GHS Electives - GHS elective 2 can be chosen from this list or from Analytic Methods Electives								Track Advisor Approval Required	Internship /Thesis		
	PHP2507	PHP2508	PHP2120	PHP2150		PHP1070	PHP2060	PHP2180	PHP2220H	PHP2220G	PHP2230	PHP2511	PHP2601	PHP2602	PHP2603	SOC2230	SOC2240	BIOL1920A	ANTH1310	ANTH1320	SOC1870C	SOC1870K	SOC2612			SOC2080	PHP1500*
1. Know general patterns of age and cause specific morbidity and mortality in major regions of the world.					P													P					P	R			
2. Identify major etiologic factors that influence infectious diseases (ID) in less developed countries (LDCs).					P				P								P	P				P		R			
3. Identify major etiologic factors that influence non-communicable diseases (NCD) in LDCs.					P												P	P						P			
4. For both ID and NCD be able to identify factors that are thought to initiate the disease processes, and factors that contribute to disease progression.					P				P								P	P				P		R			
5. Identify putative levels of causal influence from biological, sociocultural, behavioral, political-economic, historical and evolutionary factors for at least one ID and one NCD.					P			P									P	P				P		R			
6. Identify and discuss general levels of biological interactions that influence states of health and disease. Illustrate for at least one ID and one NCD.					P												P	P						P			
7. Explain current international public health issues and controversies.					P			P									P	P	P			P		P			
8. Apply an understanding of behavioral and cultural diversity to addressing international health issues.					P	R												P				P		R			
9. Demonstrate understanding of processes of economic development in LDCs and their heterogeneity					P													P	P					R			
Research Concepts, Methods, and Conduct																											
1. Demonstrate understanding of the principles of multivariable statistical analysis and ability to conduct it.	P	P										P	P	P	P		P										
2. Show understanding of purpose, design & conduct of experimental trials at community & individual levels.			P	P			P	P	P	P					P									P			
3. Discuss ethical issues related to the conduct of international health research.					P	R			P	P															P		
4. State an international health research problem in terms of a research hypothesis.					P				P	P														P			
5. Prepare an interdisciplinary international health research grant proposal for external funding.							R																				P

*Needs Approval from MPH Curriculum Committee

Table 2.6.1 HEALTH SERVICES TRACK																	
	Health System Research and Evaluation (Choose 1)							Health System Structure, Process and Outcomes (Choose 1)									
	PHP2060	PHP2430	PHP2450	PHP2420	PHP2019	PPAI2040	PHP2410E	PHP1100	PHP1530	PHP2350	PHP2400	PPAI2130	Soc1550	PPAI1700K	PPAI1701B	PHP2425	PHP2429
HSR Competencies																	
1. Use knowledge of the structures, performance, quality, policy, and environmental content of health and health care to formulate solutions for health policy problems.					P		P	P	P	P	P	P	P	P	P	P	P
2. Demonstrate ability to design research projects, including those involving both primary data collection and analysis of secondary data; demonstrate ability to apply sophisticated analytic techniques to the analysis of health services research data.	P	P	P	P	P	P	P										
3. Understand the importance of collaborating with policymakers, organizations, and communities to plan, conduct, and translate health services research into policy and practice.	P		P	P	P		P		P	P	P	P	P			P	

Table 2.6c	Required Courses				Statistics		Methods			Diversity										
Behavioral and Social Health Sciences (PhD)	Research Methods	BSS Theory	PH Interventions	Health Comm	Principles of Biostat	Applied Regression	Scientific Writing	Fdn's in Epi	Intro to Methods in Epi	Translation, Diffusion & Cultural Relevance	Social Determinants	Place Matters	RCR	Mentored Research	Qualifying Exams	TA /TE	Ethics Cert	Seminars, Journal Club	Prof Presentations	Dissertation Research
	PHP 2300	PHP 2340	PHP 2360	PHP 2380	PHP 2510	PHP 2511	PHP 2090	PHP 2150	PHP 2120	PHP 1680T	PHP 1920	PHP 2325								
Identify and understand social and behavioral factors that affect the health and health-related behavior of individuals and populations, considering individual, community, environmental, sociocultural and policy influences, and their interactions, on health and health behaviors	R	P	P	P					R	R		P		P	P	R	R	R	P	P
Draw from a variety of theories, concepts, and models from relevant social and behavioral disciplines to inform health behavior research	R	P	P	P	R							R		P	P	R		R	P	P
Critically evaluate quantitative and qualitative research methods and appropriately draw inferences from research findings	P	R	R	R	P	P		P	R	R		R		P	P	R		P	P	P
Design, implement, and evaluate interventions that influence health behaviors	P		P	P		R		R				R	R	R			R	R		R
Conduct and disseminate research on health behaviors and outcomes, using appropriate methods and analyses			R		R	P		P				P	R	P			R		P	P
Demonstrate a depth of knowledge within a substantive area of health behavior	P		P	R						P		P		P	P				P	P
Develop competency in communicating research ideas and findings orally and in writing to students and to the scientific community			R	P	R	R		R				P	R		R	P		R	P	P

	Required Courses						Category A Electives									Training
Behavioral and Social Health Sciences (ScM; AM)	PHP 2120	PHP 2340	PHP 2360	PHP 2380	PHP 2390	PHP 1680T	PHP 1540	PHP 1680N	PHP 1680T	PHP 1600	PHP 2060	PHP 2365	PHP 2325	PHP 2390	PHP 2300	Thesis, Cap IRB, RCR
1. BASIC BEHAVIORAL SCIENCE AND INTERVENTION																
a) Understand and apply principles of basic behavioral science to intervention research, including principles of learning, emotion, cognition, motivation, lifespan development, and social-contextual determinants of behavior and health.		P		P			R	R				R			P	
b) Understand the production of health from a multi-level perspective; examine the role of biological, individual, social, community, and structural factors that affect the health of individuals and populations.	P	P	P	R			P	P		P		P	P			
c) Identify theoretical or conceptual models and guidelines to design and evaluate interventions at multiple levels.		P	P	P								R			R	
2. PROGRAM PLANNING AND EVALUATION																
a) Describe the merits of social and behavioral science interventions and policies.		R	P	R			P	P		R		R	P		P	
b) Specify multiple targets and levels of intervention for behavioral and social science programs and/or policies.		R	P				R	R				R			R	
c) Apply a variety of empirical strategies to assess concerns, assets, resources, and needs for conceptualizing and developing behavioral and social interventions within a particular context and community.	R		R	P							R	R			P	
d) Discuss important principles related to coordination and management of behavior change interventions and programs.						R			R						R	
e) Apply appropriate research principles and methods to the development of community health promotion/intervention programs.			R	P							R	R			P	
f) Apply rigorous evaluation methods to assess efficacy of behavior change interventions and programs.	R		P	R	P							R		P	P	
3. CULTURAL COMPETENCE																
a) Recognize differences in beliefs, values, and norms within and across communities, and learn to work with diverse groups of collaborators, stakeholders, and colleagues.		R	R	P		P			P	P		P	P			
b) Recognize personal or social biases and assumptions that might affect interactions with people of diverse backgrounds.		R		R		P			P	P	P	P				
c) Demonstrate ability to incorporate knowledge of diverse beliefs, values, and norms into the planning, implementation, and evaluation of public health programs.	R		R	P		P			P		R	P			R	
4. COMMUNICATION AND INFORMATICS																

a) Use the public health information infrastructure to access and apply data for public health purposes.	P		R	P										R	
b) Accurately comprehend and interpret data sources when reading the published literature.	P			R	P		R	R			R		P	P	P
c) Recognize and use appropriate verbal, non-verbal, and visual forms of communication for conveying/disseminating public health messages.			P	P						R	R				
5. ETHICS AND PROFESSIONALISM															
a) Understand principles underpinning the appropriate treatment of human participants in research and adhere to principles of confidentiality of information and/or client data.	P										R			P	P
b) Identify ethical issues and institutional review board requirements relevant to behavioral and social science research in public health.	R										R			P	P
c) Demonstrate professional behavior toward researchers, key stakeholders, community organizations, and their clients/constituents.	R					R			R		R	R		R	P
6. TRANSLATION AND DISSEMINATION															
a) Understand how to adapt interventions so that language, style, delivery modalities, and communication channels are appropriate to specific populations and settings.				P		P			P		R	R			
b) Explore approaches to improve the translation and dissemination of effective behavior change interventions/programs in diverse communities.			R			P			P		R	R			
7. EPIDEMIOLOGY															
a) Develop a strong foundation in contemporary approaches to epidemiologic methods, major epidemiologic study designs, their advantages and limitations	P							R		R		R	R		R

Table 2.6c	Core Courses										Electives						Other Requirements								
Biostatistics (PhD) Provide training necessary to carry out independent research in theory, methodology and application of statistics to important problems in biomedical research, (biology, public health and clinical medicine.)	PHP 2520	PHP 2601	PHP 2605	PHP 2580	PHP 2530	PHP 2550	PHP 2602	PHP 2603	PHP 2560	PHP 2030	PHP 2620	PHP 2610	PHP 2604	PHP 2630	PHP 2650	Epi Course	Journal Club	Seminar	TA	TE	RCR	PhD Presentation Day	Dissertation	PH Research Day Participation	RA
	1. Data Analysis and Computing																								
a) Identify and implement advanced statistical models for the purposes of estimation, comparison, prediction, and adjustment in non-standard settings.	R	P	R	R	R	R	R	R	R	R	R	R	R	R	R								R		R
b) Develop and and plan research studies with complex sampling schemes			P		R	R	R	R		R	R		R		R								R		R
c) Apply programming skills to analyze data and develop simulation studies		P	R		R	R	R	R	R			R	R	R	R										R
d) Develop and plan randomized and non-randomized studies to measure effects of interventions			P		R			R		R															
e) Evaluate research reports and proposals for research funding on the basis of their scientific integrity, validity, and the strength of the quantitative analysis			P		R							R		R											R
2. Serve as the expert biostatistician on a collaborative team of investigators addressing a public health question																									
a) Acquire knowledge and skills in research methodologies to collaborate with substantive investigators		P	R	R	R	R	R	R		R	R	R	R	R	R	R							R		
b) Formulate a public health question in statistical terms		P	R		R	R	R	R		R	R	R	R	R	R	R							R		
d) Choose a study design to address the public health question		P	R		R		R	R		R	R	R	R	R	R	R							R		
e) Identify important methodologic problems through participation in collaborative research		P			R							R		R		R									
3. Data Management																									
a) Identify the uses to which data management can be put in practical statistical analysis, including the establishment of standards for documentation, archiving, auditing, and confidentiality; guidelines for accessibility; security; structural issues; and data cleaning			R			P	R						R										R		R
b) Differentiate between analytical and data management functions through knowledge of the role and functions of databases, different types of data storage, and the						P					R												R		R

7. Biostatistical Research																													
a) Identify and integrate new developments in the statistical literature for challenging research problems in public health		P	R	R				R	R		R	R	R	R	R	R			R	R							R	R	R
b) Generate original computer code for new statistical techniques		P	R	R	R	R	R			R	R		R	R	R	R			R								R		
c) Recognize gaps in current inferential methods that limit further public health research and propose solutions based on rigorous theoretical justification		P	R	R				R					R	R	R	R			R	R							R		
d) Develop guidelines for practical implementation and evaluation of public health research and programs		P	R					R					R		R				R	R							R		
e) Formulate methodologic questions so that improved theory and/or methods can be derived		P	R	R	R			R					R		R				R								R		
f) Determine the statistical properties of new methods using mathematical and computer tools	P	R	R	R	R	R	R			R		R	R		R	R											R		
g) Write and publish peer-reviewed articles that effectively communicate new theory and methods																											P		R
h) Clearly present biostatistical research findings in a research seminar format		R	R	R			R						R		R	R											R	P	R

Table 2.6c	Core					Electives											Other Requirements			
	PHP 2510	PHP 2511	PHP 2520	PHP 2120/ 2150	PHP 2602	PHP 2030	PHP 2601	PHP 2603	PHP 2620	PHP 2530	PHP 2580	PHP 2604	PHP 2550	PHP 2610	PHP 2605	PHP 2650	PHP 2560	PHP 2630	PHP 2980 Thesis (ScM only)	Journal Club
Biostatistics (ScM/AM) Provide training necessary for a solid foundation in statistical theory and methods with an emphasis on applications in order to be able to work collaboratively in an environment that values skill in analysis of data for important problems in biomedical research, (biology, public health and clinical medicine.)																				
1. Concepts of Research Designs and Data Analysis																				
a) Demonstrate a foundation in statistical theory and methods for standard designs and analyses encountered with biomedical data	R	R	P	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
b) Identify and implement statistical techniques and models for analysis of data	R	P	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
c) Acquire knowledge and skills in research methodologies to collaborate with substantive investigators	R	P	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
d) Recognize key research designs and be able to assist in developing plans for their implementation	R	R		P	R	R		R	R		R	R	R	R	R		R			
e) Understand the advantages and disadvantages of randomized and non-randomized studies to measure effects of interventions		P		R		R	R			R	R		R	R				R		
f) Apply programming skills to analyze data and develop simulation studies	R	P			R		R	R	R	R		R	R	R	R	R	R	R	R	
2. Data Management																				
a) Attain proficiency in management, documentation of study data for use in practical statistical analysis	R	R			R	R		R	R			R	P		R	R			R	
3. Collaboration																				
a) Formulate a public health question in statistical terms	P	R			R		R	R		R		R	R	R	R	R		R	R	
b) Effectively function in an interdisciplinary collaborative environment (ScM)																			P	
4. Communication and Leadership Skills																				
a) Develop proficiency in making oral, written and poster presentations of work to statistical and non-statistical colleagues	R	R				R	R	R	R	R		R	R	R	R	R	R	R	P	
b) Evaluate research reports and proposals on the basis of their scientific integrity, validity, and the strength of the quantitative analysis				P						R			R	R		R		R	R	
c) Gain overview of opportunities available to statisticians and learn how to market oneself to attain them																			P	
5. Public Health or Biomedical Competency																				
a) Review and evaluate the use of biostatistical methods in public health or biomedical field of study	P	R		R	R	R	R	R	R	R		R	R	R	R	R		R	R	
b) Demonstrate proficiency in the language of the public health or biomedical field of studies	R	R		P	R	R		R	R			R				R			R	
c) Build productive collaborations across public health and biomedical fields/disciplines				P															R	

6. Biostatistical Research																					
a) Develop a research proposal (ScM)									R	R		R					R			P	
b) Successfully complete and write up a collaborative research project as a publishable thesis that consists of one of the following: ScM 1. Development of a new data-analytic method, 2. Detailed study of an existing method, or comparison of performance of various methods (e.g. via simulation study), 3. Development of new software for statistical computing, or 4. A review or synthesis of an new or emerging area of statistical methodology or application																					P

Table 2.6c													
Clinical and Translational Research (ScM)	Intro Research Methods		Biostats/ Applied Data Analysis		Advanced Research Methods Students must take 2					Scientific Writing	Topics	Thesis	CITI Training
	PHP2120	PHP2150	PHP2507	PHP2508	PHP2040	PHP2030	PHP2415	PHP2430	PHP2410E	PHP2090	PHP2470 Half Credit	Thesis	
Competency													
1. Research Methods: Be competent to design, carry out and critique health research													
a) Develop and refine a research question or hypothesis		P	P		P	P	P	R	R	P	P	P	
b) Apply appropriate methods to address a research question or hypothesis		P	P		R	P	P	R	R	P	P	P	
c) Read and critique health research literature.	P	P	R	R	R	R	P	R		P			
d) Understand ethical and human subjects issues in research		R			R	P	R			R	R		P
e) Identify funding sources for research.										P	P		
2. Biostatistics and Applied Data Analysis: Be competent to analyze results, draw appropriate conclusions, and report results.													
a) For a specific research question, contrast generalizability and limitations of data from different sources.	P	P	P	P	R	R	P	R	R	R	R		
b) Apply current statistical methods in the analysis of a given data-set.		R	P	P	R		P	P	R				
c) Access public health data-sets and references using the Internet and library resources.			R	R	R			P	R	R			
d) Demonstrate proficiency with a statistical computing package.			P	P			R	P	R				
e) Clean and organize collected data.			P		P		R	P	R				
3. Research Communication: Be competent to organize and communicate research questions, methods, findings and implications													
a) Translate data into evidence-based public health recommendations, interventions, and policies.					R		P	R					
b) Present accurate, clear and concise programmatic and scientific information to health professionals, decision-makers, and lay audiences, using the media, in oral and written forms.				R	R		R	P	R	R	R		
c) Explain the limitations of statistical analyses.	R	R		P			R	P	R	R	R		
d) Discuss research, statistical and epidemiological methods that can be applied to research design and analysis.	R	P		R	P	R		R	R	P	P		
e) Deliver oral presentations that effectively disseminate information and convey knowledge.						R	R		R		P		
f) Use a computer to prepare a formal presentation.				R	R	R	R	P	R		R		

Table 2.6c

EPIDEMIOLOGY DOCTORAL PROGRAM (PhD)	REQUIRED CORE COURSES								REQUIRED NON CREDIT			METHODS ELECTIVES	SUBSTANTIVE ELECTIVES	THESIS	Dissertation Research
	PHP 2150	PHP 2200	PHP 2250	PHP 2180	PHP 2510	PHP 2511	PHP 2090	PHP 2130	SAS Online Modules	Responsible Conduct of Research	Journal Club/Seminars	2 or more Courses Required	2 or more Courses Required	PHP 2980 / PHP 2990	
1) Develop a strong foundation in contemporary approaches to epidemiologic methods, and major observational study designs	P	R	R	R							R	R	R	R	
2) Design a research study that can appropriately and efficiently examine an epidemiologic research question of interest; write and submit a proposal to support this research		R	R	R			P					R	R	R	
3) Use causal diagrams to identify threats to study validity and potential approaches to mitigating such threats		P	R	R										R	
4) Conduct appropriate analyses of epidemiologic data using standard regression models in SAS		P	R	R		R		R		R	R	R		R	
5) Distinguish between association and causation based on counterfactual theory to make causal inference using data obtained from observational studies			P												
6) Represent a priori subject-matter knowledge and hypotheses with causal diagrams			P	R											
7) Understand the difference between effect modification and interaction		P	R	R											
8) Learn to interpret and integrate multiple lines of scientific evidence concerning a particular topic of importance to the field of epidemiology				P						R	R	R	R		
9) Effective communication of scientific findings				P			R			R				R	
10) Demonstrate a basic understanding of human physiology and pathophysiology								P					R	R	
11) Demonstrate mastery of a substantive area							R						P	R	R
12) Review, critically analyze and synthesize existing epidemiologic literature to identify meaningful gaps in current knowledge and formulate research objectives.				P			R			R		P	R	R	R
13) Strong understanding of what scientific misconduct is and the impact unethical conduct can cause within and outside of the research community									P					R	

Table 2.6c								
EPIDEMIOLOGY (ScM)	REQUIRED COURSES				RCR	METHODS ELECTIVES	SUBSTANTIVE ELECTIVES	THESIS
	PHP 2150	PHP 2200	PHP 2510	PHP 2511	Responsible Conduct in Research	2 or more Courses Required	2 or more Courses Required	
1) Develop a strong foundation in contemporary approaches to epidemiologic methods, major epidemiologic study designs, their advantages and limitations.	P	R				R	R	R
2) Design a research study that can appropriately and efficiently examine a epidemiologic research question of interest; write a proposal to support this research								
3) Interpret results of an epidemiologic study, including the relation to findings from other epidemiologic studies, potential mechanisms, limitations and public health implications		P						
4) Use causal diagrams to identify threats to study validity and potential approaches to mitigating such threats		P				R		R
5) Conduct appropriate analyses of epidemiologic data using standard regression models in SAS		P	R	R		R		R
6) Effective communication of scientific findings.								P
7) Demonstrate mastery of a substantive area							P	P
8) Strong understanding of what scientific misconduct is and the impact unethical conduct can cause within and outside of the research community					P			

Table 2.6c Health Services Research (PhD)	REQUIRED CORE COURSES							ELECTIVE COURSES																		
	PHP 2090	PHP 2150	PHP 2200	PHP 2510	PHP 2511	PHP 2950	PHP 2990	PHP 2019	PHP 2060	PHP 2350	PHP 2400	PHP 2410E	PHP 2415	PHP 2430	PHP 2450	PHP 2080	PHP 2429	PHP 2435	PHP 2455	PHP 2455	PHP 2480	Econ 2320	Econ 2360	PHP 2610	Soc 2960M	
1. Theory and Context																										
a. Demonstrate knowledge of the structure, function, history, and legal foundations of the components of the health care financing, delivery and regulatory system										R	P	R		R	P	P	R				R					
b. Demonstrate an understanding of organizational theory derived from sociology, theories of the firm, and economics of the firm, micro and macro-economic theory related to the functioning and areas of market failure in health care, and other theories to understand the social and structural forces that contribute to the distribution of healthcare resources and health outcomes in the population											P			R							R	P	P			P
c. Demonstrate an in depth understanding of at least one of the theories or frameworks that form the basis for health services research.							R	P		R	R			R	P						P		R			P
d. Demonstrate ability to link theoretical framework to the design, conduct, and interpretation of health services research.							P	P	R	R	R		R	R							P					
e. Demonstrate understanding of principles of critical appraisal and synthesis of evidence from independent sources													P													
2. Study Design																										
a. Have proven ability to construct a study question				R			P				R	P	P	P						R	R	R				
b. Define conceptual definitions of determinants, outcome variables, and confounders in ways consistent with the theoretical framework guiding the research		P	P	R			R	R				R		P						P	P	R				
c. Create operational expressions of key variables such that misclassification and measurement error is minimized.				R	R		R	P				R		P							R					
d. Demonstrate proficiency in the selecting the most appropriate study designs in health services research (e.g., ecological studies, randomized trials, cohort, case-control, time series, difference-in-difference) such that bias is minimized and efficiency maximized		P	P				R	R				R	P	P					R	R	R	R			R	

Table 2.6c	Required Courses				
Public Health Undergraduate Concentration (AB)	PHP 0310	PHP 0320	PHP 0850	PHP 1501	PHP 1910
1. Knowledge Base: Be competent to identify, assess, understand and apply the current state of public health knowledge to a given public health concern.					
a) Identify multilevel factors that influence the health and well-being of populations	P	P	P		R
b) Discuss strengths and limitations of domestic and international health systems	R	P			
c) Discuss current public health issues and controversies	P	P	P		R
d) Identify a public health problem with a defined population deserving of further study	R	P			R
e) Contrast prevention with disease management approaches	R	P	P		
f) Explain and apply fundamental statistical and epidemiological methods		R	P	P	R
g) Discuss ethical issues related to public health problems and the potential approaches to ameliorate these problems.		R	R		
2. Research: Be competent to understand a health services or health policy research or epidemiological study or intervention study, analyze results, draw appropriate conclusions, and report results.					
a) Identify data sources relevant to the investigation of a public health problem	R	R	R	R	R
b) For a specific public health problem, contrast generalizability and limitations of data from different sources	R		P	R	R
c) State a public health research problem in terms of a research hypothesis			P		R
d) Define and provide examples of public health surveillance		P	P		R
e) Explain the importance and conduct of public health needs assessments		P	R		
f) Read and critique public health research literature.	R	R			R
g) Discuss ethical/human concerns in public health research and service		R	R		R
3. Community and Advocacy					
a) Define a population, to include demographic, geographic, social and behavioral characteristics		P			R
b) Apply an understanding of cultural diversity to addressing public health problems	R	P			R
c) Identify crucial stakeholders for the planning, implementation and evaluation of public health interventions, programs and policies	P	R			R
d) Understand evidence-based approaches in the development and evaluation of public health interventions.	R	R	R		R
e) Identify and collaborate with community leaders and public and private partners to promote health and prevent disease and disability					R
f) Demonstrate written and oral communication skills that express sensitivity to diverse socioeconomic, cultural, demographic subgroups					R
g) Deliver oral presentations that effectively disseminate information and convey knowledge				R	R
4. Information Management/Informatics: Be competent to manage and affect information including data, reference materials, etc. using computer technology and library resources					
a) Access public health literature and references using the Internet and library resources		P			R
b) Demonstrate familiarity with a statistical computing package				P	R
c) Use a computer to prepare a formal presentation				R	R

Table 2.6c	Level I					Level II			Level III			Other		
Brown Undergraduate Concentration in Statistics (ScB) Provide foundation of basic statistical concepts and methodology and expose students to a cross-section of statistical applications.	MATH 0100	MATH 0180	MATH 0520	APMA 0160	PHP 1501	APMA 1650 or MATH 1610	APMA 1660 or MATH 1620	PHP 2510	APMA 1690	PHP 2511	Elective I	Elective II	Capstone project	Honors thesis
1. Mathematical Foundation														
a) Communicate in the language of mathematics	P	P	P			R	R	R						
b) Explain the interplay between mathematical concepts and methods and their uses in statistics						P	P	R		R				
2. Statistical Methods and Theory														
a) Perform exploratory and graphical data analyses					P			R		R			R	
b) Identify fundamentals of study design (e.g., random assignment, random selection, data collection, and efficiency) and related issues of bias, causality, confounding, and coincidence.					P			R		R				
c) Describe, implement, and assess statistical models (e.g., linear, nonlinear, parametric, semiparametric, and nonparametric regression models)							R			P			R	
d) Demonstrate command of the foundations of statistical theory						P	P	R					R	
3. Data Manipulation and Computation														
a) Use of one or more professional statistical software environments					P			R	R	R			R	
b) Manipulate data using software in a well-documented and reproducible way					P			R		R				
c) Understand and use basic programming concepts (e.g., breaking a problem into modular pieces, algorithmic thinking, structured programming, debugging, and efficiency)				P					R				R	
d) Understand and use computationally intensive statistical methods (e.g., iterative methods, optimization, resampling, and simulation/Monte Carlo methods)				R	R				P					
4. Communication														
a) Communicate effectively with collaborators, understand domain research issues, discuss results and conclusions					R								P	
b) Develop proficiency in making oral, written and poster presentations of work to statistical and non-statistical colleagues					R								P	
c) Appraise critically the application of statistical methods in domain research					P			R		R			R	
5. Public Health														
a) Acquire an overview of issues and research in public health													P	

2.6d An analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

All of the competencies for non-MPH degrees have been newly developed by the faculty and curriculum committees of the respective degrees, so they are the current best-thinking. Going forward, competencies will be examined as new courses are proposed and existing courses are revised, and the development of syllabi (that include competencies) will contribute to regular review. There is also the cycle of university-based Departmental reviews, the most recent of which was October 2014. The School of Public Health's Graduate Program Steering Committee and the Undergraduate Working Group have an annual (spring semester) discussions of competencies, with input from the respective curriculum committees that review courses and degree requirements. In addition, the School administered its first Alumni Survey in January 2015, and will continue to do so. The survey is described in section 2.7e, and provided in the Electronic Resource File (X.X.X). Responses to this survey will inform reviews of competencies and curricula.

2.6e Description of the manner in which competencies are developed, used and made available to students.

As noted in Section 2.6d, except for the MPH, our degree programs' competencies have been recently developed, as we have transitioned to be a School of Public Health. The non-MPH degree programs were each given the MPH competencies and competency matrices as models, and the Associate Dean for Academic Affairs at the time (W. Rakowski) met with relevant persons directing each degree program, in order to discuss the role of competencies in CEPH accreditation and provide guidance on the writing of competencies. The School working group most directly involved with preparing the Self-Study received the respective competencies and competency matrices, reviewed them, and requested modifications in some instances. The matrices in this Self-Study are therefore our first compendium across all degree programs.

Across the degree programs, faculty teaching core courses, and in some instances even elective courses, were asked by the degree program directors to provide competencies for their courses. Departmental Curriculum Committees and the Undergraduate Working Group were typically used as venues to review the aggregated set. It was recognized that courses and other activities required of all students (e.g., masters thesis, doctoral dissertation, internship) had to provide coverage for the competencies. Some degree programs were also able to identify competencies specified by peer institutions, and factor those into their deliberations. For the Department of Epidemiology, recommendations from a subcommittee (Department Chair, Graduate Program Director, Master's Program Coordinator, Chair of the Department Curriculum Committee, and departmental staff) were discussed with the full faculty at monthly faculty meetings. The undergraduate concentration in Statistics was able to draw on the American Statistical Association Curriculum Guidelines for Undergraduate Programs in Statistical Sciences (<http://www.amstat.org/education/curriculumguidelines.cfm>).

To date, competency development has been grounded in the individual degree programs, since it was necessary for each degree program to institute a process and develop competencies that were believed to define its character. As we go forward, the Associate Dean for Academic

Affairs will schedule an annual meeting with each degree program's director(s), to review competencies and degree program activities to examine their competencies. In addition, the School of Public Health Executive Committee will have the topic of competencies on its meeting agenda during both Fall and Spring semesters.

Competencies are often included in Student Handbooks, which are sent to students and faculty. The students in the Master of Science in Clinical and Translational Research receive a progress letter once a year, and a competency matrix is included with the letter. For the MPH, the matrix of learning competencies is e-mailed to students. It is also posted on the electronic course site, Canvas, under the PHP2070 course (Internship Experience) after it was updated. The Undergraduate Working Group will begin distributing the competency list to concentrators beginning in Fall 2015, after a final review.

Tracks in the MPH program were offered for the first time in the 2013-2014 academic year. Track competencies were developed by faculty in the appropriate disciplines with review and input from the MPH Curriculum Committee and the School of Public Health Curriculum Committee. Consistent with our curriculum implementation policy, students who were enrolled in the 2013/14 academic year had the option of completing their degree under the old requirements (without tracks) or declaring a track using the new curriculum requirements for tracks. Starting with the class that entered in 2014-2015 academic year, all students are required to declare either the generalist track or one of the specialty tracks and follow the track requirements.

2.6f Description of the manner in which the school periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

The School of Public Health uses its Strategic Planning process to examine changing needs for practice and research, as an element in reviewing competencies. Priorities for School development are overseen by the SPH Executive Committee, whose membership includes Department Chairs and Dean's Office staff who in turn oversee resource allocation and prioritization. Input is also obtained from the external, national level Public Health Advisory Council, the local Community Advisory Board and the Community Policy Committee (both described in section 1.5a). There is also a regular cycle of university-mandated external Department reviews; the relevant site visits for our four Departments occurred in October 2014.

In addition:

Master of Public Health (MPH)

As discussed above, the MPH Curriculum Committee and MPH Executive Committee review on an ongoing basis the changing needs of public health practice and use this information to refine the competencies. The MPH Curriculum Committee is scheduled to meet monthly during the academic year and the MPH Executive Committee is scheduled to meet every other week throughout the year. This is altered as needed. All committee members are able to bring agenda items to the committee. The Curriculum Committee includes both student and alumni representatives. A broad range of issues is discussed in the meetings relative to changing

practice or research needs. The Curriculum Committee specifically reviews and defines the relevant competencies.

Behavioral and Social Health Sciences (BSHS; PhD; ScM/AM)

The BSS Curriculum Committee reviews the BSHS competencies on an ongoing basis to be sure they meet the changing needs of behavioral and social science research and application. This information is used to refine the competencies. The BSS Curriculum Committee meets monthly during the academic year. All committee members are able to bring agenda items to the committee. The Curriculum Committee includes both faculty and student representatives. A broad range of issues is discussed in the meetings relative to the changing needs identified in behavioral and social science research and application. The BSS Curriculum Committee specifically reviews and defines the relevant competencies.

Biostatistics (PhD; ScM/AM)

Oversight and regular review of the competencies for the doctoral and Master's programs is now the purview of the Academic Programs Committee (APC), which is led by the directors of the Department's teaching programs and includes several other members of the faculty. It is the responsibility of this committee to routinely solicit and act upon feedback from the Department's teaching and mentoring faculty to assure the academic curriculum is meeting the needs of our diverse student population as well as ensuring program competencies are met and continue to be relevant in the ever-evolving realm of biostatistics. In addition to the continuous monitoring of curricular issues, the APC has instituted a process of annual review and revision of competencies in all courses. Proposed revisions are ratified by the full faculty.

Clinical and Translational Research (CTR; ScM)

The Clinical and Translational Research Academic Oversight Committee is composed of faculty who are trained in a broad range of disciplines relevant to clinical and translational research including medicine, pediatrics, health services research, epidemiology, survey research design, etc. The members are also actively engaged in research and education in the area of clinical and translational research. The current competencies were finalized in January of 2015. The committee will review the competencies annually to assure that the competencies continue to be appropriate for the field.

Epidemiology (PhD ; ScM)

Degree competencies are reviewed twice each year, as part of our Brown's semi-annual graduate student reviews. Progress for each student is evaluated at the end of both the fall and spring terms and written summaries provided to students. Through this process we identify potential modifications to the written competencies. At the end of each academic year the sub-committee comprised of those who developed the initial set of competencies considers any potential modifications (Department Chair, Graduate Program Director, Master's Program Coordinator, Chair of the Department Curriculum Committee, and appropriate departmental staff). Should any changes be warranted, these will be brought to the full faculty for discussion and vote prior to implementation.

Health Services Research (HSR; PhD)

HSR faculty meet annually to review and modify the doctoral program competencies. As new courses and training activities are developed, they are assigned to the competency matrix. The most recent version of the competency matrix is maintained and updated by our doctoral program coordinator.

Undergraduate Public Health Concentration (AB)

The undergraduate concentration (then named Community Health) conducted online surveys of graduating seniors in late spring 2014 and 2015 (Electronic Resource File X.X.X). We plan on administering the survey forward annually. The Undergraduate Working Group is reviewing the results of the surveys, which includes open-ended comments about student experiences with the concentration. Feedback from students in the graduating class of May 2014, who took the Senior Seminar in Fall 2013 (when it was a Fall semester course), were central to reorganizing the course topics and rescheduling it to Spring semester. The Undergraduate Working Group is currently preparing a report for consideration by the Dean. The Undergraduate Working Group is considering competencies at its Fall 2015 meetings.

Undergraduate Statistics Concentration (ScB)

We consider changing needs, primarily through review of students' choice of electives and through consultation with the advisor regarding possible courses that would fit the students' interests. Competencies are reviewed in light of this information.

2.6g Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: As a School of Public Health, we have built upon the MPH Program's history and carefully constructed matrices of competencies for our other degree programs. This has been a School-wide effort, which the respective degree programs have addressed recognizing the centrality of competency-based education in Schools of Public Health.

Challenges: As noted in other sections of this Self-Study, there is a need to monitor competencies in light of changes in each degree program's educational niche

Plans: We will utilize the appropriate Departmental and School committees to review and update our respective degree program competencies. These committees are in place.

- 2.7 Assessment Procedures.** There shall be procedures for assessing and documenting the extent to which each professional public health, other professional and academic degree student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.
- 2.7a Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice or research, as applicable, and in culminating experiences.**

Master of Public Health (MPH)

Each student is assigned a core advisor with whom they meet regularly in their first year. The core advisor provides advice and assists the student in selecting courses, field experience placements, and thesis topic. Each of the MPH competencies is addressed in one or more of the required courses, so successful completion of the course requirements is an essential approach for assuring that students are achieving the expected competencies.

The MPH Program maintains a progress summary sheet for each student, documenting all courses taken and how each course satisfies the MPH curriculum requirements (Electronic Resource File, 2.2B). The summary sheet also documents when the thesis topic, thesis advisor and thesis reader are approved. The program also maintains a competency sheet for each student. At the end of each semester, the MPH Program Manager asks the core course instructors to verify that each student in their class met the competencies covered in that class. To date, no student has been identified as passing the course but not attaining the competencies in the course. After each semester, the MPH Program Manager updates the individual student competency sheet to reflect which competencies have been met by the student.

Each student must complete a field experience as part of PHP2070, Public Health/Community Service Internship. The PHP2070 instructor approves each field experience proposal before the students begin the experience. The field experience is a large component of the course, and field experience mentors are asked to complete an evaluation of the students' work. The Field Experience Mentor Evaluation Form can be found in the Electronic Resource File (2.7A). In addition to the field experience, the grade for the course is based on participation in the small group core advisor meetings, participation in the large group seminars, as well as on the student's final product and poster.

Each student must have his or her thesis proposal and choice of the thesis advisor/reader team approved by the MPH Program Director. Once the thesis proposal and advising team is approved, it is the responsibility of the thesis advisor and thesis reader to monitor the progress of the student and determine when the student's thesis is satisfactory. The thesis advisor, thesis reader and MPH Program Director sign off on the thesis when it is completed. The thesis is then submitted to the Brown Graduate School.

Early in the spring semester, the MPH Program Director and Program Manager review the academic record of all students who are planning to graduate at the end of the academic year. The university has a graduation planning form that the MPH Program Manager completes and the Program Director signs indicating one of the following: (1) The student has completed all degree requirements, (2) If the student successfully completes their spring courses and submits the thesis by the Graduate School deadline they will have completed the degree requirements,

or (3) The student will not be able to complete the degree requirements in time to graduate in the spring.

End of Semester Review of Students: At the end of each semester, the core advisors meet with the program director and the instructors of the core MPH required courses to review the progress of each student in the program. Each student's academic performance is discussed, including grades, instructors' observations of the student, course completion and thesis progress. If concerns are identified, the academic advisor and/or program director will follow up with the student. In addition to assessing the individual performance of students, the end of semester reviews are also an opportunity for faculty to identify common issues among students that may indicate the need for changes in individual courses or more generally in the curriculum. The review is also helpful in shaping approaches to advising future students. Therefore, the end of semester reviews are not only critical for the evaluation of individual students but also for the overall program.

The above assessment techniques apply not only to standard MPH students, but also to the AB-MPH and MD-MPH students to assess the MPH portion of their training.

Behavioral and Social Health Sciences (BSHS: PhD; BSHS: ScM/AM)

Doctoral Students. Each BSHS doctoral student is assigned both a primary and a secondary advisor with whom they meet regularly. The primary advisor typically provides funding for the student and serves as instructor for independent studies and as dissertation/thesis advisor. Primary advisors act as professional mentors, engaging students in scientific activities beyond the thesis, such as presenting talks at university seminars and scientific meetings, assisting with manuscript reviews, and collaborating on other research projects. The secondary advisor is an additional source of input and guidance on timely completion of program milestones, general professional development, mentorship, and academic advocacy. Each of the BSHS competencies is addressed in one or more of the required courses, so successful completion of the course requirements is an essential component of assuring that students are achieving the expected competencies.

The BSHS Program maintains a Program of Study for each student, documenting all courses taken and progress toward program milestones. The program also maintains a Competency Sheet for each student. At the end of each semester, the BSHS Program Coordinator asks the course instructors to verify that each BSHS student in their class met the competencies covered by that class. To date, no student has been identified as passing the course but not attaining the competencies in the course. After each semester, the BSHS Program Coordinator updates the individual student Competency Sheets to reflect which competencies have been met by the student.

In order to fulfill the BSHS degree requirements, each student must also complete Responsible Conduct in Research Training, mentored research, qualifying exams, two teaching experiences, ethics certification, Dissertation research, as well as attendance at the School of Public Health Journal Club and department seminar series.

Annual Review of Students: At the end of each spring semester, the BSHS program director meets with the academic advisors of all students, in consultation with course instructors, to review the progress of all students in the program. Each student's academic performance is

discussed, including grades, instructors' observations of the student, course completion, progress toward program milestones, and dissertation progress. The BSHS program director reviews students' attainment of the degree competencies at this time. Written summaries, describing student progress toward achievement of academic requirements as well as program competencies, are drafted by the BSHS program director. Annual review summaries are then sent to students and advisors, with copies maintained in student files.

In addition to assessing the individual performance of students, annual reviews are also an opportunity for faculty to identify common issues among students that may indicate the need for changes in individual courses or more generally in the curriculum. The review is also helpful in shaping approaches to advising future students. Therefore, the end of semester reviews are not only critical for the evaluation of individual students but also for the overall program.

Masters Students. Each student is assigned an academic advisor with whom they meet regularly. The academic advisor provides advice and assists the student in selecting courses and thesis topic. Each of the BSHS competencies is addressed in one or more of the required courses, so successful completion of the course requirements is an essential approach for assuring that students are achieving the expected competencies.

The BSHS Program maintains a Program of Study for each student, documenting all courses taken, as well as the thesis title, thesis advisor, thesis reader. The program also maintains a Competency Sheet for each student. At the end of each semester, the BSHS Program Coordinator asks the course instructors to verify that each BSHS student in their class met the competencies covered by that class. To date, no student has been identified as passing the course but not attaining the competencies in the course. After each semester, the BSHS Program Coordinator updates the individual student Competency Sheets to reflect which competencies have been met by the student.

In order to fulfill the BSHS degree requirements, each student must complete a culminating project—either a thesis (ScM) or a capstone (AM). Each student must have his or her thesis or capstone proposal and choice of the thesis or capstone advisor approved by the BSHS Program Director. Once the project proposal and advisor is approved, it is the responsibility of the project advisor to monitor the progress of the student and determine when the student's project is satisfactorily completed. The thesis/capstone advisor and BSHS Program Director sign off on the project when it is completed. Theses projects are then submitted to the Brown Graduate School. Early in the spring semester, the BSHS Program Director and Program Coordinator review the academic record of all students planning to graduate at the end of the academic year. The university has a graduation planning form that the BSHS Program Manager completes and the Program Director signs indicating one of the following: (1) The student has completed all degree requirements, (2) If the student successfully completes their spring courses and submits the thesis (ScM) by the Graduate School deadline they will have completed the degree requirements, or (3) The student will not be able to complete the degree requirements in time to graduate that Spring.

End of Semester Review of Students: At the end of each semester, the BSHS program director consults with the academic advisors and course instructors to review the progress of all students in the program. Each student's academic performance is discussed, including grades, instructors' observations of the student, course completion and thesis/capstone progress. Written

summaries, drafted by the BSHS program director, are sent to students and maintained in student files.

In addition to assessing the individual performance of students, the end-of-semester reviews are also an opportunity for faculty to identify common issues among students that may indicate the need for changes in individual courses or more generally in the curriculum. The review is also helpful in shaping approaches to advising future students. Therefore, the end-of-semester reviews are not only critical for the evaluation of individual students but also for the overall program.

Biostatistics (PhD; ScM/AM)

Doctoral Students: At the end of each academic semester, a Departmental faculty meeting is held at which the doctoral students are reviewed on the basis of academic course completion, research assistant appointments, teaching assistant appointments and teaching experience accomplishments as well as a review of major milestones such as successful completion of the program's qualifying exam, identification of a thesis advisor and a thesis topic, formation of a thesis committee and regular meetings of this committee. With all faculty members present, efficient conversation and review can take place on each student's or candidate's progress and projected success. Written comments are provided by faculty who cannot attend in person or via a conference call. These review processes also allow input from the teaching faculty to assure, on an individual student basis, that course competencies are being successfully met by each student taking the offered courses during a specific academic semester.

Following each Student Progress faculty meeting, the Graduate Program Director prepares and disseminates individualized student progress letters, highlighting achievements and specific planning for continued success. In those instances that academic standing fall below satisfactory, specific steps are outlined for the student to realign for success within the Program.

Other modalities are in place to monitor and report on student progress which consist of the annual PhD Research Presentation event in which participation is required for all PhD students who have successfully passed the qualifying exam and open to all other PhD students. This academic requirement was put into place to allow students to develop and refine their ability to successfully articulate their research in a thoughtful, understandable and precise manner to their peers. In addition, PhD students meet with their academic advisor, research supervisor or thesis advisor on a routine basis to assure they are making required progress prior to any potential issues at the end of a semester.

Masters Students: Master's students are reviewed at a meeting of the full faculty at the same time as the PhD students at the end of each semester. First-year students are evaluated based on their course performance; second year students are evaluated based on course performance as well as on thesis progress if in the ScM program. Each student receives receive an individualized student progress letter from the Master's Graduate Program Director with copies to their academic and/or thesis advisor.

To monitor academic progress between these meetings, Master's students must meet with their advisor and complete a study plan signed by the student and the academic advisor in order to be able to register for courses the following semester. These plans are completed prior to the

pre-registration period and are updated when final registration is completed at the beginning of each semester. This ensures that students are taking the proper number and sequence of courses and have an opportunity to discuss potential elective courses with their advisors. This requirement ensures that our students are being advised and their progress assessed twice each semester.

Clinical and Translational Research (CTR; ScM)

The Master of Science in Clinical and Translational Research (CTR) Program maintains a progress summary sheet for each student, documenting all courses taken and how each course satisfies the CTR curriculum requirements. The summary sheet also documents when the thesis topic, thesis advisor and thesis reader are approved.

Each student must have his or her thesis proposal and choice of the thesis advisor/reader team approved by the Director of Interdisciplinary Education. Once the thesis proposal and advising team is approved, it is the responsibility of the thesis advisor and thesis reader to monitor the progress of the student and determine when the student's thesis is satisfactory. The thesis advisor, thesis reader and the Director of Interdisciplinary Education sign off on the thesis when it is completed. The thesis is then submitted to the Brown Graduate School.

Epidemiology (PhD; ScM)

As described above (Section 2.6f) progress on competencies are assessed twice each year, as part of our Brown's semi-annual graduate student reviews. Progress for each student is evaluated at the end of both the fall and spring terms and written summaries provided to students. This process is overseen by the Department's Graduate Program Director, who is responsible for the reviews and written summaries for doctoral students – the Master's Program Coordinator fulfills this function for Masters students. For each student, there is a review of courses completed each semester, grades obtained, input is solicited from academic advisors, research advisors and all teaching faculty. Written summaries are sent to students and maintained in student files.

Health Services Research (HSR; PhD)

The HSR doctoral program monitors and evaluates student progress in achieving the expected competencies in several way complementary strategies. First, each student is assigned a primary advisor. The student and advisor meet regularly (at least monthly and typically more frequently) to monitor and discuss progress toward meeting expected competencies.

Second, all faculty advisors meet three times per year to review student progress. During this meeting, the student's coursework grades, research and teaching performance, achievement of core competencies, and progress toward key milestones are discussed. The student prepares a narrative description of their accomplishments since the last review as well as goals to be achieved before the subsequent review.

Third, all students must successfully pass two comprehensive examinations (at the end of year 1 and year 2). These examinations directly test achievement of specific core competencies related to theory and context, study design, analysis, and policy.

Fourth, all students must present an oral defense of their dissertation proposal to the 3-4 members of their dissertation committee. The student must demonstrate achievement of core competencies (theory and context, study design, analysis, policy, effective communication, data management and practical research skills, leadership) in order to advance into candidacy.

Undergraduate concentrations: Public Health; Statistics

The introduction of undergraduate competencies is new to our undergraduate degrees, as is the assessment of competencies. At this point, undergraduates have not been assessed on the achievement of competencies. The Public Health Undergraduate Working Group discussed assessment at a meeting in Spring 2015, and will continue to do so in Fall 2015. The undergraduate Statistics concentration, with the Associate Dean for Academic Affairs, is also discussing how to assess competencies.

- 2.7b Identification of outcomes that serve as measures by which the school will evaluate student achievement in each program, and presentation of data assessing the school's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees (including bachelor's, master's and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of the graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures template.**

See next pages for tables

Table 2.7.1. Students in MPH Degree, By Cohorts Entering Between 2007-08 and 2012-13									
	Cohort of Students	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
2007-08	# Students entered	25							
	# Students withdrew, dropped, etc.	0							
	# Students graduated	0							
	Cumulative graduation rate	0.0%							
2008-09	# Students continuing at beginning of this school year	25	31						
	# Students withdrew, dropped, etc.	0	2						
	# Students graduated	21	2						
	Cumulative graduation rate	84.0%	6.5%						
2009-10	# Students continuing at beginning of this school year	4	27	32					
	# Students withdrew, dropped, etc.	0	1	0					
	# Students graduated	3	15	0					
	Cumulative graduation rate	96.0%	54.8%	0.0%					
2010-11	# Students continuing at beginning of this school year	1	11	32	33				
	# Students withdrew, dropped, etc.	0	1	1	0				
	# Students graduated	0	6	17	0				
	Cumulative graduation rate	96.0%	74.2%	53.1%	0.0%				
2011-12	# Students continuing at beginning of this school year	1	4	14	33	38			
	# Students withdrew, dropped, etc.	0	0	1	0	0			
	# Students graduated	0	0	1	21	0			
	Cumulative graduation rate	96.0%	74.2%	56.3%	63.6%	0.0%			
2012-13	# Students continuing at beginning of this school year	1	4	12	12	38	39		
	# Students withdrew, dropped, etc.	1	0	1	0	2	1		
	# Students graduated	0	2	1	8	25	0		
	Cumulative graduation rate	96.0%	80.6%	59.3%	87.9%	65.8%	0.0%		
2013-14	# Students continuing at beginning of this school year	0	0	10	4	11	38	47	
	# Students withdrew, dropped, etc.	0	0	0	0	0	1	0	
	# Students graduated	0	0	2	0	4	28	0	
	Cumulative graduation rate	96.0%	80.6%	65.6%	87.9%	76.3%	71.8%	0.0%	
2014-15	# Students continuing at beginning of this school year	0	0	4	4	7	9	47	38
	# Students withdrew, dropped, etc.	0	0	n/a	n/a	n/a	n/a	n/a	n/a
	# Students graduated	0	0	n/a	n/a	n/a	n/a	n/a	n/a
	Cumulative graduation rate	96.0%	80.6%	n/a	n/a	n/a*	n/a*	n/a*	n/a

Students are allowed 5 years to complete the MPH degree. The table above gives the breakdown of the number of students entering the program between 2007 and 2014. We achieved a 96% graduation rate for the class that began in 2007, and an 80.6% graduation rate for the class that began in 2008. For the class beginning in 2009, 65.6% graduated within 5 years. Three students who started the Program in 2009 withdrew from the Program, and one student is on a medical leave. Two of the students asked for an extension on the five year limit, and one of the two has now completed her thesis and will graduate on May 24, 2015.

Table 2.7.1. Students in BSHS ScM Degree, By Cohorts Entering Between 2007-08 and 2013-14									
	Cohort of Students	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
2007-08	# Students entered								
	# Students withdrew, dropped, etc.								
	# Students graduated								
	Cumulative graduation rate								
2008-09	# Students continuing at beginning of this school year								
	# Students withdrew, dropped, etc.								
	# Students graduated								
	Cumulative graduation rate								
2009-10	# Students continuing at beginning of this school year								
	# Students withdrew, dropped, etc.								
	# Students graduated								
	Cumulative graduation rate								
2010-11	# Students continuing at beginning of this school year				1				
	# Students withdrew, dropped, etc.				0				
	# Students graduated				0				
	Cumulative graduation rate				0.0%				
2011-12	# Students continuing at beginning of this school year				1	10			
	# Students withdrew, dropped, etc.				0	1			
	# Students graduated				1	1			
	Cumulative graduation rate				100%	10.0%			
2012-13	# Students continuing at beginning of this school year				0	9	6		
	# Students withdrew, dropped, etc.				0	0	0		
	# Students graduated				0	4	0		
	Cumulative graduation rate				100%	50.0%	0.0%		
2013-14	# Students continuing at beginning of this school year				0	5	6	7	
	# Students withdrew, dropped, etc.				0	0	0	0	
	# Students graduated				0	3	5	4	
	Cumulative graduation rate				100%	80.0%	83.0%	57.0%	
2014-15	# Students continuing at beginning of this school year				0	2	1	3	13
	# Students withdrew, dropped, etc.				0	0	0	0	0
	# Students graduated				0	n/a	n/a	n/a	n/a
	Cumulative graduation rate				100%	n/a	n/a	n/a	n/a

The BSHS degree admitted its first student in spring semester of the 2010-2011 academic year, and its first cohort for the 2011-2012 academic year. Only two students to date have elected the AM degree option, and both are still completing degree requirements (one entering in Fall 2014; one expected to graduate in May 2015). Therefore, the following table is specific to the ScM. See Next page for table.

Table 2.7.1. Students in Biostatistics ScM Degree, By Cohorts Entering Between 2007-08 and 2012-13									
	Cohort of Students	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
2007-08	# Students entered	4							
	# Students withdrew, dropped, etc.	0							
	# Students graduated	1							
	Cumulative graduation rate	25.0%							
2008-09	# Students continuing at beginning of this school year	3	5						
	# Students withdrew, dropped, etc.		0						
	# Students graduated	3*	0						
	Cumulative graduation rate	100%	0.0%						
2009-10	# Students continuing at beginning of this school year	0	5	6					
	# Students withdrew, dropped, etc.	0	0	0					
	# Students graduated	0	3*	0					
	Cumulative graduation rate	100%	60.0%	0.0%					
2010-11	# Students continuing at beginning of this school year	0	2	6	9				
	# Students withdrew, dropped, etc.	0	0	0	1				
	# Students graduated	0	2**	5**	3				
	Cumulative graduation rate	100%	100%	83.3%	33.3%				
2011-12	# Students continuing at beginning of this school year	0	0	1	5	6			
	# Students withdrew, dropped, etc.	0	0	0		0			
	# Students graduated	0	0	1*	5*	0			
	Cumulative graduation rate	100%	100%	100%	88.8%	0.0%			
2012-13	# Students continuing at beginning of this school year	0	0	0	0	6	7		
	# Students withdrew, dropped, etc.	0	0	0	0	0	0		
	# Students graduated	0	0	0	0	6**	0		
	Cumulative graduation rate	100%	100.0%	100%	88.8%	100%	0.0		
2013-14	# Students continuing at beginning of this school year	0	0	0	0	0	7	12	
	# Students withdrew, dropped, etc.	0	0	0	0	0	1	0	
	# Students graduated	0	0	0	0	0	4	0	
	Cumulative graduation rate	100%	100.0%	100%	88.8%	100%	57.1%	0%	

*1 Biostatistics ScM Masters Program student graduated with AM degree

**2 Biostatistics ScM Masters Program students graduated with AM degree

Table 2.7.1. Students in Biostatistics PhD Degree, By Cohorts Entering Between 2007-08 and 2012-13									
	Cohort of Students	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
2007-08	# Students entered	3							
	# Students withdrew, dropped, etc.	0							
	# Students graduated	0							
	Cumulative graduation rate	0.0%							
2008-09	# Students continuing at beginning of this school year	3	6						
	# Students withdrew, dropped, etc.	0	0						
	# Students graduated	0	0						
	Cumulative graduation rate	0.0%	0.0%						
2009-10	# Students continuing at beginning of this school year	3	6	3					
	# Students withdrew, dropped, etc.	0	0	0					
	# Students graduated	0	0	0					
	Cumulative graduation rate	0.0%	0.0%	0.0%					
2010-11	# Students continuing at beginning of this school year	3	6	3	4				
	# Students withdrew, dropped, etc.	0	1*	0	0				
	# Students graduated	1	0	0	0				
	Cumulative graduation rate	33.3%	0.00%	0.0%	0.0%				
2011-12	# Students continuing at beginning of this school year	2	5	3	4	3			
	# Students withdrew, dropped, etc.	0	0	1**	0	0			
	# Students graduated	2	2	0	0	0			
	Cumulative graduation rate	100%	33.3%	0.0%	0.0%	0.0%			
2012-13	# Students continuing at beginning of this school year	0	3	2	4	3	3		
	# Students withdrew, dropped, etc.	0	0	1*	1**	1	0		
	# Students graduated	0	0	0	0	0	0		
	Cumulative graduation rate	100%	33.3%	0.0%	0.0%	0.0%	0.0%		
2013-14	# Students continuing at beginning of this school year	0	3	1	3	2	3	3	
	# Students withdrew, dropped, etc.		0	0	0	0	0	0	
	# Students graduated		2	1	1	0	0	0	
	Cumulative graduation rate		66.7%	33%	25%	0%	0%	0%	

Table 2.7.1. Students in the CTR Degree (ScM*), By Cohorts Entering Between 2012/13 to 2014/15					
	Cohort of Students	2011-12	2012-13	2013-14	2014-15
2011/12	# Students continuing at beginning of this school year	n/a			
	# Students withdrew, dropped, etc.				
	# Students graduated				
	Cumulative graduation rate				
2012/13	# Students continuing at beginning of this school year		6		
	# Students withdrew, dropped, etc.		1		
	# Students graduated		0		
	Cumulative graduation rate		0.0%		
2013/14	# Students continuing at beginning of this school year		5	1	
	# Students withdrew, dropped, etc.		0	0	
	# Students graduated		2	0	
	Cumulative graduation rate		33.3%	0.0%	
2014/15	# Students continuing at beginning of this school year		3	1	5
	# Students withdrew, dropped, etc.		TBD	TBD	TBD
	# Students graduated		TBD	TBD	TBD
	Cumulative graduation rate		TBD	TBD	TBD

*The first CTR students enrolled in the 2012/13 academic year. Students are allowed 5 years to complete the degree, so no students have reached the maximum time to graduation yet.

Table 2.7.1. Students in Epidemiology Doctoral Degree, By Cohorts Entering Between 2007-08 and 2013-14									
	Cohort of Students	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
2007-08	# Students entered	5							
	# Students withdrew, dropped, etc.	0							
	# Students graduated	0							
	Cumulative graduation rate	0.0%							
2008-09	# Students continuing at beginning of this school year	5	4						
	# Students withdrew, dropped, etc.	0	0						
	# Students graduated	0	0						
	Cumulative graduation rate	0	0						
2009-10	# Students continuing at beginning of this school year	5	4	3					
	# Students withdrew, dropped, etc.	0	0	0					
	# Students graduated	0	0	0					
	Cumulative graduation rate	0	0	0					
2010-11	# Students continuing at beginning of this school year	5	4	3	5				
	# Students withdrew, dropped, etc.	0	0	0	0				
	# Students graduated	3	3	0	0				
	Cumulative graduation rate	60%	75%	0	0				
2011-12	# Students continuing at beginning of this school year	2	1	2	5	4			
	# Students withdrew, dropped, etc.	0	0	1	0	0			
	# Students graduated	2	1	0	0	0			
	Cumulative graduation rate	100%	100%	0	0	0			
2012-13	# Students continuing at beginning of this school year	0	0	2	5	4	4		
	# Students withdrew, dropped, etc.	0	0	0	0	0	0		
	# Students graduated	0	0	0	1	0	0		
	Cumulative graduation rate	100%	100%	0% ¹	20% ²	0%	0%		
2013-14	# Students continuing at beginning of this school year	0	0	0	4	4	4	4	
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0	
	# Students graduated	0	0	2	1*	0	0	0	
	Cumulative graduation rate	100%	100%	100% ³	20%	0%	0%	0%	
2014-15	# Students continuing at beginning of this school year	0	0	0	3	4	4	5 ⁴	4
	# Students withdrew, dropped, etc.	0	0	0	0*	0	0	0	0
	# Students graduated	0	0	2	2*	n/a	n/a	n/a	n/a
	Cumulative graduation rate	100%	100%	100%	80%*	n/a	n/a	n/a	n/a

*information as of 12/31/15; students completed requirements, will graduate in May 2015

¹ Students are expected to complete the PhD Degree within 5 years.

² Students are expected to complete the PhD Degree within 5 years.

³ Cumulative graduation rate: Students who withdraw from the program (through official notice or failure to enroll) should be counted in the denominator of this calculation. Students who transfer to another degree within the school or program should not be counted in the denominator for the original degree, but should be retrospectively added to the entering enrollment # of the degree they transferred into.

⁴ ScM student transferred to PhD

Table 2.7.1. Students in Epidemiology ScM Degree, By Cohorts Entering Between 2007-08 and 2014-15									
	Cohort of Students	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
2007-08	# Students entered	n/a							
	# Students withdrew, dropped, etc.	n/a							
	# Students graduated	n/a							
	Cumulative graduation rate	n/a							
2008-09	# Students continuing at beginning of this school year	n/a	1						
	# Students withdrew, dropped, etc.	n/a	0						
	# Students graduated	n/a	0						
	Cumulative graduation rate	n/a	0						
2009-10	# Students continuing at beginning of this school year	n/a	1	2					
	# Students withdrew, dropped, etc.	n/a	0	0					
	# Students graduated	n/a	0	0					
	Cumulative graduation rate	n/a	0	0					
2010-11	# Students continuing at beginning of this school year	n/a	1	2	0 ⁵				
	# Students withdrew, dropped, etc.	n/a	0	0	0				
	# Students graduated	n/a	1	1	0				
	Cumulative graduation rate	n/a	100%	50%	0				
2011-12	# Students continuing at beginning of this school year	n/a	0	1	0	0			
	# Students withdrew, dropped, etc.	n/a	0	0	0	0			
	# Students graduated	n/a	0	1	0	0			
	Cumulative graduation rate	n/a	100%	100%	0	0			
2012-13	# Students continuing at beginning of this school year	n/a	0	0	0	0	2 ⁶		
	# Students withdrew, dropped, etc.	n/a	0	0	0	0	0		
	# Students graduated	n/a	0	0	0	0	1		
	Cumulative graduation rate	n/a	100%	100%	0	0	50%		
2013-14	# Students continuing at beginning of this school year	n/a	0	0	0	0	1	5	
	# Students withdrew, dropped, etc.	n/a	0	0	0	0	0		
	# Students graduated	n/a	0	0	0	0	1		
	Cumulative graduation rate	n/a	100%	100%	0	0	100%		
2014-5	# Students continuing at beginning of this school year	n/a	0	0	0	0	0	4	1
	# Students withdrew, dropped, etc.	n/a	0	0	0	0	0	1 ⁷	0
	# Students graduated	n/a	0	0	0	0	0	0	0
	Cumulative graduation rate	n/a	100%	100%	0	0	100%	n/a	n/a

⁵ While the ScM in Epidemiology was an approved degree program prior to 2007, it was reactivated with a revised proposal for a 2-year degree and approved in June 2011. Recruitment into this revamped program began the following year, with five students beginning in Fall 2013.

⁶ one HSPP PhD student transferred into the Epi ScM program

⁷ one ScM student transferred into the PhD program

Table 2.7.1. Students in HSR PhD Program, By Cohorts Entering Between 2007-08 and 2012-13									
	Cohort of Students	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
2007-08	# Students entered	1							
	# Students withdrew, dropped, etc.	0							
	# Students graduated	0							
	Cumulative graduation rate	0.00%							
2008-09	# Students continuing at beginning of this school year	1	1						
	# Students withdrew, dropped, etc.	0	0						
	# Students graduated	0	0						
	Cumulative graduation rate	0.00%	0.00%						
2009-10	# Students continuing at beginning of this school year	1	1	5*					
	# Students withdrew, dropped, etc.	0	0	0					
	# Students graduated	0	0	0					
	Cumulative graduation rate	0.00%	0.00%	0.00%					
2010-11	# Students continuing at beginning of this school year	1	1	5	3				
	# Students withdrew, dropped, etc.	0	0	0	0				
	# Students graduated	0	0	0	0				
	Cumulative graduation rate	0.00%	0.00%	0.00%	0.00%				
2011-12	# Students continuing at beginning of this school year	1	1	5	3	2			
	# Students withdrew, dropped, etc.	0	0	0	0	0			
	# Students graduated	0	0	0	0	0			
	Cumulative graduation rate	0.00%	0.00%	0.00%	0.00%	0.00%			
2012-13	# Students continuing at beginning of this school year	1	1	5	3	2	4		
	# Students withdrew, dropped, etc.	0	0	1*	0	0	0		
	# Students graduated	1	1	2	0	0	0		
	Cumulative graduation rate	100.00%	100.00%	40.00%	0.00%	0.00%	0.00%		
2013-14	# Students continuing at beginning of this school year	1	1	5	3	2	4	4	
	# Students withdrew, dropped, etc.	0	0	1*	0	0	0	0	
	# Students graduated	1	1	2	0	0	0	2	
	Cumulative graduation rate	100.00%	100.00%	40.00%	0.00%	0.00%	0.00%	50.00%	
2014-15	# Students continuing at beginning of this school year	1	1	5	3	2	4	4	3
	# Students withdrew, dropped, etc.	0	0	1*	0	0	0	0	0
	# Students graduated	1	1	2	0	0	0	2	
	Cumulative graduation rate	100.00%	100.00%	40.00%	0.00%	0.00%	0.00%	50.00%	0.00%

*Priya Hirway is included in this total although she did not enter the program until the spring of 2009-10AY

*Priya Hirway transferred to Epi

Table 2.7.1 Students in undergraduate Community Health/Public Health concentration between 2011-2015					
	Cohort of Students	2011-12	2012-13	2013-14	2014-15
2011-12	# Students entering at beginning of this school year	43			
	# Students withdrew, dropped, etc.	0			
	# Students graduated	0			
	Cumulative graduation rate	0%			
2012-13	# Students continuing at beginning of this school year	43	53		
	# Students withdrew, dropped, etc.	0	0		
	# Students graduated	43	0		
	Cumulative graduation rate	100.0%	0%		
2013-14	# Students continuing at beginning of this school year	n/a	53	38	
	# Students withdrew, dropped, etc.	n/a	0	0	
	# Students graduated	n/a	53	0	
	Cumulative graduation rate	n/a	100.0%	0.0%	
2014-15	# Students continuing at beginning of this school year	n/a	n/a	35	66
	# Students withdrew, dropped, etc.	n/a	n/a	3*	0
	# Students graduated	n/a	n/a	0	0
	Cumulative graduation rate	n/a	n/a	92.1%	0.0%

*Students who are completing degree requirements in Fall semester 2015, and will be officially graduated in Spring 2016. (Brown does not have an official December graduation for students who finish requirements in the Summer or in the Fall. All students who miss the May graduation deadlines are officially graduated the following May.)

Table 2.7.1 Students in undergraduate statistics concentration between 2011-2015					
	Cohort of Students	2011-12	2012-13	2013-14	2014-15
2011-12	# Students entering at beginning of this school year	1			
	# Students withdrew, dropped, etc.	0			
	# Students graduated	0			
	Cumulative graduation rate	0%			
2012-13	# Students continuing at beginning of this school year	1	3		
	# Students withdrew, dropped, etc.	0	0		
	# Students graduated	1	0		
	Cumulative graduation rate	100.0%	0%		
2013-14	# Students continuing at beginning of this school year	n/a	3	2	
	# Students withdrew, dropped, etc.	n/a	0	0	
	# Students graduated	n/a	2*	0	
	Cumulative graduation rate	n/a	66.66%	0.0%	
2014-15	# Students continuing at beginning of this school year	n/a	n/a	3	3
	# Students withdrew, dropped, etc.	n/a	n/a	0	0
	# Students graduated	n/a	n/a	3	0
	Cumulative graduation rate	n/a	n/a	100.00%	0.0%

*One student transferred during his sophomore year and completed a triple major in statistics, applied mathematics, and mathematics-economics.

Behavioral and Social Health Sciences (PhD)

The Behavioral and Social Health Sciences PhD program admitted its first cohort of students in Fall 2014. There have therefore been no graduations or job placements.

Table 2.7.2 Graduates' Employment

Degree Program		2012	2013*	2014
BSHS PhD (no graduates to date)	Employed			
	Continuing education/training (not employed)			
	Actively seeking employment			
	Not seeking employment (not employed and not continuing education/training, by choice)			
	Unknown			
	Total			
BSHS ScM (no AM graduates to date)	Employed	100%	60%	59%
	Continuing education/training (not employed)		40%	35%
	Actively seeking employment			
	Not seeking employment (not employed and not continuing education/training, by choice)			
	Unknown			6%
	Total	1	5	17
Biostatistics: PhD	Employed	100%	N/A**	100%
	Continuing education/training (not employed)			
	Actively seeking employment			
	Not seeking employment (not employed and not continuing education/training, by choice)			
	Unknown			
	Total	4		3
Biostatistics: ScM	Employed	33%	60%	80%
	Continuing education/training (not employed)	33%	40%	
	Actively seeking employment			
	Not seeking employment (not employed and not continuing education/training, by choice)			
	Unknown	33%		20%
	Total	6	5	5
Biostatistics: AM	Employed	33%	50%	50%
	Continuing education/training (not employed)	33%	25%	
	Actively seeking employment		25%	
	Not seeking employment (not employed and not continuing education/training, by choice)			
	Unknown	33%		50%
	Total	3	4	4
CTR: ScM	Employed			100%
	Continuing education/training (not employed)			0
	Actively seeking employment			0
	Not seeking employment (not employed and not continuing education/training, by choice)			0
	Unknown			
	Total			2

Epidemiology: ScM	Employed	100%	100%	100%
	Continuing education/training (not employed)			
	Actively seeking employment			
	Not seeking employment (not employed and not continuing education/training, by choice)			
	Unknown			
	Total	1	1	1
Epidemiology: PhD	Employed	75%	100%	100%
	Continuing education/training (not employed)	25%		
	Actively seeking employment			
	Not seeking employment (not employed and not continuing education/training, by choice)			
	Unknown			
	Total	4	1	2
HSR: PhD	Employed	100%	100%	100%
	Continuing education/training (not employed)			
	Actively seeking employment			
	Not seeking employment (not employed and not continuing education/training, by choice)			
	Unknown			
	Total	1	4	2
MPH	Employed	63.6%	80.6%	87.9%
	Continuing education/training (not employed)	27.3%	13.8%	6.1%
	Actively seeking employment	9.1%	2.8%	6.1%
	Not seeking employment (not employed and not continuing education/training, by choice)			
	Unknown		2.8%	
	Total	22	36	33
Undergraduate Public Health	Employed	28%	19.5%	10.2%
	Continuing education/training (not employed)	20%	26.8%	14.3%
	Actively seeking employment			
	Not seeking employment (not employed and not continuing education/training, by choice)			
	Unknown	52%	53.7%	75.5%
	Total	25	41	49

*The first students to graduate from the Master of Science in Clinical and Translational Research graduated in May 2014, so there is no graduation data to report for previous years.

**There were no Biostatistics PhD graduates in 2013

2.7c An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The school must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

Master of Public Health (MPH)

A number of methods are utilized to collect job placement data. Due to the small size of the Program, we have been able to collect much of the job placement data informally by direct communication with each graduate, and we have been very fortunate that many of our graduates have kept in touch with us after leaving the program. As the Program has grown, we have tried to utilize more formal methods for collecting data. In past years, the MPH Program did an end of the year survey, but the response rate was very low. In 2011, only 1 of 25 graduates filled out the survey. In 2012, only 4 of 22 graduating students completed the survey. Due to the low rate of survey completion, the Program tried a different strategy in spring 2013. Several lunch time focus groups were scheduled and students could sign up for the most convenient time. Four lunch meetings were held and 16 of 36 graduating students participated in the meetings. The meetings were very successful and some of the job placement data was collected at these meetings. In May 2014, 23 of the 33 graduating students attended an end of year exit interview session. Of the 46 first year students who were enrolled in spring 2014, 20 attended a year end interview session. In addition, the MPH Program Manager has utilized LinkedIn to keep track of our graduates job updates.

Behavioral and Social Health Sciences (BSHS; PhD)

There are no graduates to date in the BSHS doctoral program.

Behavioral and Social Health Sciences (BSHS; ScM, AM)

Due to the small size of the BSHS Program, we have been able to collect job placement data informally by direct communication with each graduate, and we have been very fortunate that many of our graduates have kept in touch with us after leaving the program. In 2014 we instituted an annual electronic survey which is conducted in January of each year. In its first year, more than 50% of alumni completed the survey.

Biostatistics

The Department of Biostatistics conducts exit interviews with graduating students and prolonged follow-up outreach with our alumni. The exit interviews not only survey student satisfaction with our academic and educational processes and resources, but we also identify their immediate employment or continued educational plans. Staff also reach out to our graduates through Linked-In, Facebook and other social media outlets. We have developed and will begin to implement a formal alumni survey to continue communications and follow our graduates' successes. A very successful vehicle utilized this year is Department-sponsored lunches at professional conferences which we know our alumni will attend (e.g., Joint Statistical Meeting of 2014).

Clinical and Translational Research

The CTR Program had the first two graduates in May 2014. Due to the small size of the Program, we have been able to collect the job placement data informally by direct communication with each graduate.

Epidemiology: PhD

The Epidemiology PhD program collects job placement data informally by direct communication. Last year we instituted an exit survey, to more formally collect this data. To date, we have had approximately 90-95% response rate.

Health Services Research: PhD

The HSR PhD program collects job placement data informally by direct communication with each graduate. To date, we have had a 100% response rate.

- 2.7d In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the school's graduates on these national examinations for each of the last three years.**

MPH

The National Board of Public Health Examiners administers the Certified in Public Health exam. Two MPH graduates have taken the test and passed.

None of the other degrees offered through the School of Public Health have a certification procedure.

- 2.7e Data and analysis regarding the ability of the school's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessments may include key informant interviews, surveys, focus groups and documented discussions.**

The School of Public Health is building the infrastructure to survey alumni and employers. In early 2015 we conducted our first-ever alumni survey. A list of 806 emails was compiled from Brown University's Advancement Office, as well as from departmentally-maintained lists. We received 204 completed surveys. The Alumni Survey is provided in the Electronic Resource File (X.X.X.). Additional commentary from the Alumni Survey is presented below. The next section comments on the MPH degree.

MPH: Until recently, we have not felt that we have had a sufficient number of alumni to have an employer survey that would provide useful information while also respecting confidentiality. We have therefore relied on informal feedback from alumni and community partners who have employed our alumni. We have been very fortunate to have alumni who keep in touch and provide feedback on their experiences, both within our Program and their post-graduate careers. With the growth in the number of alumni, we now have a sufficient number to institute a formal employer survey. The first employer survey was conducted in January 2014, and we plan to repeat the survey every 3 years.

A total of 31 employers were invited by e-mail to the MPH Employer Survey on 1/15/2014. An e-mail reminder was sent on 1/22/2014 (one week after the survey invitation). A total of 13 responses were received for a response rate of 44.8% (13/29). The employer survey is based on

the competencies for the MPH Program, with specific questions for each of the competency areas: knowledge, research, data and information management, Intervention and community service, communication and advocacy. Overall, the feedback from employers was extremely positive. The survey and results are in the Electronic Resource File (2.7E, Employer Survey Instrument and 2.7E, MPH Employer Survey Results 2014).

Alumni Survey: A School-wide, online survey of alumni was fielded in January 2015. This was the first survey of its kind. As noted above, email addresses were obtained through the university's Advancement Office and our departments. All graduates were considered eligible, starting as far back as the initiation of our undergraduate major in 1979. A total of 806 emails were sent, and 204 completed, anonymous surveys were received. The majority of respondents were from the undergraduate degree (Community Health/Public Health: 108) and from the MPH (85), reflecting the majority of our graduates to date.

Alumni were asked how well their Public Health education helped them obtain their present job, and how well their Public Health education has helped them perform their present job. In the aggregate, of those currently employed (n=157), 72% said that their education was Very Helpful/Extremely Helpful in obtaining their present job, and 69% said it was Very Helpful/Extremely Helpful for performing their current job. In addition, 87% said their coursework was Very Helpful/Extremely helpful. Fewer than 5% of respondents said that their education was Not Helpful in obtaining their present job, and review of the reasons given to a follow-up question showed that the dominant reason was that these graduates were in clinical practice, not related to their Public Health degrees.

2.7f Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

Strengths: Student placement meets the expected criteria. We now have a mechanism in place to conduct a regular alumni survey.

Challenges: Undertaking an employer survey is challenging. While we now feel we have an adequate sample size in the MPH to do an employer assessment. It is still challenging to design a short instrument or data collection format (e.g., focus group, informant interview) that employers will participate/complete, that will protect confidentiality and provide useful, actionable information.

Plans: Our degree programs will continue to examine opportunities to collect data from employers, with an emphasis on "mixed/method" information, to combine quantitative with qualitative.

2.8 Other Graduate Professional Degrees. If the school offers curricula for graduate professional degrees other than the MPH or equivalent public health degrees, students pursuing them must be grounded in basic public health knowledge.

2.8a Identification of professional degree curricula offered by the school, other than those preparing primarily for public health careers, and a description of the requirements for each.

Not applicable

2.8b Identification of the manner in which these curricula assure that students acquire a public health orientation. If this means is common across these other professional degree programs, it need be described only once. If it varies by program, sufficient information must be provided to assess compliance by each program.

Not applicable

2.8c Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

Not Applicable

2.9 Bachelor's Degrees in Public Health. If the school offers baccalaureate public health degrees, they shall include the following elements: **Required Coursework** in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours. **Elective Public Health Coursework:** in addition to the required public health core knowledge courses, students must complete additional public health-related courses. Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations. **Capstone Experience:** students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis. The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

2.9a Identification of all bachelor's-level majors offered by the school. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.

As noted in the Instructional Matrix (Criterion 2.1a) there are two undergraduate, bachelor's-level degrees offered through the School of Public Health. One of them is the concentration (major) in Public Health. This is a degree that spans our four Departments. The other undergraduate degree is the concentration in Statistics, which is coordinated through the Department of Biostatistics. Both concentrations are considered to be pre-graduate school degrees. That is, our coursework is not intended to prepare students for front-line public health positions upon graduation. Instead, our students typically proceed to graduate degrees, even if they take a year or two to work after graduation.

We consider the Public Health concentration to be a public health degree, and it is included in this section of the Self-Study. For reasons noted in section 2.10, the concentration in Statistics is considered to be an "other Bachelor's degree" and is presented in section 2.10.

2.9b Description of specific support and resources available in the school for the bachelor's degree programs.

Public Health. The Public Health concentration has two faculty Co-Advisors, with one acting as the overall Director of Undergraduate Studies. The School's Academic Program Manager (Elizabeth Malone) works with the Co-Advisors. Malone communicates with students about concentration-relevant matters, and is often the initial contact person for inquiries about the degree. She interacts with the Registrar's Office and Dean of the College Office when questions

arise regarding university procedures, university websites are updated, information is requested of us by them, and when documentation has to be filed to mark student progress toward graduation. The School of Public Health contributes \$500 a year to the Department Undergraduate Group (DUG), which is matched by the Dean of the College. The DUG is student led, with a faculty advisor (Dr. Melissa Clark), and offers a variety of activities during the academic year (e.g., information session on public health, research activities, presentations from alumni, service events). It is open to any interested student, not only declared Public Health concentrators. As noted elsewhere, the Undergraduate Working Group (UWG) monitors the concentration, and has two student members, who can bring input from the concentrators. For example, the redesign of our Senior Seminar (PHP1910) for Spring 2015 was helpfully informed by meeting with members of the DUG and by comments from the UWG members, and the instructors sought feedback from class members during this Spring 2015 semester, as well as in the end-of-semester online course evaluation.

- 2.9c Identification of required and elective public health courses for the bachelor’s degree(s).**
Note: The school must demonstrate in Criterion 2.6.c that courses are connected to identified competencies (ie, required and elective public health courses must be listed in the competency matrix in Criterion 2.6.d).

Public Health (12 courses)

Required Courses:		
PHP 0310	Health Care in the United States	1
PHP 0320	Introduction to Public Health (prerequisite to Introduction to Epidemiology)	1
PHP 1501	Essentials of Data Analysis (prerequisite to PHP 1910)	1
PHP 1910	Community Health Senior Seminar (This course is taken as a senior.)	1
PHP 0850	Fundamentals of Epidemiology (prerequisite to PHP 1910)	1
Environmental Health and Policy Electives (Students must select one of the following):		1
PHP 1700	Current Topics in Environmental Health	
BIOL 1820	Environmental Health and Disease	
ENVS 1410	Environmental Law and Policy	
ENVS 1710	Environmental Health and Policy	
ENVS 1720	Environmental Justice: The Science and Political Economy of Environmental Health and Social Justice	
Health, Health Care Systems and Policy Electives (Students must select one of the following):		1
PHP 1520	Emergency Medical Systems: An Anatomy of Critical Performance	
PHP 1530	Case Studies in Public Health: The Role of Governments, Communities and Professions	
PHP 1070	The Burden of Disease in Developing Countries	
PHP 1100	Comparative Health Care Systems	
PHP 1500	Global Health Nutrition	
ECON 1360	Health Economics	
Social and Behavioral Science for Prevention Electives (Students must select one of the following):		1

PHP 1010	Doctors and Patients- Clinical Communication in Medicine	
PHP 1400	HIV/AIDS in Africa: A Multidisciplinary Approach to Support HIV/AIDS Care and Treatment Programs	
PHP 1540	Alcohol Use and Misuse	
PHP 1600	Obesity in the 21st Century: Causes, Consequences and Countermeasures	
PHP 1680N	Tobacco, Smoking, and the Evil Empire	
PHP 1680T	Translation, Diffusion and Cultural Relevance of Health Promotion Interventions	
PHP 1740	Principles of Health Behavior and Health Promotion Interventions	
PHP 1920	Social Determinants of Health	
PHP 2310	Physical Activity and Public Health	
PHP 2320	Environmental and Policy Influences on the Obesity Epidemic	
PHP 2330	Behavioral and Social Approaches to HIV Prevention	
PHP 2340	Behavioral and Social Science Theory for Health Promotion	
PHP 2360	Designing and Evaluating Public Health Interventions	
PHP 2380	Health Communication	
Approved Electives (Students must select four electives; no more than two (2) can be Human Biology/Physiology courses):		4
The four electives may be selected from the approved courses from the areas listed above or the approved general electives listed below.		
PHP 0030	Health of Hispaniola	
PHP 0040	Addiction: The Causes, Cures and Consequences of Substance Abuse in Modern Society	
PHP 1680I	Pathology to Power: Disability, Health and Community	
PHP 1680K	Introduction to Conducting Clinical Research	
PHP 1680M	The Epidemiology of Violence and its Consequences	
ANTH 0300	Culture and Health	
ANTH 1020	AIDS in Global Perspective	
ANTH 1242	Bioethics and Culture	
ANTH 1300	Anthropology of Addictions and Recovery	
ANTH 1310	International Health: Anthropological Perspectives	
BIOL 0030	Principles of Nutrition (Human Biology/Physiology course)	
BIOL 0040	Nutrition for Fitness and Physical Activity	
BIOL 0180	The Biology of AIDS	
BIOL 0190E	Botanical Roots of Modern Medicine	
BIOL 0200	The Foundation of Living Systems (Human Biology/Physiology course)	
BIOL 0470	Genetics (Human Biology/Physiology course)	
BIOL 0475	Conservation Medicine	
BIOL 0530	Principles of Immunology (Human Biology/Physiology course)	
BIOL 0800	Principles of Physiology (Human Biology/Physiology course)	
BIOL 0860	Diet and Chronic Disease	
BIOL 0920A	Controversies in Medicine (Human Biology/Physiology course)	
BIOL 1920B	Health Inequality in Historical Perspective	
BIOL 1920C	Social Contexts of Disease	
BIOL 1920D	Race, Difference and Biomedical Research: Historical Considerations	
ENVS 0110	Humans, Nature, and the Environment: Addressing Environmental Change in the	

	21st Century	
ENVS 0410	Environmental Stewardship	
ENVS 0490	Environmental Science in a Changing World	
ETHN 1890J	Native American Environmental Health Movements	
GNSS 1960B	Health and Healing in American History	
HMAN 1970G	International Perspectives on NGOs, Public Health, and Health Care Inequalities	
NEUR 0010	The Brain: An Introduction to Neuroscience (Human Biology/Physiology course)	
PPAI 1700J	GIS and Public Policy	
PPAI 1700K	Health Policy Challenges	
PPAI 1700V	Nonprofit Organizations	
SOC 0300B	Environment and Society	
SOC 0300E	HIV/AIDS: Politics, Culture and Society	
SOC 0300F	Unequal From Birth: Child Health From a Social Perspective	
SOC 0300K	Inequalities and Health	
SOC 1250	Perceptions of Mental Illness	
SOC 1315	Macro-Organizational Theory: Organizations in Social Context	
SOC 1410	Aging and the Quality of Life	
SOC 1540	Human Needs and Social Services	
SOC 1550	Sociology of Medicine	
SOC 1870D	Aging and Social Policy	
SOC 1871H	Social Perspectives on HIV/AIDS	
SOC 1871N	Military Health: The Quest for Healthy Violence	
Total Credits/ Course Units		12

Honors: An Honors track is available for students who qualify. Honors track students are also required to enroll in PHP 1980 (Honors Thesis Independent Study) with their primary advisor, in both semesters of their senior year to conduct research and write the honors thesis. Please visit <http://brown.edu/academics/public-health/honors-track> for details.

2.9d A description of school policies and procedures regarding the capstone experience.

There are two available capstone experiences for students in the undergraduate Public Health concentration. All concentrators are required to take PHP1910: Senior Seminar. For most students, this occurs in their eighth (final) semester. Students who complete requirements in mid-year (Fall semester) take Senior Seminar in their seventh semester, the preceding Spring. The syllabi for recent years are included in the Electronic Resource File (X.X.X). The other capstone experience is the preparation of an Honors Thesis. Eligibility to do a Thesis is based on a balance of A's over B's in concentration courses, and registering for two additional Independent Studies (PHP1980) in the senior year. A description of the Honor's Thesis process the Electronic Resource File (2.X.X). Examples of a senior Honors Thesis are given in the Electronic Resource File (X.X.X). Examples of projects from Senior Seminar are given in the Electronic Resource File (X.X.X).

2.9e Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met

Strengths: Brown's history is among the earliest universities in offering an undergraduate major. The undergraduate concentration (aka: major) relevant for public health began as Health & Society in the late 1970's, when undergraduate public health education was rare. As momentum for Public Health grew in the upper-levels of the university and the Brown Corporation, in the late 1990's we developed the Community Health undergraduate concentration to better reflect the core areas of public health, and when it became clear that we would have a School of Public Health, we made the most recent changes to the concentration, creating the current Public Health concentration.

Challenges: Public Health is a dynamic field of education, work, and research. It is necessary to give consistent attention to the undergraduate program to ensure that it prepares students for the next step in their educational and professional careers, and to be relevant to the particular types of students at Brown.

Plans: An Undergraduate Working Group provides oversight to the concentration. And, as noted in other sections of the Self-Study, surveys are now in process to obtain data to inform continued refinements to the concentration.

- 2.10 Other Bachelor’s Degrees.** If the school offers baccalaureate degrees in fields other than public health, students pursuing them must be grounded in basic public health knowledge.
- 2.10a Identification of other baccalaureate degrees offered by the school and a description of the requirements for each.** The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Statistics. Statistics has been a relatively small concentration, historically graduating between 1-4 students a year. As noted elsewhere, in Fall 2014 the Department of Biostatistics initiated a new, required course for the undergraduate Public Health concentration (PHP1501), and that same semester had the first offering of a seminar on statistics in society (PHP0100), for first-year students. With increased visibility in the curriculum, it is very possible that the concentration will grow in size. The concentration has one concentration advisor (Dr. Royi Gutman), and has staff support from Elizabeth Clark in the Department of Biostatistics. There is constant mentoring by the Director of the Statistics Concentration. All the concentrators are invited to department’s events and gatherings. They also can gain access to the high performance computing at Brown University with the approval of the concentration advisor/independent study advisor. They can also use the School of Public Health computer lab.

The undergraduate Statistics concentration is administered through our Department of Biostatistics, but is classified by Brown as a track within the Independent Concentration category of concentrations.

Statistics (12 courses plus senior seminar):

Requirements in addition to Senior Thesis:

The program begins with a foundation in mathematics and computing, combined with an elementary introduction to statistical thinking and practice. A set of three core courses builds on this foundation by providing a comprehensive account of the fundamentals of statistical theory and data analysis. At this point, the students in the concentration are ready to delve into more advanced material covering important areas of statistical methodology. In addition to formal coursework, students will have opportunities to acquire practical experience in study design, data management, and statistical analysis by working as undergraduate research assistants in projects in one of the participating academic departments or research centers at Brown.

The program requires **twelve** one-semester courses **and** participation in the **senior seminar**:

Foundations courses:		
Mathematics: Three courses, including courses in multivariate calculus and linear algebra		3
Computing:		
APMA 0160	Introduction to Scientific Computing	1
Introduction to statistical thinking and practice: Select one of the following:		1
SOC 1100	Introductory Statistics for Social Research	
ECON 1620	Introduction to Econometrics	
APMA 0650	Essential Statistics	
Core Courses in Theory and Data Analysis:		1
PHP 2510	Principles of Biostatistics and Data Analysis	
Choose one of the following series:		1
APMA 1650	Statistical Inference I and Statistical Inference II	

& APMA 1660		
MATH 1610 & MATH 1620	Probability and Mathematical Statistics	
Advanced Courses in Statistical Methods:		1
APMA 1690	Computational Probability and Statistics	
PHP 2511	Applied Regression Analysis	
Two electives from the following courses:		2
Social Sciences:		
ECON 1630	Econometrics I	
ECON 2030	Introduction to Econometrics I	
ECON 2040	Econometric Methods	
ECON 2630	Econometric Theory	
ECON 2640	Microeconometrics	
SOC 2010	Multivariate Statistical Methods I	
SOC 2220	Advanced Quantitative Methods of Sociology Analysis	
SOC 2230	Techniques of Demographic Analysis	
SOC 2960G	Spatial Data Analysis Techniques in the Social Sciences	
Biostatistics:		
APMA 1710	Information Theory	
APMA 2810R	Computational Biology Methods for Gene/Protein Networks and Structural Proteomics	
BIOL 1420	Experimental Design in Ecology	
PHP 2620	Statistical Methods in Bioinformatics, I	
PHP 2200	Intermediate Methods in Epidemiologic Research	
PHP 2520	Statistical Inference I	
PHP 2030	Clinical Trials Methodology	
PHP 2603	Analysis of Longitudinal Data	
PHP 2530	Bayesian Statistical Methods	
Total Credits		12

Honors: Honors work in the Independent Concentration, Statistics track requires the completion of a senior thesis and a superior record in the program.

2.10b Identification of the manner in which these curricula assure that students acquire a public health orientation. If this means is common across these degree programs, it need be described only once. If it varies by program, sufficient information must be provided to assess compliance by each program.

Beginning in Fall 2015, new students in the undergraduate Statistics concentration are required to complete the online course described in 2.11b below.

2.10c Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met

Strengths: The curriculum for the statistics concentration is well designed with recent improvements. We have a comprehensive plan for an online course that covers the key areas of public health, a faculty member directing its development, and faculty committed to serving as content experts for the modules of the course.

Challenges: Although most modules for the online public health course are complete, the course has not yet been implemented, so we have no direct experience with its logistics for student and faculty

Plans: The course will be a top-priority item for the Associate Dean for Academic Affairs, the Undergraduate Working Group, and the School of Public Health Executive Committee in AY 2015-2016.

2.11 Academic Degrees. If the school also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

2.11a Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The School of Public Health offers four PhD degrees: Behavioral and Social Health Sciences, Biostatistics, Epidemiology, and Health Services Research. We also offer several Masters degrees: Behavioral and Social Health Sciences (AM/ScM), Biostatistics (AM/ScM), Epidemiology (ScM), and Clinical and Translational Research (ScM). The difference between the AM and ScM degrees is that the ScM requires a Thesis.

2.11b Identification of the means by which the school assures that students in academic curricula acquire a public health orientation. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

As of Fall 2015, all graduate-level, academic degree programs require a course that is an introduction to epidemiology. Two such courses are available, PHP2120, Introduction to Methods in Epidemiologic Research (intended for students who are more likely to be users of epidemiological data than producers of data) and PHP2150, Foundations in Epidemiologic Research Methods, (intended for students who have the intention of generating epidemiological data, which is also a prerequisite for more advanced methods courses).

As of Fall 2015, students in academic degree programs and the undergraduate Statistics concentration are required to complete an online course, that is made available across the academic year, with one module being provided in each of six months. Students in an academic degree program that is represented by a module do not complete that module. The course syllabus is provided here and in the Electronic Resource File (X.X.X).

PUBLIC HEALTH 101: AN ONLINE COURSE

Faculty Course Facilitator: Melissa A. Clark, PhD

Course TA: [TBD]

Engagement Hours (Office Hours): Dr. Clark will be available for one-on-one communication via the discussion board and phone calls on [TBD] from [TBD]. The TA for the course, [TBD] will be available on [TBD] from [TBD]. Dr. Clark and the TA will check Canvas for student comments and questions every weekday morning by 8:30 a.m. and every weekday evening no later than 6 p.m. Please anticipate a 12-24 hour response on weekdays. Comments and questions received over the weekend will be addressed on the next weekday.

Preferred Method of Contact: Dr. Clark and the TA should be contacted through Canvas. Session Faculty should be contacted through the means described in the session instructions.

Course Description: Public Health 101 provides an introduction to public health concepts and practice by examining the philosophy, history, purpose, organization, functions, tools, activities and population impact of public health. The emphasis is on the core areas of public health, challenges and strategies for working with communities, and specific health issues that impact the health of the population. It will present a comprehensive overview of the environmental and behavioral factors associated with health promotion and disease prevention. The course targets students enrolled in all of the Brown University School of Public Health academic programs except the Masters of Public Health and the undergraduate Public Health concentration. The instructional methods emphasize competency in basic concepts through active student participation in a variety of computer-mediated activities.

Format: Public Health 101 has a completely online format and uses a variety of interactive modalities, including:

- a) Links to a wide variety of public health related web sites for data and information
- b) On-line discussions involving students and session faculty
- c) Electronic communications among students and between students and the course faculty
- d) Self-assessment questions
- e) Electronic submission of module exams

The course is presented in 6 modules, each lasting one-month. There are topically-specific sessions within each module. Each module is completed at the student's pace within the month that it is offered. Students must successfully complete the modules assigned to them based on the program in which they are enrolled (separate communication will be provided to each student listing the modules for which they are responsible). The schedule of module offerings is as follows:

Module 1: General Overview—September

Module 2: Epidemiology-October

Module 3: Health Care Management, Policy, and Practice-November

Module 4: Behavioral and Social Sciences- February

Module 5: Environmental Health-March

Module 6: Global Health-April

Modules open the first of the month at 8:00 a.m. EST and close the last day of the month at 11:59 p.m.

Within each module, there will be specific sessions designed by faculty members with expertise in the session area. Each session will include the following components:

- Introduction of the faculty expert along with a description of the importance of the session topic in public health
- Assigned readings about the session topic
- Individual exercises in which students complete various activities and applications related to the session topic
- Self-assessment questions relevant to the session activities

Prior to the completion of each module, students will:

- Participate in a 90-minute on-line discussion with module faculty; and
- Complete an exam based on module material. The exams will include structured questions (e.g., multiple choice, true/false) with feedback on incorrect answers.

Online Delivery: This course will be delivered through Canvas. You can access Canvas at <https://canvas.brown.edu/> . You will need to log in using your Brown ID and password. All evaluations will be conducted on-line through Canvas.

Course Learning Objectives: Students will acquire basic knowledge and skills that are important for the study and practice of public health. Overall, the course is designed so that students will become proficient in:

- Identifying and describing the various components of the public health system, including its unique and important features
- Describing the leading causes of morbidity and mortality and the prevention activities to reduce the burden of disease in populations.
- Describing and explaining how various organizations, positions and roles contribute to carrying out public health's core functions and essential services.
- Identifying basic types of public health data
- Analyzing public health problems for their determinants and contributing factors
- Identifying and distinguishing public health prevention strategies from traditional medical approaches to disease

Learning objectives for each module are as follows:

MODULE 1: GENERAL OVERVIEW OF PUBLIC HEALTH

- Describe the differences between personal and population health
- Explain the scope of health law, policy, and ethics
- Identify public health disciplines, professions, and organizations and their role in shaping population health outcomes
- Identify and explain uses of system thinking in public health
- Describe historical milestones in public health, including the most important achievements of public health efforts

MODULE 2: HEALTH CARE MANAGEMENT, POLICY, AND PRACTICE

- Identify and describe the responsibilities of health professionals that comprise the health workforce
- Identify and describe types and responsibilities of healthcare institutions
- Describe types of insurance systems in the United States and explain the basic principles of their financing

MODULE 3: EPIDEMIOLOGY

- Describe the basic principles of epidemiology, including rates, risk factors, and disease determinants
- Recognize the most common designs of epidemiological studies and describe the strengths and limitations of each design
- Identify the prevention, detection, and control strategies for infectious and chronic diseases

MODULE 4: BEHAVIORAL AND SOCIAL SCIENCES

- Describe the role of communication in addressing public health problems
- Assess the impact of behavior and social determinants on health and well-being

- Recognize the importance of mental health in population health and well-being

MODULE 5: ENVIRONMENTAL HEALTH

- Define the scope of morbidity and mortality caused by the physical environment
- Describe the role of food and drugs in health and disease and the role of surveillance in food and drug safety
- Describe the scope of, and prevention strategies for, intentional and unintentional injuries

MODULE 6: GLOBAL HEALTH

- Identify global health issues, actors, and institutions
- Compare and contrast approaches to personal and population health across low-, middle-, and high-income countries
- Identify key aspects of emergency preparedness with regard to global public health outcomes

Time Requirements/Commitment: This course is comparable to an on-campus course in terms of time and effort. Each session is approximately equivalent to a 50-minute in-class session. Therefore, you should anticipate spending at least 50 minutes per session viewing online material, watching online lectures, and completing online activities. Examinations for each module are designed to be up to 90 minutes in length. In addition, you should expect to spend an additional 90 minutes per module participating in an online discussion forum with faculty from that module. Additional time will be spent reading the required materials, including the textbook, and working on assigned material for each session.

Online Communication Etiquette: When participating in a discussion or posting a question, please be respectful of everyone's participation. Keep posts relevant to the discussion board topic. This is an academic discussion. While it is acceptable to disagree with someone's opinion, this should be done in a respectful manner. Do not criticize colleagues, instructors or teaching methods within posts. Additionally, appropriate language should be used in all posts: avoid "net speak" such as *U (you)* and *LOL (laughing out loud)*.

Readings:

Riegelman, R. and Kirkwood, B. 2015. Public Health 101: Healthy People-Healthy Populations. Second Edition. Burlington, MA: Jones and Bartlett Learning

On-line readings: links to the on-line readings are available on the course website at:

<https://canvas.brown.edu/>

Evaluation:

Class Discussions: All students are expected to participate in the on-line discussions scheduled at the end of each module. In these discussions, students will contribute to a discussion with other students and faculty, including debate and analysis of various session topics.

Exams: Each module includes an objective exam based on information and knowledge related to that module. This exam is submitted on Canvas and students will receive immediate feedback on correct and incorrect responses. Students must earn a grade of 80% or higher to pass the module.

Determination of Final Grades:

Passing the course involves passing each of the required modules. Scores for individual modules and for the entire course can be tracked in Canvas.

Academic Integrity:

Plagiarism will not be tolerated in this course. Plagiarism occurs when you deliberately use someone else’s language, ideas, or other original material without acknowledging its source. This includes carelessly or inadequately citing ideas and words from another source including paraphrasing without credit. Plagiarism also includes submitting an assignment written by someone else and working with other students if the assignment does not specifically give you permission to work with others. Ethical research requires properly documenting the sources used even when not directly quoting from another person’s work. For additional information about offenses against the academic code, please see the Academic & Student Conduct Codes. All situations of suspected academic dishonesty will be handled in the manner as described in the Academic & Student Conduct Codes. The Academic & Student Conduct Codes can be found at

http://www.brown.edu/Administration/Dean_of_the_College/curriculum/documents/principles.pdf

Session	Topic	Readings	Faculty Instructor
	MODULE 1: GENERAL OVERVIEW (September)		
1	Principles of population health	Textbook, Chpt 1	M. Clark
2	Health law, policy, and ethics	Textbook, Chpt 5	E. Tobin-Tyler
3	Public health institutions and systems	Textbook, Chpt 12	P. Nolan
4	The role of systems thinking in public health	Textbook, Chpt 14	B. Marshall
5	Future of public health: Achievements and challenges	TBD	M. Clark
6	Exam: Module 1		
	MODULE 2: HEALTH CARE MANAGEMENT, POLICY AND PRACTICE (October)		
7	Health professionals and health workforce	Textbook, Chpt 9	A.Trivedi
8	Healthcare institutions	Textbook, Chpt 10	I. Wilson
9	Health insurance and healthcare systems	Textbook, Chpt 11	V. Mor
10	Exam: Module 2		
	MODULE 3: EPIDEMIOLOGY (November)		
11	Evidence-based public health	Textbook, Chpt 2	A. Gjelsvik
12	Non-communicable diseases	Textbook, Chpt 6	K. Kelsey
13	Communicable diseases	Textbook, Chpt 7	C. Howe
14	Exam: Module 3		
	MODULE 4: BEHAVIORAL AND SOCIAL SCIENCES (February)		

15	Public health data and communications	Textbook, Chpt 3	T. Trikalinos
16	Social Determinants and Health behaviors	Textbook, Chpt 4	D. Operario
17	Mental health	TBD	K. Carey
18	Exam: Module 4		
	MODULE 5: ENVIRONMENTAL HEALTH (March)		
19	Physical environment	Textbook, Chpt 8	G. Wellenius
20	Food and drug safety	Textbook, Chpt 13	J. Braun
21	Injuries	TBD	M. Ranney
22	Exam: Module 5		
	MODULE 6: GLOBAL HEALTH (April)		
23	Comparative health systems	TBD	O. Gallarraga
24	Global health governance and institutions	TBD	S. McGarvey
25	Emergency preparedness	TBD	A. Mihalakos
26	Exam: Module 6		

2.11c Identification of the culminating experience required for each academic degree program. If this is common across the school's academic degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each.

Doctoral degrees. All four (PhD) doctoral programs in the School of Public Health require a dissertation, in the form of three (3) papers, judged to be of publishable quality by the student's doctoral committee. Each student has a dissertation committee of at least three members. These papers are thematically-linked, and developed under the auspices of the student's doctoral committee, and they are presented in an oral defense with the doctoral committee before being allowed to proceed. They are targeted to specific journals. Quantitative data are emphasized, but qualitative and mixed-method papers are options in some of the doctoral programs. There is typically a separate Introduction to the three papers, that provides background regarding their thematic focus, and orients the reader to the purpose of each paper.

Upon completing the proposed research papers, students schedule a public presentation and oral defense of their dissertation. The defense meeting is chaired by a reader from outside the Department. The defense begins with a public presentation by the candidate. Committee members their other faculty direct questions to the candidate. The questioning process may take up to 90 minutes, and is opened to others attending the dissertation presentation. At the conclusion of the presentation and questioning, the thesis committee meets in private to make a final determination of the acceptability of the thesis and discuss any changes recommended to the final version.

Steps toward the dissertation are specified by the Graduate School (e.g., passing qualifying exams, oral defense of the dissertation proposal, scheduling of the public dissertation defense, successfully passing the defense) and recorded in a system called GSIM (Graduate Student

Information Management;

[http://www.brown.edu/academics/gradschool/sites/brown.edu.academics.gradschool/files/uploads/Graduate%20School%20Information%20System%20\(GSIM\)%20Guide\(1\)\(1\).pdf](http://www.brown.edu/academics/gradschool/sites/brown.edu.academics.gradschool/files/uploads/Graduate%20School%20Information%20System%20(GSIM)%20Guide(1)(1).pdf) .

Information is entered locally, and is accessible both to School of Public Health staff and to the Graduate School, allowing dual monitoring of progress. In addition, dissertations are prepared and formatted according to requirements specified by the Graduate School (<http://www.brown.edu/academics/gradschool/dissertation-guidelines>).

Masters degrees. The MPH, the Behavioral and Social Health Sciences ScM, the Epidemiology ScM, and the Biostatistics ScM each require a thesis. All theses are done under the auspices of one or two advisors, who initially approve the thesis plan and subsequently sign off on the final product. Students use existing datasets or develop their own. Such data can be quantitative and/or qualitative, although the individual masters programs vary in their focus on type of data that are most often used by students. Faculty conducting research in the Centers and Institutes of the School of Public Health have a large array of research projects using public health relevant data bases that are available. The Department of Health and other state agencies have public use data sets and other sources of data are available from federal public health agencies. These data sources are options for thesis projects. Systematic reviews and policy analyses are also options.

All BSHS AM students are required to complete a capstone project. The Capstone project serves as an opportunity to implement a personalized learning experience and demonstrate the program's core competencies in behavioral and social health sciences. The Capstone is typically completed in the last two semesters of the degree program, and is done under the direct supervision of both a faculty Capstone Advisor and an Onsite Supervisor. Although the Capstone may take many forms of applied learning and engagement, it always includes a Practicum, a Product, and a Paper. During the Practicum phase, students conduct a substantial period of work in a field setting, with a community or private-sector organization, health service provider, or policy agency, gaining hands-on experience in a real-world setting. In addition to the Practicum itself, the Capstone project also requires a Product, or deliverable, with practical relevance to the field setting. The final requirement for completion of the Capstone is the written component. The Capstone Paper is expected to demonstrate clear and professional writing skills and, in addition to describing the student's Practicum experience, will place that experience, or agency, or intervention, in a broader Public Health context by elucidating three avenues of Public Health consideration— intervention Development, Implementation, and Evaluation. See the Electronic Resource File (X.X.X). for BSHS Capstone guidelines, Capstone Prospectus, and Capstone Project Completion Form.

Given the applied nature of the Clinical and Translational Research Program (CTR), students develop a portfolio to meet the following thesis requirements. These requirements are developmental in nature and should be completed throughout the student's studies. Students are encouraged to engage in interdisciplinary work. The thesis requirements help to move students forward in their careers in clinical and translational research. Each student works with his/her advisor and reader to determine the best timing for completion of the thesis requirements. All thesis plans must be approved prior to beginning the project.

All CTR students are required to complete a thesis, which is composed of the following parts:

- First author submitted abstract to regional, national or international meeting
- First author publishable quality paper, and

- Submittable grant proposal
- OR
- First author submitted abstract to regional, national or international meeting
- Two first author publishable quality papers

2.11d Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met

Strengths: Our degrees have appropriate capstone/culminating experiences. We are now implementing the online course covering key aspects of public health.

Challenges: The online course is being implemented for the first time, requiring evaluation and changes as/if needed.

Plans: The online course is a priority for the Associate Dean for Academic Affairs, the Undergraduate Working Group, and the School of Public Health Executive Committee in AY 2015-2016.

2.12 Doctoral Degrees. The school shall offer at least three doctoral degree programs that are relevant to three of the five areas of basic public health knowledge.

2.12a Identification of all doctoral programs offered by the school, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose. If the school is a new applicant and has graduates from only one doctoral program, a description of plans and a timetable for graduating students from the other two doctoral programs must be presented, with university documentation supporting the school's projections.

As shown in the Instructional Matrix, the School of Public Health offers four PhD degrees: Behavioral and Social Health Sciences, Biostatistics, Epidemiology, and Health Services Research. The most recent doctoral program is in Behavioral and Social Health Sciences, with an initial entering class in Fall 2014. It therefore has no graduates to date. The other three doctoral programs (Biostatistics, Epidemiology, Health Services Research) have been in operation for several years, and each has had numerous graduates as noted in the tables in section 2.7.

2.12b Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

The School of Public Health has a full-time Academic Program Manager (Elizabeth Malone), a part of whose time is directed to the doctoral programs and students. She works with the doctoral program directors and their respective Department Coordinators. Each doctoral program has a faculty member who serves as head of the doctoral program and supervises its implementation. The respective Departmental Coordinators provide staff support within the Departments.

Brown University guarantees 5 years of financial support to doctoral students (academic year and summer stipends, health insurance, and miscellaneous fees). Each doctoral degree program at Brown has its own arrangement with the Graduate School regarding the university's up-front contribution to the 5-year guarantee for its students. The four doctoral programs in Public Health are treated the same. That is, the doctoral programs each receive university-based support for 4 students a year, at the level of 3 guaranteed semesters and a summer. The expectation, based on past history of external funding for the School of Public Health, is that the degree programs/departments will have coverage for the remaining semesters and summers via external sources (research grants, training grants). Students can apply for individual training grants (e.g., F31's). However, the university is the ultimate guarantor of the 5-years of support. As a result, doctoral students at Brown generally, including Public Health, have a secure base of funding.

The Public Health Research Centers

The School has 11 interdisciplinary research centers focused on: (1) aging and health services research, (2) statistical sciences, (3) international health, (4) alcohol and addiction studies, (5) community health promotion, (6) population health and clinical epidemiology, (7) HIV/AIDS research, (8) environmental health and technology, (9) behavioral medicine and prevention, (10) primary care and prevention, and (11) evidence-based medicine. These are co-located in the

Public Health building or at nearby hospitals, and students work with investigators from these centers, and often receive funding support through the center sponsored research.

The Brown University, and Brown School of Public Health Building

The Brown University School of Public Health occupies 80,000 sq. feet in an 11-story building owned by Brown University that is two blocks from the main campus on College Hill and four blocks from Brown's Warren Alpert Medical School. Faculty, fellows, students and staff in the four academic departments comprising the School of Public Health as well as 8 campus-based Public Health Centers and Institutes currently occupy the building. The School provides all researchers (including doctoral students) with fully equipped and secured office space. Fax and copy machines, laser printers, and locked file cabinets are available on-site. Students are provided with word processing, office productivity and statistical analysis software as needed. Students have access to an IT administrator who assists with hardware and software issues. Staff for administrative assistance, support for human subjects research, and maintenance of human subjects databases are also available on-site. The Public Health building has wireless access to the Internet, and all doctoral students have designated office space that includes storage and desktop space. The Masters students have desk space in the Master Student Workroom.

Extensive computing resources are available at Brown University, including Dell Optiplex PCs, MS Office applications, SAS, Stata, SPSS, ArcGIS and R statistical software, full multimedia capabilities, and a password-protected LAN with full access to the Internet. All offices are connected into a single virtual LAN by the central Brown Computing and Information Services group. Graduate students have access to a broad array of research infrastructure including data management, programming and data archives of various sources at Brown University, as well as a dedicated laptop PC with the necessary software to accomplish the proposed project. The university maintains and supports software on this laptop, including a standard package of data management and statistical software (SPSS, SAS - all EAS modules, SUDAAN for survey research, Stata, Salford CART, NQuery Advisor, MLWiN, HLM, and BUGS). Wireless Internet and modem connection can be used from any place on the Brown University campus with an Internet connection as well as from her local office at 121 South Main Street.

Travel Funding

Graduate Conference Travel Fund. The Graduate Research Travel Grant provides supplemental funding for scholarly research travel that occurs during the academic year. Students in their second through fifth years of study are eligible for a \$500 Graduate Research Travel Grant. Applications from sixth year students are considered if accompanied by a brief letter from the student's director of graduate study or research advisor.

School of Public Health Conference Travel Fund. Doctoral students, who present original work at academic conferences, can also apply to the School of Public Health for up to \$400 to cover related travel expenses not covered by the Graduate School. Students are eligible to receive these funds one time, at any time during their doctoral training period. Given funding limitations, application does not guarantee support.

Joukowsky Summer Research Award

The university's Joukowsky Summer Research Award Program, through the Graduate School, provides additional funding for scholarly activities outside of Brown during the summer months.

Students conducting research or traveling for other academic purposes during the summer months may be eligible for this award. Doctoral students applying for summer research after the first through fifth years of study are eligible for the awards.

International Travel Fund

The university's International Travel Fund provides funding for graduate student conference presentations and research studies abroad. Awards range from \$200 to \$1,000. Only one award will be made per student within an award cycle (September-August). These awards may be used in combination with other Graduate School travel awards. Master's students and doctoral students in years 1 through 5 of their studies are automatically eligible to apply for the international travel fund award. Doctoral students in the sixth year are also eligible but are required to have a letter of support from the Director of Graduate Studies of the home program, in addition to the international travel fund application.

Sheridan Center for Advanced Teaching and Learning

The Sheridan Center provides training for students and faculty to develop and improve teaching skills. With hands-on pedagogy workshops in areas such as course design, grading and evaluation, and year-long teaching certificate programs, the Sheridan Center is an important resource that many graduate students participate in as part of their professional development.

Writing Center

The Writing Center provides free academic support service for all members of the Brown Community. The Center is staffed by graduate students from a variety of academic disciplines. Staff members are experienced writers and teachers who participate in ongoing training in composition theory and practice. In addition to holding one-on-one meetings, Writing Center Associates offer various workshops on writing for interested groups, including workgroups to assist students with the dissertation process.

Office of International Student and Scholar Services (OISSS) The mission of the Office of International Student and Scholar Services (OISSS) is to support the university's internationalization and to facilitate the integration of international students and scholars into the Brown community. In that, OISSS serves as a resource to admitted international students, faculty and researchers and their families as well as academic departments, and other administrative offices on and off campus. OISSS provides advising services with respect to immigration and visa matters, work permission, orientation, cultural adjustment and personal concerns. OISSS provides consulting services to hiring academic departments, and handles the immigration related aspects of the hiring process for nonimmigrant faculty, researchers, and staff. OISSS is organized under the Office of the Vice President and General Counsel.

2.12c Data on student progression through each of the school’s doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.10.1.

The Behavioral and Social Health Sciences doctoral program admitted its first three students for Fall 2014. As of Fall 2015, therefore, they are all in their second year of study.

Table 2.10.1 Doctoral student data

Template 2.10.1: Doctoral Student Data for year 2014-15				
	BSHS	Biostatistics	Epidemiology	HSR
# newly admitted in 2014-15	3	6	4	3
# currently enrolled (total)	3	12	20	16
# completed coursework during 2014-15		2	TBD	2
# advanced to candidacy (cumulative) during 2014-15			2	2
# graduated in 2014-15		1	TBD	TBD

2.12d Identification of specific coursework, for each degree, that is aimed at doctoral-level education.

We have relatively few courses that are reserved for doctoral students or taken primarily by doctoral students. Those courses that are in this category are noted in the discussion of each doctoral program below. The reason for having few courses is grounded in university’s funding model for doctoral education. As noted elsewhere in the Self-Study, our four doctoral programs each has a university-specified funding model that supports annual intake cohorts of 4-5 students per doctoral program with university support. Across Brown’s doctoral programs as a whole, the amount of university support provided to a doctoral program (administratively channeled through the Graduate School) is heavily based on the track-record of success a Department’s faculty have had in attracting external funding, which in turn is often highly dependent on available sources of large grants in that discipline.

Brown University guarantees five academic years (10 semesters) and four summers of support to doctoral students, but our Public Health doctoral programs receive 1.5 academic years (three semesters) and one summer for each student, through the university, and we are expected to provide the balance of support from external research and training grants. This level of support reflects our faculty’s success obtaining external grants. In addition, Brown University does not allow admitting self-pay students, in whole or part. Our doctoral programs therefore have a strong incentive and inclination to admit doctoral students who already have a Master’s degree, so that they can progress to completing their dissertation with the benefit of applying their Master’s work elsewhere (up to 8 units) to the 24 tuition-unit requirement of the university.

As a result of these factors, our doctoral students typically have the full set of course offerings available to them as new coursework. The doctoral programs also allow taking courses from departments other than in the School of Public Health.

A few students have obtained a Masters degree with us (MPH, ScM) and have gone on to obtain a PhD or are in-process of doing so. Copies of their coursework are included in the Electronic Resource File (X.X.X).

The following sections describe our doctoral programs' respective curricular requirements:

Behavioral and Social Health Sciences (BSHS)

The BSHS curriculum consists of 16 required courses in the categories of (a) BSHS core, (b) Statistics, (c) Methods, (d) Diversity, and (e) Content Courses. Two of the requirements (1 methods course and 1 content course) are met via independent study. Students entering with relevant graduate coursework not used in fulfillment of the requirements for the degree of doctor of philosophy elsewhere, may, with the approval of the Department and the Registrar, be counted in fulfillment of the degree requirements. However, no more than the equivalent of one full year of study may be counted in this manner. The minimum number of courses that a student must pass after enrolling in the BSHS doctoral program is 12. Thus, if more than 4 of the 16 required courses for the BSHS degree are satisfied by transfer credits, the 12 course minimum will be satisfied by taking more elective courses consistent with the student's program of study. In addition to the approved courses, students may, in consultation with their Advisor and with the approval of the Graduate Program Director, choose appropriate elective courses offered by other graduate departments at Brown University when relevant to a student's thesis work or career goals. Students may also register for independent study courses under the guidance of individual faculty members.

The BSHS degree is developing a Proseminar course that will be directed at doctoral students, with the plan being to offer it in Fall 2016, when there will be at least six 3rd- and 2nd-year students. In addition, PHP2300 (Research Methods in Behavioral Science) is being revised to be more specifically for doctoral students, due to the introduction of a required Epidemiology course for the Master's degree, which replaced PHP2300 as a requirement.

Required Core Courses *	
PHP 2300	Research Methods in Behavioral Science
PHP 2340	Behavioral and Social Science Theory for Health Promotion
PHP 2360	Designing, Implementing, and Evaluating Public Health Interventions
PHP 2380	Health Communication
PHP xxxx	Advanced Proseminar in Behavioral Interventions (in development)
Statistics Courses (2 required courses + 1 elective from this list)**	
PHP 2510	Principles of Biostatistics and Data Analysis [or equivalent]
PHP 2511	Applied Regression Analysis [or equivalent]
PHP 2540	Advanced Methods for Multivariate Analysis
PHP 2603	Analysis of Longitudinal Data
PHP 2601	Linear and Generalized Linear Models
PHP 2602	Analysis of Lifetime Data
PHP 2610	Causal Inference and Missing Data
PHP 2250	Advanced Quantitative Methods in Epidemiology
SOC 2240	Event History Analysis

CLPS 2908	Multivariate Statistical Techniques
Methods Courses (3 required courses + 1 elective from this list)	
PHP 2090	Scientific Writing in Public Health
PHP 2980	Graduate Independent Study in BSHS Methods
PHP 2150	Foundations in Epidemiologic Research Methods <i>OR</i>
PHP 2120	Intro to Methods in Epidemiologic Research
PHP 2200	Intermediate Methods in Epidemiologic Research
PHP 2060	Qualitative Methods in Health Research
PHP 2040	Applied Research Methods
PHP 2019	Measurement Issues in Health Care
PHP 2030	Clinical Trials Methodology
Diversity and Culture Courses (choose 1 from this list)	
PHP 1680T	Translation, Diffusion, & Cultural Relevance of Health Promotion Interventions
PHP 1920	Social Determinants of Health
PHP 2325	Place Matters: Exploring Community-Level Contexts on Health Behaviors, Outcomes, and Disparities
Health Behavior Content Courses (1 required course + 2 electives from this list)**	
PHP 2980	Graduate Independent Study in a BSHS Substantive Area
PHP 1540	Alcohol Use and Misuse
PHP 1680N	Tobacco, Smoking, and the Evil Empire
PHP 1600	Obesity in the 21 st Century: Causes, Consequences and Countermeasures
PHP 2310	Physical Activity and Public Health
PHP 2365	Public Health Issues in LGBT Populations
PHP 2371	Psychosocial and Pharmacologic Treatment of Substance Abuse
PHP 2980	Graduate Independent Study in Intervention Research
Public Health Courses	
	Responsible Conduct in Research Training Sequence
PHP 2950	Doctoral Seminar in Public Health "Journal Club"
Dissertation Credit (variable-required)	
PHP 2990	Thesis Preparation

Note: Shaded courses are required. * These five courses, or equivalents, are required. ** Additional elective courses, with approval.

Biostatistics

Twenty-four credits are required of students matriculating in the program without a master's degree; 16 are required beyond the master's. For those with a related master's degree, up to eight units can be transferred. Students are expected to participate in academic activities such as the Statistics Seminar and faculty-organized working groups. Courses on the topics of Longitudinal Data Analysis (PHP2603), Data Science (PHP2630), Spatial Statistics (PHP2604), High Dimensional Data (PHP2650; PHP2680), and Statistical Inference II (PHP2580) typically have a high percentage of doctoral students

Within the Department, the major requirements for the PhD are:

1. completion of a program of courses covering core areas of required expertise (see details below)
2. demonstration of proficiency in teaching

3. synthesis of a core body of knowledge, evaluated via written examination
4. demonstration of readiness to undertake original research, via oral presentation and defense of a written dissertation proposal (oral exam)
5. completion and oral defense of a dissertation that makes an original contribution in the chosen field of study.

The methods for meeting these requirements may differ depending on the individual program of study.

Competencies in biostatistics are divided into three Core areas:

1. Theory and Methods of Inference (Core A)
2. Methods of Biostatistical Analysis (Core B)
3. Advanced Training (Core C)

Biostatistics Core A: Theory and Methods of Inference (all required)
Statistical Inference I (PHP2520)
Advanced Methods for Multivariate Analysis (PHP2540)
Linear and Generalized Linear Models (PHP2601)
Statistical Inference II (PHP2580)
Bayesian Inference (PHP2530)
Practical Data Analysis (PHP2550)
Generalized Linear Models (PHP2605)
Biostatistics Core B: Methods of Biostatistical Analysis (all required)
Analysis of Lifetime Data (PHP2602)
Analysis of Longitudinal Data (PHP2603)
Statistical Computing (PHP2560)
Biostatistics Core C: Advanced Training Electives in Statistical Methodology (electives)
Clinical Trials (PHP2030)
Statistical Methods for Bioinformatics (PHP2620)
Causal Inference and Missing Data (PHP2610)
Statistical Methods for Spatial Data (PHP2604)
Statistical Foundations of Data Science (PHP2630)
Qualifying courses in other departments (APMA, ECON, CS), with approval from Graduate Director
Other Requirements
Epidemiologic Research (PHP2120 or PHP2150)
Course in substantive field of application
Journal Club
Online course on Introduction to Public Health
Responsible Conduct in Research Workshop

Epidemiology

All students in the PhD program in Epidemiology are required to take 13 courses for credit, including 9 core courses, 2 or more methods elective courses, and 2 or more substantive elective courses. Each of these courses must be taken for credit and for a grade. PhD students are also required to: a) take a noncredit online introductory course on SAS data management, b) participate in the journal club series (credit optional), and c) take the noncredit Responsible Conduct in Research (RCR) course. The courses on Advanced Quantitative Methods (PHP2250), and Interpretation and Application of Epidemiology (PHP2180) are taken primarily by doctoral students.

Specifically, students pursuing a PhD in Epidemiology are required to take the following:

Core Courses:

PHP 2150 – Foundations in Epidemiologic Research Methods
PHP 2200 – Intermediate Methods in Epidemiologic Research
PHP 2250 – Advanced Quantitative Methods for Epidemiologic Research
PHP 2180 – Interpretation and Application of Epidemiology
PHP 2510 – Principles of Biostatistics and Data Analysis
PHP 2511 – Applied Regression Analysis
PHP 2090 – Scientific Writing in Public Health
PHP 2130 – Human Biology for Epidemiology
One additional advanced biostatistics course

In addition, doctoral students are required to take the following non-credit courses during the first semester:

Online Graduate Student Course on SAS Data Management

This workshop is designed as a basic introduction to SAS and must be completed by the end of the first term by all students unless a waiver is obtained. Courses in the second term will assume this course has been completed and that the students understand the material in the first four modules. The emphasis is on data management skills, programming best practices and resources for continued learning. The topics for this course are: module 1 learn structure of SAS and how to read data into SAS; module 2 learn basic data management commands such as creating new variables, how to open existing SAS data sets, and how to combine data; module 3 learn how to use basic SAS functions, how to generate descriptive statistics for data checking and how to handle dates in SAS; module 4 learn how to import data from other sources and to apply sample design information to procedure statement syntax

Responsible Conduct in Research (RCR) Course

This course is an introduction to important ethical and professional codes for the proper conduct in research and is offered in the fall. It is a requirement for graduation and for all individuals participating in research funded by the NIH and the NSF. Participation in the RCR Course is mandatory for 1st year students. More information and registration can be found online at the Graduate and Postdoctoral Studies website:

<http://www.brown.edu/about/administration/biomed/graduate-postdoctoral-studies/responsible-conduct-research-rcr>

Students must also take 2 or more of the following methods elective courses:

Epidemiology Courses

PHP 2030 – Clinical Trials Methodology
PHP 2040 – Applied Research Methods
PHP 2240 – Methods in Environmental Epidemiology
PHP 2430 – Analysis of Population Based Datasets
PHP 2440 – Pharmacoepidemiology*

Biostatistics Courses

PHP 2520 – Statistical Inference I
PHP 2530 – Bayesian Statistical Methods
PHP 2540 – Advanced Methods for Multivariate Analysis
PHP 2601 – Linear and Generalized Linear Models
PHP 2602 – Analysis of Lifetime Data
PHP 2603 – Analysis of Longitudinal Data
PHP 2610 – Causal Inference and Missing Data
PHP 2620 – Statistical Methods in Bioinformatics I

Substantive Elective Courses. Students must also take 2 or more of the following:

PHP 1700 – Introduction to Environmental Health
PHP 1920 – Social Determinants of Health
PHP 1960 – Epidemiology of Chronic Disease
PHP 1964 – Cancer Epidemiology and Prevention
PHP 2220B – Nutritional Epidemiology
PHP 2210A – Epidemiology of Chronic Disease
PHP 2220C – Perinatal Epidemiology
PHP 2220E – Topics in Environmental and Occupational Epidemiology
PHP 2220H – Methodological Issues in the Epidemiology, Treatment and Prevention of HIV
PHP 2222 – Genetics, Human Population and Diseases
PHP 2230 – Infectious Disease Epidemiology
PHP 2440 – Pharmacoepidemiology*

In addition to the above lists of approved methods and substantive elective courses, students may choose appropriate elective courses offered by other graduate departments at Brown University (e.g., BIOL 2860 – Molecular Mechanisms of Disease; BIOL 1290 – Cancer Biology; BIOL 2320 – Current Topics in Developmental Biology; NEUR 1670 – Neuropharmacology and Synaptic Transmission; ECON 1630 – Econometrics I; ECON 1370 – Race and Inequality in the United States.

Health Services Research

Program Coursework and Sample Curricula

Regardless of specialty track, the required core courses are provided below. As can be seen below, the required courses (in their anticipated sequence) cover the majority of the competencies. Students need to request permission to waive a required course. Generally, only

required introductory courses can be waived (e.g.: PHP2150, PHP2510, PHP2400), and then only when a student can demonstrate that s/he has satisfactorily completed an equivalent course at Brown or at another institution in the past. A course on Health Services Research and Comparative Effectiveness Research (PHP2455A: Seminar on Modern Methods for HSR and CER) is taken primarily by doctoral students, as is the course on Medicare data (PHP2410E: Medicare: A Data Based Policy Examination) and PHP2190 (Measurement Issues in Health Care).

Year 1

Semester 1:

PHP2150 Foundations in Epidemiologic Research Methods
PHP2510 Principles of Biostatistics and Data Analysis

Choice of:

PHP2400 The U.S. Health Care System: Case Studies in Financing, Delivery, Regulation and Public Health
PHP2450 Measuring and Improving the Quality in Health Care
PHP2410E Medicare: A Data Based Policy Examination
Other elective courses approved by advisor

Winter break: SAS or other short course training session

Semester 2:

PHP2200 Intermediate Methods in Epidemiologic Research
PHP2511 Applied Regression Analysis

Choice of:

PHP2420 Evaluating Public Health Programs and Policies
PHP2060 Qualitative Methods in Health Research
PHP2040 Applied Research Methods
PHP2019 Measurement Issues in Health Care
PHP2350 Economics of Medical Therapies: Health Policy and Practice
PHP2430 Analysis of Population Based Data Sets
PHP2030 Clinical Trials Methodology
PHP2415 Introduction to Evidenced-Based Medicine
Other elective courses approved by advisor

Summer break: Mandatory half-time summer research assistantship; economics and/or other short course training session

Year 2:

PHP2980 Graduate Independent Study and Thesis Research
PHP2090 Scientific Writing in Public Health
Additional courses as required for specialty track

Year 3:

Additional courses as required for specialty track

Year 4:

Prepare and submit a dissertation proposal for external funding

Concentrated dissertation work

Present findings at professional meetings

Additional methods / biostatistics courses, if necessary

Specialty Tracks

As soon as is reasonable in the degree process, students determine which specialty track fits their goals. Specialty tracks include: pharmaceutical health services research, health economics, or the sociological/organizational determinants of health care utilization. Students may create their own specialty track in conjunction with their advisor. Permission for the plan of study must be obtained by the HSR Graduate Program Director. The program is tailored to the needs of the student through the careful selection of courses, round table discussions, seminars, professional meetings and student membership in organizations, other experiences beyond the classroom, and the dissertation topic.

2.12e Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.**This criterion is met**

Strengths: Our three longest-standing doctoral programs (Biostatistics, Epidemiology, Health Services Research) have each existed for several years, and have had multiple graduates who are well placed in their careers. The program infrastructures and logistics are established.

Challenges: Doctoral education is dynamic and requires consistent attention to developments in a degree program's areas of expertise in order to keep pace with their fields.

Plans: Each doctoral degree program will work with its faculty, Curriculum Committee, Department Chair, and the School's Graduate Program Steering Committee to ensure that its degree requirements are appropriate preparation for its students.

2.13 Joint Degrees. If the school offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

2.13a Identification of joint degree programs offered by the school. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

As listed in Criterion 2.1a, and the Instructional Matrix, the Program offers three joint degrees: an AB/MPH, MD/MPH and the Brown-Tougaloo Partnership.

2.13b A list and description of how each joint degree program differs from the standard degree program. The school must explain the rationale for any credit sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

AB/MPH Program

Brown undergraduate students accepted into the AB/MPH program complete the degree requirements for both the AB in Public Health and an MPH degree in a five-year period. Only Public Health concentrators, who also complete an undergraduate Honors thesis, are eligible to apply for the AB/MPH. Students in the combined AB/MPH Program must complete the same 13 MPH courses as students in the standard MPH Program, but they must complete 6 of the MPH courses in the undergraduate years. We use the same MPH progress tracking sheet (Electronic Resource File, 2.2B) to track that AB/MPH students have met all 13 MPH courses. In addition, we have an AB/MPH tracking sheet (Electronic Resource File, 2.3B) that is used primarily in the undergraduate years to make sure that students in the combined AB/MPH are on track to complete the AB in Public Health, and are staying on track for the combined AB/MPH Program. A concentration advisor for the undergraduate concentration, and the academic manager for the MPH, jointly meet with a student who wants to apply to the AB/MPH, to review course selections and ensure they are consistent with each aspect of the joint degree. Afterwards, the undergraduate concentration and MPH track the student's progress.

MD/MPH Program

Brown medical students accepted into the MD/MPH program complete the degree requirements for both the MD and the MPH degree. Students in the MD/MPH Program must complete the same requirements as students in the standard MPH Program. As with all MPH students, students may request that up to four graduate/medical courses, taken previously or concurrently with their Brown MPH enrollment, be counted toward the thirteen course requirement. Completing the requirements of the MPH Programs is a substantial academic undertaking. It is not possible to complete the combined MD and MPH requirements in four years. An additional "MPH year" is necessary, during which the student completes most of the required MPH courses and begins the MPH thesis. The student then completes the MPH thesis and any remaining MPH course requirements during the remaining medical school years.

Brown-Tougaloo Partnership in Public Health Education

Students who enroll in the MPH Program as part of the Brown-Tougaloo Partnership in Public Health Education must complete the same 13 MPH course requirement as students in the standard MPH Program. The MPH Program tracks their progress using the same MPH Progress Tracking form found in the Electronic Resource File (2.2B).

In the Brown-Tougaloo Partnership in Public Health Education, students study at both Tougaloo College and Brown University, ultimately earning a bachelor's degree from Tougaloo and a Master of Public Health (MPH) degree from Brown. The program is five or six years in length, depending on the individual needs and educational path of the students. Students are officially enrolled as undergraduates at Tougaloo College for the first four years of the program and enrolled as Brown graduate students for year five and if necessary year six. However, students have the opportunity to study at both institutions throughout the five or six years of the program. As a result of the MPH Program's 13 course and thesis requirement, it is not feasible to finish the MPH in only one year of residence at Brown. Students who wish to complete the Program in five years will have to spend substantial time studying at Brown during their undergraduate years. In general, to complete the Program in five years, students would spend two semesters and one summer at Brown during their first four years of college.

2.13c Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: The AB/MPH Program was built on a robust undergraduate concentration in Public Health, and the combined program was developed to address student interest and demand. Similarly, the MD/MPH program addressed student interest.

Challenges: The joint degree programs are demanding with substantial degree requirements. The long term success of the Tougaloo partnership will depend on identifying additional scholarship support for Tougaloo students and expanding summer and other course options.

Plans: To continue to encourage early identification and enrollment of students in the joint programs, and to assist in successful and timely completion of the programs. We hope to enroll 2 new students in each program every year.

2.14 Distance Education or Executive Degree Programs. If the school offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the school and within the school's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the school and university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the school offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The school must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The school must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

2.14a Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Not Applicable

2.14b Description of the distance education or executive degree programs, including an explanation of the model or methods used, the school's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the school, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

Not Applicable

2.14c Description of the processes that the school uses to verify that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

Not Applicable

2.14d Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

Not Applicable

3.0 Creation, Application and Advancement of Knowledge

3.1 Research. The school shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

3.1a Description of the school's research activities, including policies, procedures and practices that support research and scholarly activities.

Brown University is a research intensive university with strong expectations for research productivity for faculty, and resources and incentives for research activities. For example, tenured and contract faculty are provided grant incentive accounts based on salary offsets through external funding. The full time teaching load is one course per semester with the expectation that substantial time will be spent in research activities.

Brown is home to 11 active, nationally renowned public health research Centers and Institutes, the most recent being the Center for Evidence-Based Medicine. In addition to conducting nationally recognized public health relevant research, these Centers/Institutes provide students: 1) opportunities to participate in large scale population based research and public health intervention studies; 2) access to data sets for course work and thesis research; 3) technical assistance and mentoring in research methods, 4) access to research tools such as Computer Assisted Telephone Interview equipment and ongoing surveys, and 5) experience in the practical aspects of ongoing public health research. Moreover, the Centers/Institutes have a large and well-trained staff who serve as resources for students. Center staff and faculty contribute to courses, conduct seminars, and include students in colloquia and seminars with visiting scientists and policymakers. The latest annual report from the Centers/Institutes to the Provost is in the Electronic Resource File (X.X.X).

The School of Public Health provides the administrative umbrella for both the research Centers/Institutes and the four Departments within the School of Public Health. There is a committee of Center/Institute Directors, chaired by Dr. Wetle, Dean of the School of Public Health. This committee meets monthly, as noted in Section 1.5.a.

The eleven Centers/Institutes are described briefly below, and their more detailed annual reports are provided in the Electronic Resource File (X.X.X). A separate listing of grants and contracts for each Center/Institute can be found in the Electronic Resource File (X.X.X). Each is home to a robust research program; in all, Brown Centers/Institutes together attract total funding of nearly \$50 million per year. Eight of these centers are based at Brown and reside in the School of Public Health building. The other three are hospital based. Whether based in the School or at a hospital, the Center/Institute resources are available to students and substantial research collaborations among faculty occur. These Centers/Institutes are:

1. Center for Alcohol and Addiction Studies (School-based)

The Center promotes the identification, prevention, and effective treatment of alcohol and other drug use problems in our society through research, education, training, and policy advocacy. More than 90 faculty and professional staff members from 11 university departments and the affiliated hospitals pursue research and education activities of the Center.

2. Centers for Behavioral and Preventive Medicine (Hospital-based)

Under the behavioral health umbrella, three major research centers address the leading lifestyle causes of disease burden and death. The Centers are a collaboration between The Miriam Hospital and Brown University. The Weight Control and Diabetes Research Center is home to the national Weight Control Registry, a major undertaking that tracks how people lose weight and keep it off. Taking a collaborative and transdisciplinary approach, all of the centers, including the Physical Activity Research Center and Nicotine and Tobacco Research Center, are working to advance scientific knowledge on diverse behaviors by understanding the role of behavior in the promotion of health and in the prevention and the management of illness.

3. Brown University AIDS Program (Hospital based)

From the very beginnings of the AIDS pandemic, Brown has been at the forefront of HIV/AIDS research and treatment. BRUNAP'S central mission is to coordinate the educational activities of the more than 100 affiliated faculty, students, fellows, and medical trainees, as well as community-based health care providers involved in HIV/AIDS research, training, and clinical care. BRUNAP has a close working relationship with the Brown Center for AIDS Research and is housed at The Miriam Hospital.

4. Institute for Community Health Promotion (School-based)

The Institute strives to improve health, especially in underserved populations, by conducting interdisciplinary research and education to empower individuals, providers, organizations, and communities to practice and promote healthier behaviors and environments. Current projects focus on improving dietary habits, increasing physical activity, weight control, improving screening for HIV/AIDS, and using culturally sensitive materials to promote control of hypertension. Center faculty maintain strong collaborative relationships with a wide array of medical schools, community service organizations, and worksites, as well as with major funding institutions.

5. Center for Environmental Health and Technology (School-based)

The Center for Environmental Health and Technology (CEHT) at Brown was created as an interdisciplinary science-based and community-active Center that is home to the NIEHS-funded Superfund Basic Research Program (SBRP). The CEHT is intended to build upon this base by catalyzing research that addresses environmental problems across the entire university, facilitating the translation of this research into practical, measurable improvements in environmental health and in the identification and remediation of hazardous contamination in Rhode Island.

6. Center for Evidence-Based Medicine (School-based)

The primary mission of the Center for Evidence-based Medicine (CEBM) is to conduct multidisciplinary research in, and teach the principles of, research synthesis (by means of systematic review, meta-analysis) and evidence contextualization (by means of decision or economic modeling) with a focus on comparing the effectiveness of interventions, tests and processes in clinical medicine.

7. Center for Gerontology and Health Care Research (School-based)

The Center conducts multidisciplinary research and educational efforts to improve health and health care of older persons and others with chronic conditions. Research on aging and long-term care has established the Center as a major contributor to national policy on nursing home

care and end-of-life issues. The Center also trains postdoctoral clinicians and PhD scientists for health services research in areas such as cancer treatment and prevention, health promotion, long-term care quality, community-based systems of care, health care organizations, and methodological approaches to health services research.

8. International Health Institute (School-based)

The International Health Institute (IHI) develops, promotes, and coordinates international health activities of Brown faculty and students. Its mission is to apply interdisciplinary perspectives in research and training to improve the health of populations in developing countries. IHI faculty have established research collaborations with institutions in many countries, and each year undergraduate, medical, and graduate students complete research projects and academic work under the close mentorship of their faculty sponsors. Topics have included malaria vaccine candidate identification; the effects of migration on HIV/AIDS in Vietnam and South Africa; and the effect of modernization in Samoa.

9. Center for Population Health and Clinical Epidemiology (School-based)

The Center for Population Health and Clinical Epidemiology conducts epidemiological studies of the causes, treatment and prevention of major health concerns at the population level. Research on etiology involves several large-scale longitudinal projects of representative community-based samples, in some cases followed over decades, to investigate the emergence of disease and disorder as well as the combined influences of environmental, nutritional, social & genetic factors on the incidence and course of these conditions.

10. Center for Primary Care and Prevention (Hospital-based)

Home to more than 40 scientists, physicians, and educators, the Center promotes research, enriches knowledge, and improves practice in primary care and prevention. The Center is a collaborative effort between Brown University and Memorial Hospital of Rhode Island, where the Primary Care Center serves as a base of operation for faculty and staff. Center faculty are recognized internationally for their pioneering work in community health promotion, disease prevention, women's health, health access for underserved populations, as well as primary care and family medicine medical education. Faculty research builds on landmark studies, such as the Pawtucket Heart Study and the NIH Women's Health Initiative, for which the Center was the largest recruitment site.

11. Center for Statistical Sciences (School-based)

The primary mission of the Center for Statistical Sciences (CSS) is to provide a focus of statistical expertise for the Brown research community at large and to foster research and statistical education in the School of Public Health, the Medical School and the university. Recognized experts in biostatistics, epidemiology, and health services research, the faculty are active researchers widely published in their respective fields. Areas of expertise in biostatistics include Bayesian inference, statistical genetics, and longitudinal data. The CSS also serves as the biostatistics core for local and national biomedical research projects, including the Biostatistics Center of the American College of Radiology Imaging Network, and was part of a landmark study that established the superior diagnostic abilities of digital mammograms, particularly in younger women.

Policies regarding research

Brown University has a Vice-President for Research (<http://www.brown.edu/research/office-vice-president-research/office-vice-president-research>). There are specific policies from this office, including the conflict of interest policy, policies regarding human subjects and review of human subject research, and policies regarding technology transfer (<http://www.brown.edu/research/policies-and-compliance> -- see Electronic Resource File, X.X.X). The OVPR office also supports seed money grants for faculty research. The Associate Dean for Faculty Affairs serves as a member of the committee that vets the seed grant internal reviews and determines the awardees. Proposal writing support and grants management are provided by the university’s Office of Sponsored Projects.

Department policies towards research include the review of research progress as part of the promotion procedure (see Departmental Standards and Criteria, and Handbook for Academic Administration in Electronic Resource File, X.X.X, Y.Y.Y) The departments within the School of Public Health (Departments of Biostatistics, Epidemiology, Behavioral and Social Sciences, and Health Services Policy & Practice) have an expectation that faculty will offset a percentage of their salary from grants. Faculty in the (Research) track are supported largely by grants and contracts.

3.1b Description of current research undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

School of Public Health faculty have a range of research being conducted with local, state, national, and international health and community-based organizations. This research spans Departments in the School.

Name	Research Collaboration
Carey, Kate	<ul style="list-style-type: none"> • Collaborative research: Monroe County (NY) Health Department
Omar Galarraga	<ul style="list-style-type: none"> • National Institute of Public Health(INSP) Mexico; Clinica Especializada Condesa, Mexico City and Consortium for HIV/AIDS & TB Research (NIH funded project) • University of Nairobi, Kenya; National Institute of Public Health and the Northeastern University (Gates Foundation funding) • Moi University School of Medicine, Moi Teaching and Referral Hospital, Indiana University and other academic institutions including Brown University(NIH/CFAR Developmental Grant
Gjelsvik, Annie	<ul style="list-style-type: none"> • Hasbro Children’s Hospital, Providence RI, Jackson Heart Study
Kahler, Christopher	<ul style="list-style-type: none"> • Fenway Health, Boston, MA, local hospitals
McGarvey, Stephen	<ul style="list-style-type: none"> • Diabetes Care in American Samoa, Department of Health, American Samoa Government and LBJ Hospital, American Samoa, Pago Pago, American Samoa • Infant and Maternal health Conditions in American Samoa, Department of Health, American Samoa Government and LBJ Hospital, American Samoa, Pago Pago, American Samoa

	<ul style="list-style-type: none"> • Survey of Adiposity & Cardiovascular Disease Risk Factors, Ministry of Health, Government of Samoa, Apia, Samoa
Mor, Vince	<ul style="list-style-type: none"> • American Health Care Association, Dartmouth, Harvard
Nunn, Amy	<ul style="list-style-type: none"> • "Do One Thing, Change Everything" - a comprehensive, neighborhood-based HIV and HCV prevention and treatment program in Philadelphia, PA, developed in cooperation with Uniworld Group, Clear Channel, and multiple community collaborators. • She founded Philly Faith in Action, a coalition of clergy in Philadelphia, PA who work collaboratively to reduce racial disparities in HIV infection. • Established Mississippi Faith in Action, a similar coalition based in the heart of the Bible Belt in Jackson, Mississippi
Savitz, David	<ul style="list-style-type: none"> • New York City Department of Health on NIH grant, "Air Pollution and Pregnancy Outcome in New York City" • RI Department of Health on study of "Air Pollution and pregnancy-Induced Hypertension (NIH R21 Grant) • RI Department of Health on study of "Prenatal Influences on Childhood Obesity" through internal support from Women & Infants Hospital
Schmid, Christopher	<ul style="list-style-type: none"> • NIH with UC Davis funding to develop a personal app(mobile device) and use it in a clinical trial for N-of-1 studies • On a grant with colleagues at CEBM through a subcontract with Tufts to PCORI
Shield, Renee	<ul style="list-style-type: none"> • SAMHSA-Sponsored Suicide Prevention Grant in collaboration with RI Department of Health. Developed a website called Suicide prevention Information and Resources for Educators (SPIRE) • Patient centered medical home (PCHM) research and transformation with physician and clinic groups in the state of RI; AAU grant to Brown-Memorial Hospital of RI. This project also funded from the RI Foundation for Adolescent initiatives on PCMH. • Medicaid EHR Measurement in collaboration with the state's Medicaid program and RI community health centers • 2 VA grants: Medication use with Older Veterans and Create, return veterans to the community
Teno, Joan	<ul style="list-style-type: none"> • Rand-Center for Medicare and Medicaid (CMS): Creation of the Hospice Experience of Care Survey • ABT CMS-Hospice Payment Reform
Thomas, Kali	<ul style="list-style-type: none"> • Funded by Meals on Wheels America, this is a randomized controlled study testing the possible benefits of home-delivered meals both in regard to nutrition as well as broader health and psychosocial benefits.
Vivier, Patrick	<ul style="list-style-type: none"> • Work with the Providence Plan and Hasbro Children's Hospital • Collaboration with RI Kids Count
Wellenius, Gregory	<ul style="list-style-type: none"> • RIDOH Health effects of climate change(with Bob Vanderslice and Julia Gold)The grant is part of a broader CDC program titled "Building Resilience Against Climate Effects (BRACE) in State, Territorial and Tribal Health Departments • US EPA's Integrated Science Assessments. Used by the EPA leadership and others to determine if current regulations under the Clean Air Act are adequate or need to be modified
Wetle, Terrie	<ul style="list-style-type: none"> • University of Padova School of Medicine, Italy • Rhode Island Department of Health

3.1c A list of current research activity of all primary faculty identified in Criterion 4.1.a., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following information organized by department, specialty area or other organizational unit as appropriate to the school: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and h) whether research provides for student involvement. See CEPH Data Template 3.1.1; only research funding should be reported here. Extramural funding for service or training/continuing education grants should be reported in Template 3.2.2 (funded service) or Template 3.3.1 (funded training/workforce development), respectively.

See next pages for table

Table 3.1.1 Research Activity of Faculty from 2013-2015									
Project Name (Organized by Department: Biostatistics; Behavioral and Social Sciences; Epidemiology; Health Services, Policy and Practice)	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Community-Based Y/N	Student Participation Y/N
Spatio-Temporal Epidemiology: Methods and Applications	Bauer, Cici X C Biostat	University of Washington	7/1/2014 6/30/2015	35,292				N	N
Validation of a DNA based lung cancer risk stratification tool and its ability to improve lung cancer detection rates through improved pre-selection of NLST participants at highest risk of lung cancer	Duan, Fenghai Biostat	Synergiz Bioscience, Inc	6/1/2012 5/31/2013	24,998	24,980			N	Y
ACRIN 4701: Randomized Evaluation of Patients with Stable Angina Comparing Utilization of Diagnostic Examinations	Gatsonis, Constantine A Biostat	American College of Radiology	9/30/2013 9/29/2015	317,926		204,509	101,418	N	N
ACRIN 6684: Phase II assessment of tumor hypoxia in glioblastoma using FMISO	Gatsonis, Constantine A Biostat	National Cancer Institute	7/1/2009 6/30/2013	247,675	-39			N	N
ACRIN 7153: HeartFlow: Non-Invasive Calculation of FFR (FFRCT) for Reclassification of Potentially Hemodynamically-Significant CAD by CCTA in Patients Presenting With Suspected ACS under the auspices	Gatsonis, Constantine A Biostat	American College of Radiology	9/1/2014 8/31/2015	46,938				N	N
ACRIN PA 4005 Coronary CT Angiography Trial	Gatsonis, Constantine A Biostat	American College of Radiology	4/1/2009 3/31/2015	635,000	123,946	159,616	45,380	N	N
Adoption of New Technologies for Remote Data Capture and Protocol Authoring (ADOPT)	Gatsonis, Constantine A Biostat	National Cancer Institute	9/1/2009 8/31/2012	24,991	10,368			N	N
Biostatistics and Data Management Center for ACRIN-S1	Gatsonis, Constantine A Biostat	National Cancer Institute	1/1/2013 12/31/2014	1,991,955	443,462	1,335,879	559,405	N	Y
Biostatistics and Data Management Center of ACRIN: ACRIN Protocol 6678 FNIH	Gatsonis, Constantine A Biostat	National Cancer Institute	1/1/2012 12/31/2014	151,255		130,395		N	Y
BIOSTATISTICS DATA MANAGEMENT CENTER FOR ACRIN	Gatsonis, Constantine A Biostat	National Cancer Institute	1/1/2008 12/31/2014	20,903,160	1,427,822	669,244	66,057	N	Y
BIOSTATISTICS DATA MANAGEMENT CENTER FOR ACRIN - PROTOCOL 6654 NLST-2	Gatsonis, Constantine A Biostat	National Cancer Institute	1/1/2008 12/31/2014	9,434,209	1,023,064	252,032	949	N	Y

Table 3.1.1 Research Activity of Faculty from 2013-2015									
Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm unity- Based Y/N	Student Participa tion Y/N
BIOSTATISTICS DATA MANAGEMENT CENTER FOR ACRIN - PROTOCOL 6654 NLST-9	Gatsonis, Constantine A Biostat	National Cancer Institute	1/1/2013 12/31/2014	279,353		240,485	68,654	N	Y
BIOSTATISTICS DATA MANAGEMENT CENTER FOR ACRIN - PROTOCOL 6664 CTC	Gatsonis, Constantine A Biostat	National Cancer Institute	1/1/2008 12/31/2014	293,305				N	Y
BIOSTATISTICS DATA MANAGEMENT CENTER FOR ACRIN - PROTOCOL 6675 SWOG	Gatsonis, Constantine A Biostat	National Cancer Institute	1/1/2008 12/31/2014	7,949				N	Y
BIOSTATISTICS DATA MANAGEMENT CENTER FOR ACRIN - PROTOCOL 6678 FDG-PET YRS 3-4	Gatsonis, Constantine A Biostat	National Cancer Institute	1/1/2008 12/31/2014	279,626				N	Y
BIOSTATISTICS DATA MANAGEMENT CENTER FOR ACRIN - PROTOCOL 6678 FDG-PET YRS 5-6	Gatsonis, Constantine A Biostat	National Cancer Institute	1/1/2008 12/31/2014	240,139	149,693	-20,007		N	Y
BIOSTATISTICS DATA MANAGEMENT CENTER FOR ACRIN - PROTOCOL 6682 HYPOXIA	Gatsonis, Constantine A Biostat	National Cancer Institute	1/1/2008 12/31/2014	374,452				N	Y
BIOSTATISTICS DATA MANAGEMENT CENTER FOR ACRIN (ECOG)	Gatsonis, Constantine A Biostat	National Cancer Institute	1/1/2008 12/31/2014	7,648				N	Y
Comparative Effectiveness of Advanced Imaging in Cancer	Gatsonis, Constantine A Biostat	Dartmouth College	9/1/2010 5/31/2013	754,436	194,781			N	Y
Cooperative Group Banks Informatics Initiative	Gatsonis, Constantine A Biostat	Frontier Science and Technology Research Foundation, Inc.	9/1/2012 3/31/2013	15,132	15,131			N	N
Detection of Early Lung Cancer Among Military Personnel (DECAMP)	Gatsonis, Constantine A Biostat	Boston University	9/30/2011 9/29/2015	914,661	117,911	161,616	71,541	N	N
Early Phase Imaging in Therapeutic Clinical Trials- Cancer Imaging Program - Protocol 6687 F18 PET	Gatsonis, Constantine A Biostat	National Cancer Institute	7/1/2009 6/30/2013	1,095,375	-3,553			N	N

Table 3.1.1 Research Activity of Faculty from 2013-2015									
Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm- unity- Based Y/N	Student Participa- tion Y/N
Early Phase Imaging in Therapeutic Clinical Trials- Cancer Imaging Program - Protocol 6688 FLT VCU	Gatsonis, Constantine A Biostat	National Cancer Institute	7/1/2009 6/30/2013	373,258	47,692	50,806		N	N
Early Phase Imaging in Therapeutic Clinical Trials- Cancer Imaging Program - Protocol 6691 Optical Breast	Gatsonis, Constantine A Biostat	National Cancer Institute	7/1/2009 6/30/2013	348,859	17,052	22,062		N	N
ECOG CCOP Research Base Grant	Gatsonis, Constantine A Biostat	Drexel University	9/26/2012 5/31/2017	313,939	224,621	-36,228	-581	N	Y
ECOG-ACRIN CCOP Research Base Grant - CORE	Gatsonis, Constantine A Biostat	Drexel University	6/1/2013 7/31/2014	463,030		404,317	58,684	N	N
ECOG-ACRIN Network Group Statistics and Data Management Center	Gatsonis, Constantine A Biostat	Dana-Farber Cancer Institute	4/29/2014 2/28/2015	1,275,997			1,283,359	N	Y
ECOG-ACRIN Transition Funding	Gatsonis, Constantine A Biostat	American College of Radiology	5/1/2011 4/30/2013	149,948	69,223	-1	-1	N	N
National Oncologic Pet Registry	Gatsonis, Constantine A Biostat	World Molecular Imaging Society	1/1/2011 12/31/2014	62,786		24,385	38,408	N	Y
National oncologic PET Registry (NOPR) n - YEAR 2	Gatsonis, Constantine A Biostat	Academy of Molecular Imaging	1/1/2011 12/31/2014	739,717	239,701	139,529		N	Y
National oncologic PET Registry (NOPR) n	Gatsonis, Constantine A Biostat	World Molecular Imaging Society	1/1/2011 12/31/2014	1,269,803			28,136	N	Y
Phase II Trial of CU-ATSM PET/CT in Cervical Cancer (ACRIN 6682)	Gatsonis, Constantine A Biostat	American College of Radiology	1/1/2012 12/31/2014	83,833	25,327	19,951	33,379	N	N
RESCUE: Randomized Evaluation of Patients with Stable Angina Comparing Utilization of Noninvasive Examinations	Gatsonis, Constantine A Biostat	American College of Radiology	9/30/2010 9/29/2013	2,071,560	427,135	158,178	54	N	N

Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm- unity- Based Y/N	Student Participa- tion Y/N
RTOG/ACRIN 6686 BIQSFP Project: Exploration of Response Criteria Through Advanced Imaging and Volumetric Measurements	Gatsonis, Constantine A Biostat	American College of Radiology	7/1/2013 4/30/2015	80,528			6,229	N	N
SCREENING BREAST ULTRASOUND IN HIGH-RISK WOMEN	Gatsonis, Constantine A Biostat	American College of Radiology	1/1/2004 12/31/2012	1,023,190	19,576			N	N
Center of Innovation in Long-Term Services and Supports for Vulnerable Veterans	Gutman, Royi Biostat	U.S. Department of VA Medical Center of Providence	10/1/2013 9/30/2014	16,385		10,707	5,480	Y	N
Estimation of Multi-Treatment Effects from Observational Data with Application to Diabetes Mellitus	Gutman, Royi Biostat	Patient Centered Outcomes Research Institute	2/1/2015 1/31/2018	988,956			4,101	N	N
Geriatric Extended Care Data Analysis Center (GEC DAC)	Gutman, Royi Biostat	U.S. Department of VA Medical Center of Providence	7/1/2012 8/31/2012	20,273	20,000			Y	N
Geriatric Extended Care Data Analysis Center (GEC DAC) 2	Gutman, Royi Biostat	Canandaigua VA Medical Center	10/1/2013 9/30/2014	15,090		12,046	1,370	Y	N
Geriatric Extended Care Data Analysis Center (GEC DAC) Intrator	Gutman, Royi Biostat	U.S. Department of VA Medical Center of Providence	9/1/2012 8/30/2013	27,306	13,922	13,384		Y	N
Implementing and Evaluating INTERACT in VA CLCs	Gutman, Royi Biostat	U.S. Department of VA Medical Center of Providence	4/1/2013 3/31/2015	32,473	3,871	16,046	19,181	Y	N

Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm unity- Based Y/N	Student Participa tion Y/N
Alcohol and HIV: Biobehavioral Interactions and Intervention – HOGAN	Hogan, Joseph W Biostat	National Institute on Alcohol Abuse and Alcoholism	9/30/2010 8/31/2015	929,499	224,966	176,802	125,562	Y	Y
AMPATH Plus	Hogan, Joseph W Biostat	Indiana University	10/1/2012 9/30/2015	368,717	68,924	126,999	40,022	Y	N
AMPATH, Controlling and Preventing HIV/AIDS in Western Kenya	Hogan, Joseph W Biostat	Indiana University	10/1/2008 9/30/2012	291,432	35,805			Y	N
AMPATH-Oncology Institute: HPV and Cervical Cancer in Kenyan Women with HIV/AIDS	Hogan, Joseph W Biostat	Indiana University	9/19/2014 8/31/2015	38,740			13,992	Y	N
ASANTE Cardiovascular Pulmonary Disease Center of Excellence	Hogan, Joseph W Biostat	MOI University	6/8/2010 8/31/2014	622,372	139,048	146,672	44,462	Y	N
Bayesian approaches for missingness and causality in cancer and behavior studies	Hogan, Joseph W Biostat	University of Texas, Austin	4/18/2014 2/28/2015	105,893			80,253		N
Center for Aids Research-Statistical Science	Hogan, Joseph W Biostat	Miriam Hospital	7/1/2012 6/30/2017	479,228	144,587	162,180	99,476	Y	Y
Center for Central Nervous System Function Core B	Hogan, Joseph W Biostat	National Institute of General Medical Sciences	8/15/2013 7/31/2018	586,835		205,603	206,965	N	N
HIV-1 Drug Resistance in Different Subtypes	Hogan, Joseph W Biostat	Stanford University	9/1/2008 8/31/2014	311,739	84,019	12,272		Y	Y
Implementation of Causal Modeling Technology to Assess and Improve the Effects of Antiviral Therapy in Children	Hogan, Joseph W Biostat	Indiana University	8/1/2014 7/31/2015	54,718			9,771	N	N
Improving Linkage to HIV Care Following Release from Incarceration (LINCS)	Hogan, Joseph W Biostat	Miriam Hospital	11/1/2012 6/30/2015	232,548	63,163	82,571	57,837	N	Y
NEUROMARKERS OF AGE RELATED COGNITIVE DECLINE	Hogan, Joseph W Biostat	University of Missouri, St. Louis	7/1/2011 6/30/2014	290,432	71,938	59,484		N	Y
New Approaches to Mediation Analysis using Causal Inference Methods	Hogan, Joseph W Biostat	National Institute on Alcohol Abuse and Alcoholism	9/30/2010 2/28/2013	939,768	121,737			N	Y

Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm unity- Based Y/N	Student Participa tion Y/N
Optimizing HIV Treatment Monitoring under Resource Constraints	Hogan, Joseph W Biostat	National Institute of Allergy and Infectious Diseases	11/15/2014 10/31/2019	3,515,666			28,462	N	Y
Optimizing Linkage and Retention to Hypertension Care in Rural Kenya	Hogan, Joseph W Biostat	Mount Sinai School of Medicine	4/1/2013 3/31/2015	101,227		45,469	30,219	N	N
Orphaned & Separated Children's Assessment Related to their Health & Well-Being	Hogan, Joseph W Biostat	Indiana University	9/15/2009 7/31/2015	238,434	59,826	76,304	24,542	Y	Y
Brief Intervention for Prescription and Other Drugs (BIPOD)	Liu, Tao Biostat	Rhode Island Hospital	3/1/2011 2/28/2015	212,816	41,151	109,847	2,270	N	Y
CARE Corrections: Technology for Jail HIV/HCV Testing, Linkage, and Care (TLC)	Liu, Tao Biostat	Miriam Hospital	7/1/2011 6/30/2015	167,318	25,276	26,051	54,906	N	Y
Cervical Cancer See and Treat: How Best to Follow up	Liu, Tao Biostat	Miriam Hospital	7/1/2011 6/30/2013	62,065	19,472			N	Y
Leeping ahead: See and LEEP training for Primary Care Providers in Kenya	Liu, Tao Biostat	Miriam Hospital	8/1/2014 7/31/2015	52,557			30,585	N	N
A Randomized Trial Testing Health Coaches for Obesity Treatment	Papandonatos, George D Biostat	Miriam Hospital	7/1/2012 5/31/2014	44,863	10,925	27,192		N	N
Acceptance based behavioral intervention for weight loss: A randomized trial	Papandonatos, George D Biostat	Miriam Hospital	4/15/2011 3/31/2015	86,676	11,550	13,808	32,697	N	N
Behavioral Activation and Varenicline for Smoking Cessation in Depressed Smokers	Papandonatos, George D Biostat	Northwestern University	9/22/2014 8/31/2015	29,343			4,298	N	N
Behavioral Weight Loss as a Treatment for Migraine in Obese Women	Papandonatos, George D Biostat	Miriam Hospital	7/1/2012 6/30/2016	78,198	15,400	12,984	11,201	N	N
Gene X Behavior Interactions in the Look AHEAD Study	Papandonatos, George D Biostat	Miriam Hospital	8/1/2011 7/31/2014	245,369	49,321	44,577	5,626	N	Y

Table 3.1.1 Research Activity of Faculty from 2013-2015									
Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm- unity- Based Y/N	Student Participa- tion Y/N
Genetic and Behavioral Effects on High-Density Lipoprotein: The Look AHEAD Study	Papandonatos, George D Biostat	Miriam Hospital	3/1/2011 2/28/2014	138,439	38,792	60,936	-336	N	Y
HPA & Neural Response to Peer Rejection: Biomarkers of Adolescent Depression Risk-Miriam Hospital-Papandonatos	Papandonatos, George D Biostat	Miriam Hospital	3/1/2014 2/28/2015	48,935		14,208	26,357	N	N
Improving Adherence to Web-Based Cessation Programs: A Social Network Approach	Papandonatos, George D Biostat	Legacy for Health Foundation	10/1/2011 4/30/2015	211,211	37,244	39,594	85,765	N	Y
Increasing Sleep Duration: A Novel Approach to Weight Control	Papandonatos, George D Biostat	Miriam Hospital	9/28/2009 2/28/2015	123,344	24,089	16,185	21,483	N	N
LIVE SMART: Smartphone Intervention for Weight Control	Papandonatos, George D Biostat	Miriam Hospital	7/1/2012 6/30/2016	85,569	13,079	12,984	11,209	N	N
MATERNAL DEPRESSION, PLACENTAL HPA REGULATION & FETAL-NEONATAL STRESS RESPONSE	Papandonatos, George D Biostat	Miriam Hospital	8/1/2011 7/31/2014	237,619	34,354	74,293	15,968	N	Y
Maternal Smoking: HPA and Epigenetic Pathways to Infant Neurobehavioral Deficits	Papandonatos, George D Biostat	Miriam Hospital	5/1/2014 4/30/2015	83,805			20,936	N	N
PRENATAL SMOKING, FETAL BEHAVIOR, AND INFANT WITHDRAWAL	Papandonatos, George D Biostat	Miriam Hospital	6/1/2009 11/30/2012	155,076	-554			N	N
PSYCHOSOCIAL TELEPHONE INTERVENTION FOR DEMENTIA CAREGIVERS	Papandonatos, George D Biostat	Rhode Island Hospital	10/1/2007 5/31/2013	229,010	97,622	-75		N	Y
Reducing Violence Against Women with Alcoholic Partners	Papandonatos, George D Biostat	Research Foundation of State University of New York	5/1/2011 10/31/2014	179,178	34,257	89,071	17,835	N	Y
Social dynamics of substance use in online social networks for smoking cessation	Papandonatos, George D Biostat	Legacy for Health Foundation	9/19/2014 8/31/2015	16,462			5,338	N	N

Table 3.1.1 Research Activity of Faculty from 2013-2015									
Project Name (Organized by Department: Biostatistics; Behavioral and Social Sciences; Epidemiology; Health Services, Policy and Practice)	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Community-Based Y/N	Student Participation Y/N
Using a State-Wide Initiative to Disseminate Effective Behavioral Weight Loss	Papandonatos, George D Biostat	Miriam Hospital	7/1/2011 6/30/2015	109,712	12,894	16,339	19,960	N	N
Kidney Function, Aortic Stiffness and Aging	Schmid, Christopher H Biostat	Tufts University	5/1/2012 4/30/2013	22,660	22,643			N	N
Melatonin for initial insomnia in stimulant-treated pediatric ADHD	Schmid, Christopher H Biostat	University of Queensland	1/1/2015 12/31/2016	20,000				N	N
Modernizing Meta-Analysis to Facilitate Comparative Effectiveness Reviews	Schmid, Christopher H Biostat	Agency for Healthcare Research and Quality	2/1/2013 7/31/2013	236,474	192,904	28,410	-5	N	N
N-of-1 Trials Using mHealth in Chronic Pain	Schmid, Christopher H Biostat	The Regents of the University of California	9/26/2012 7/31/2015	221,025	36,547	94,538	83,187	N	Y
CAREER:Statistical and Computational Methods for RNA-seq data	Wu, Zhijin J Biostat	National Science Foundation	5/1/2011 4/30/2016	1,156,980	255,600	243,722	225,657	N	Y
Preprocessing and Analysis Tools for Contemporary Microarray Applications	Wu, Zhijin J Biostat	Johns Hopkins University	9/1/2009 8/31/2012	277,526	7,100			N	N
ACRIN 6690: A Prospective Multicenter Comparison of Multiphase Contrast-Enhanced CT and Multiphase Contrast-Enhanced MRI	Zhang, Zheng Biostat	American College of Radiology	1/1/2011 10/31/2013	34,642		34,479		N	N
A Multi-Component Data Processing Program for Transdermal Alcohol Sensors	Barnett, Nancy P BSS	National Institute on Alcohol Abuse and Alcoholism	7/1/2012 6/30/2015	412,337	121,279	144,193	109,256	N	N
CBM: A Novel Intervention for Alcohol Dependence and Social Anxiety	Barnett, Nancy P BSS	Miami University	4/1/2013 3/31/2015	36,840	5,261	20,047	10,677	N	N
Contingency Management for Alcohol Use Disorder	Barnett, Nancy P BSS	University of Connecticut Health Center	7/15/2013 6/30/2015	78,645		45,523	21,121	N	N
Genetic and environmental contributions to the course of alcohol use in women	Barnett, Nancy P BSS	Yale University	12/1/2011 8/31/2014	18,891	3,573	11,049	667	N	N

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Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm- unity- Based Y/N	Student Participa- tion Y/N
Integrated Alcohol and Sexual Assault Intervention for College Men	Barnett, Nancy P BSS	Rhode Island Hospital	9/20/2012 8/31/2015	130,157	29,595	58,196	19,448	N	N
Investigating the Mechanisms through Which Alcohol Exerts its Effects on Sex Risk: A Field Study Using Ecological Momentary Assessment.	Barnett, Nancy P BSS	Center for Aids Research	12/1/2013 1/31/2015	30,000		7,953	22,023	N	N
Social Networks and Social Support for High Risk African American Men	Barnett, Nancy P BSS	University of California, San Francisco	4/1/2011 7/31/2012	2,917				N	N
Text messaging as a novel alcohol intervention for community college students	Barnett, Nancy P BSS	Miriam Hospital	7/1/2012 6/30/2014	54,534	27,173	27,384	-23	N	N
Services Marketing to Disseminate Evidence-Based Therapy for Youth Substance Use	Becker, Sara J BSS	National Institute on Drug Abuse	7/1/2014 6/30/2017	517,542	499		119,890	N	N
Improving Brief Alcohol Interventions with a Behavioral Economic Supplement	Borsari, Brian E BSS	University of Memphis	7/1/2012 6/30/2015	42,177	13,238	13,733	8,900	N	N
Improving brief marijuana interventions with a behavioral economic supplement	Borsari, Brian E BSS	University of Memphis	7/1/2014 6/30/2015	14,149			6,532	N	N
Improving Opioid Safety in Veterans Using Collaborative Care and Decision Support	Borsari, Brian E BSS	Northern California Institute for Research and Education, Inc.	7/1/2014 6/30/2015	14,097		3,433	4,746	N	N
Sequential and Component Analyses of MI Mechanisms with College Drinkers	Borsari, Brian E BSS	Children's Mercy Hospitals & Clinics	9/30/2009 8/31/2013	421,660	63,726	4,620		N	N
Within Session Mechanisms of Behavior Change in At-Risk College Students	Borsari, Brian E BSS	National Institute on Alcohol Abuse and Alcoholism	7/1/2011 12/31/2014	1,509,914	349,106	127,886	46,746	N	N
Alcohol Consumption and HIV Behavior: Evaluating the Evidence	Carey, Kate B BSS	Miriam Hospital	9/1/2012 5/31/2016	214,733	42,816	93,816	28,851	N	Y

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Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm- unity- Based Y/N	Student Participa- tion Y/N
Brief Alcohol Interventions by Counselor (also known as the Substance Use Risk Education, or SURE, Project)	Carey, Kate B BSS	National Institute on Alcohol Abuse and Alcoholism	12/1/2011 1/31/2016	1,546,380	296,723	366,641	221,586	N	N
Brief Alcohol Interventions by Counselor and Computer (Diversity Supplement)	Carey, Kate B BSS	National Institute on Alcohol Abuse and Alcoholism	9/1/2012 1/31/2016	134,366	84,726	29,870	19,490	N	N
HIV Prevention for STD Clinic Patients	Carey, Kate B BSS	Miriam Hospital	11/1/2011 6/30/2015	176,462	39,031	37,238	38,458	Y	N
Multilevel Alcohol-HIV/Aids Prevention in South Africa	Carey, Kate B BSS	University of Connecticut	8/1/2011 8/31/2013	104,398	41,973	18,124		Y	N
Mentored Research Scientist Career Development Award in Tobacco Control Regulatory Research (K01)	Cassidy, Rachel N BSS	National Cancer Institute	9/8/2014 8/31/2019	960,660			103,952	N	N
<i>Cardiovascular Risk Perception and Wellness Perspectives in HIV-infected Adults</i>	<i>Cioe, Patricia A BSS</i>	<i>National Institute of Nursing Research</i>	<i>9/26/2014 7/31/2017</i>	<i>397,157</i>			<i>61,342</i>	<i>N</i>	<i>N</i>
<i>Community-Based Approaches to Reducing Obesity in Providence</i>	<i>Gans, Kim M BSS</i>	<i>National Institute of Child Health and Human Development</i>	<i>8/9/2014 6/30/2017</i>	<i>87,836</i>			<i>3,692</i>	<i>Y</i>	<i>N</i>
<i>Culturally and Linguistically Adpated Physical Activity intervention for Latinas Subcontract</i>	<i>Gans, Kim M BSS</i>	<i>University of California, San Diego</i>	<i>8/27/2011 5/31/2013</i>	<i>505,989</i>	<i>115,680</i>			<i>Y</i>	<i>Y</i>
<i>Developing Tailored Home Environment Interventions to Address Childhood Obesity</i>	<i>Gans, Kim M BSS</i>	<i>National Institute of Diabetes and Digestive and Kidney Dis</i>	<i>4/1/2009 3/31/2013</i>	<i>442,009</i>	<i>21,638</i>			<i>Y</i>	<i>Y</i>
<i>Evaluating the Effectiveness of Providing Coaching and Technical Assistance During Implementation of New School Physical Education Law in RI</i>	<i>Gans, Kim M BSS</i>	<i>Robert Wood Johnson Foundation</i>	<i>8/15/2011 8/14/2013</i>	<i>149,984</i>	<i>69,892</i>	<i>7,966</i>		<i>Y</i>	<i>N</i>

Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm unity- Based Y/N	Student Participa tion Y/N
<i>Fresh to You: Multilevel Approaches to Low Income Housing to Increase F & V Intake</i>	<i>Gans, Kim M BSS</i>	<i>National Cancer Institute</i>	<i>5/1/2011 4/30/2015</i>	<i>3,440,301</i>	<i>757,972</i>	<i>768,943</i>	<i>101,805</i>	<i>Y</i>	<i>N</i>
<i>Fresh to You: Multilevel Approaches to Low Income Housing to Increase F & V Intake-SUPPLEMENT</i>	<i>Gans, Kim M BSS</i>	<i>National Cancer Institute</i>	<i>8/1/2013 4/30/2015</i>	<i>308,298</i>		<i>123,907</i>	<i>28,141</i>	<i>Y</i>	<i>N</i>
<i>Healthy Aging Communities</i>	<i>Gans, Kim M BSS</i>	<i>Tufts Health Plan Foundation</i>	<i>1/1/2014 12/31/2014</i>	<i>149,996</i>		<i>24,627</i>	<i>115,785</i>	<i>N</i>	<i>N</i>
<i>Innovative Approaches to Increase F & V intake thru worksites: The Fresh Initiative</i>	<i>Gans, Kim M BSS</i>	<i>National Cancer Institute</i>	<i>5/7/2009 2/28/2015</i>	<i>3,107,644</i>	<i>573,857</i>	<i>664,882</i>	<i>91,513</i>	<i>Y</i>	<i>N</i>
<i>Promoting Physical Activity in Latinas via Interactive Web-Based Technology</i>	<i>Gans, Kim M BSS</i>	<i>University of California, San Diego</i>	<i>9/16/2011 7/31/2014</i>	<i>53,343</i>	<i>13,773</i>	<i>13,343</i>	<i>1,126</i>	<i>Y</i>	<i>N</i>
<i>Subcontract-Clinical Trial of Behavioral Modification to Prevent Congenital Cytomegalovirus</i>	<i>Gans, Kim M BSS</i>	<i>Women and Infants Hospital</i>	<i>9/28/2012 9/27/2014</i>	<i>71,944</i>	<i>28,575</i>	<i>33,138</i>	<i>9,006</i>	<i>N</i>	<i>N</i>
<i>Tailored Lifestyle Intervention in Obese Adults within Primary Care Practice</i>	<i>Gans, Kim M BSS</i>	<i>Memorial Hospital</i>	<i>9/1/2009 7/31/2014</i>	<i>1,282,366</i>	<i>211,194</i>	<i>228,211</i>	<i>-4,089</i>	<i>Y</i>	<i>N</i>
<i>Translating a Nutrition Intervention Thru WIC & Minority Health Promotion Centers</i>	<i>Gans, Kim M BSS</i>	<i>Center for Disease Control and Prevention</i>	<i>9/30/2009 9/29/2012</i>	<i>1,348,779</i>	<i>73,542</i>			<i>Y</i>	<i>N</i>
<i>Ecological Momentary Assessment of Adolescent Smoking Cessation</i>	<i>Gwaltney, Chad J BSS</i>	<i>National Institute on Drug Abuse</i>	<i>4/10/2007 3/31/2014</i>	<i>1,741,862</i>		<i>0</i>		<i>N</i>	<i>N</i>
<i>Mini-Conference on Marriage Patterns, Union Stability, and HIV in Sub-Saharan Africa</i>	<i>Harrison, Abigail D BSS</i>	<i>Population Association of America</i>	<i>12/1/2011 7/31/2012</i>	<i>11,000</i>		<i>-2,450</i>		<i>N</i>	<i>N</i>
<i>Culturally-Specific HIV Prevention with Latino Adolescent Alcohol Abusers</i>	<i>Hernandez, Lynn BSS</i>	<i>National Institute on Alcohol Abuse and Alcoholism</i>	<i>4/1/2013 3/31/2017</i>	<i>821,852</i>	<i>134,809</i>	<i>152,653</i>	<i>103,287</i>	<i>N</i>	<i>N</i>

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Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm unity- Based Y/N	Student Participa tion Y/N
Supporting Pre-Exposure Prophylaxis Decisions Among Serodiscordant MSM Couples: A Clinical Assessment of Bio-Behavioral Risk	Hernandez, Lynn BSS	Miriam Hospital	4/1/2012 3/31/2014	8,500	771	6,002		N	N
Vermont Center on Behavior and Health - COBRE Pilot 2 – Hernandez	Hernandez, Lynn BSS	University of Vermont	9/15/2013 7/31/2015	22,759				N	N
Alcohol Marketing and Underage Drinking	Jackson, Kristina M BSS	Dartmouth Medical School	12/15/2012 11/30/2013	23,503	9,176			N	N
Developmental Methodology as Applied to Research on Adolescent Alcohol Use	Jackson, Kristina M BSS	National Institute on Alcohol Abuse and Alcoholism	8/1/2013 7/31/2018	690,963	11,434	130,494	98,023	N	N
Initiation and Progression through Early Drinking Milestones in Underage Drinkers	Jackson, Kristina M BSS	National Institute on Alcohol Abuse and Alcoholism	9/1/2008 8/31/2013	3,571,348	689,283	72,207	-598	N	N
Initiation and Progression Through Early Drinking Milestones in Underage Drinkers - segment 2	Jackson, Kristina M BSS	National Institute on Alcohol Abuse and Alcoholism	2/5/2014 1/31/2019	3,200,629		616,076	468,918	N	N
Alcohol and HIV: Biobehavioral Interactions and Intervention	Kahler, Christopher W BSS	National Institute on Alcohol Abuse and Alcoholism	9/30/2010 8/31/2015	1,419,407	457,793	367,608	249,539	N	N
Brief computer intervention to motivate quitline use for smokers in SUD treatment	Kahler, Christopher W BSS	Butler Hospital	8/1/2012 7/31/2014	38,162	17,479	19,133	1,550	N	N
Computer Intervention for HIV/STI Risk and Drug Use During Pregnancy - CK	Kahler, Christopher W BSS	Butler Hospital	9/4/2013 7/31/2015	22,036		640	7,092	N	N
Development of Positive Psychotherapy for Smoking Cessation	Kahler, Christopher W BSS	National Cancer Institute	1/1/2011 6/30/2014	647,716	215,052	148,807	-249	N	N

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Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm- unity- Based Y/N	Student Participa- tion Y/N
Mechanisms Linking Alcohol Use and Smoking Relapse Risk	Kahler, Christopher W BSS	National Institute on Alcohol Abuse and Alcoholism	4/1/2008 9/30/2013	2,137,627	284,120	15,174	-99	N	N
Mechanisms Linking Alcohol Use and Smoking Relapse Risk - Diversity Supplement	Kahler, Christopher W BSS	National Institute on Alcohol Abuse and Alcoholism	4/1/2008 9/30/2013	223,998				N	N
Mechanisms of Behavior Change Resource Core for Alcohol-HIV Interventions	Kahler, Christopher W BSS	National Institute on Alcohol Abuse and Alcoholism	9/20/2012 8/31/2016	2,617,284	240,448	512,416	400,744	N	N
Naltrexone for At-Risk and Problem Drinking in Smoking Cessation Treatment	Kahler, Christopher W BSS	National Institute on Alcohol Abuse and Alcoholism	6/20/2009 9/30/2015	2,978,006	465,636	370,808	495,924	N	N
The Risk and Protective Factors for Childhood Obesity among Southeast Asian Communities	Keita, Akilah J BSS	Robert Wood Johnson Foundation	4/1/2013 3/31/2015	94,508	14,274	43,004	34,630	Y	N
Family Prevention of HIV Risk and Depression in HIV-endemic South Africa	Kuo, Caroline C BSS	National Institute of Mental Health	9/1/2012 7/31/2017	871,233	104,530	133,609	95,884	N	N
<i>A Double-Blind, Placebo-Controlled, Randomized Human Laboratory Pilot Study of Baclofen in Anxiety Disorders with Comorbid Alcohol Dependence</i>	<i>Leggio, Lorenzo BSS</i>	<i>National Alliance for Research on Schizophrenia and Depression</i>	<i>7/15/2011 7/14/2013</i>	<i>60,000</i>				N	N
<i>Examining a unique pharmacotherapy intervention for heavy drinking alcohol dependent individuals who smoke</i>	<i>Leggio, Lorenzo BSS</i>	<i>Alcoholic Beverage Medical Research Foundation</i>	<i>1/1/2011 12/31/2012</i>	<i>100,000</i>	<i>-89</i>			N	N

Table 3.1.1 Research Activity of Faculty from 2013-2015									
Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm- unity- Based Y/N	Student Participa- tion Y/N
Technical, Relational, & Conditional Process Models of MI Efficacy: Meta-Analysis	Magill, Molly BSS	National Institute on Alcohol Abuse and Alcoholism	3/1/2015 2/28/2017	422,777				N	N
Teen Contraceptive and Reproductive Education	Magill, Molly BSS	University of Rhode Island	2/1/2002 6/30/2015	119,036	31,539	29,213	21,002	N	N
Within- and Post-Session Change Mechanisms in Treatment for Alcohol Use Disorders	Magill, Molly BSS	National Institute on Alcohol Abuse and Alcoholism	5/1/2010 4/30/2015	683,968	159,635	168,536	75,673	N	N
<i>A LIFESTYLE INTERVENTION TO PREVENT RECURRENT GESTATIONAL DIABETES MELLITUS</i>	<i>Marcus, Bess BSS</i>	<i>University of Massachusetts, Amherst</i>	<i>9/1/2007 12/31/2012</i>	<i>473,019</i>	<i>10,127</i>			N	N
<i>Expert System Based Feedback in Sedentary Overweight Veterans</i>	<i>Marcus, Bess BSS</i>	<i>VA Pittsburgh Healthcare System</i>	<i>10/1/2011 9/30/2012</i>	<i>304,656</i>	<i>40,762</i>			N	N
Alcohol Screening & Brief Intervention in Juvenile Justice: Filling the Gap	Martin, Rosemarie Ann BSS	University of Rhode Island	10/1/2012 5/31/2015	115,350	49,617	33,996	23,330	N	N
Contingency Management for Drug Use in HIV+ Adults after Prison or Jail Release	Martin, Rosemarie Ann BSS	Miriam Hospital	10/1/2011 9/30/2013	34,758	11,362	3,588	-150	N	N
Motivation and Skills for Detained Teen Smokers	Martin, Rosemarie Ann BSS	University of Rhode Island	6/1/2009 5/31/2014	236,253	33,554	62,694		N	N
Negative Affect, Urges and Distress Tolerance, Effects on Cognition in AUDs	Martin, Rosemarie Ann BSS	Boston University	12/1/2012 8/31/2015	680,132	133,467	258,707	146,168	N	N
System-based Tracking and Treatment for Emergency Patients who Smoke: STTEPS	Martin, Rosemarie Ann BSS	Miriam Hospital	8/19/2011 6/30/2015	40,744	8,279	8,532	5,556	N	N

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Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm- unity- Based Y/N	Student Participa- tion Y/N
Process Examination of a Multi-risk Brief Motivational Intervention to reduce HIV Risk and Alcohol Use	Mastroleo, Nadine R BSS	Miriam Hospital	8/1/2013 1/31/2015	30,000		18,772	11,228	N	N
Vermont Center on Behavior and Health - COBRE Pilot 1	Mastroleo, Nadine R BSS	University of Vermont	9/15/2013 7/31/2015	39,695		237	35	N	N
Virtual Role-Plays to Train Cognitive-Behavioral Treatment for Addictions - SIM - Mastroleo	Mastroleo, Nadine R BSS	SIMmersion LLC	9/25/2014 6/15/2017	38,476			15,320	N	N
Mentored Research Scientist Development Award (Parent K01)	Merrill, Jennifer E BSS	National Institute on Alcohol Abuse and Alcoholism	9/1/2014 8/31/2019	903,610			97,913	N	N
Genetic Variation and Marijuana's Pharmacologic and Cue-Elicited Effects	Metrik, Jane BSS	National Institute on Drug Abuse	9/15/2009 8/31/2013	482,945	48,246	3,873		N	N
Marijuana use, problems, and cannabis use disorders in OIF/OEF/OND veterans	Metrik, Jane BSS	National Institute on Drug Abuse	9/15/2012 7/31/2016	1,146,748	121,101	212,186	171,899	N	N
Advancing a Bio-Psycho-Social Alcohol Treatment Research and Mentoring Program	Monti, Peter M BSS	National Institute on Alcohol Abuse and Alcoholism	9/1/2010 8/31/2015	1,163,641	123,266	197,168	135,313	N	N
Alcohol and HIV: Biobehavioral Interactions and Intervention	Monti, Peter M BSS	National Institute on Alcohol Abuse and Alcoholism	9/30/2010 8/31/2015	6,790,842	44,345	31,661	18,603	N	N
Brief Interventions in the Emergency Department for Alcohol and HIV/Sexual Risk	Monti, Peter M BSS	National Institute on Alcohol Abuse and Alcoholism	9/1/2010 8/31/2015	3,726,501	864,156	712,216	373,121	N	N
A Pilot Gaming Adherence Program for Youth Living with HIV	Nunn, Amy S BSS	Rhode Island Hospital	7/1/2014 6/30/2015	11,772			7,546	N	N
Evaluation of a Program using Emtricitabine - Tenofovir (Truvada) as Pre-Exposure Prophylaxis (PrEP) for HIV - AN	Nunn, Amy S BSS	Miriam Hospital	4/1/2014 1/31/2015	14,928		4,073	11,610	N	N

Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm unity- Based Y/N	Student Participa tion Y/N
Exploring Patterns of Sexual Concurrency Among Urban African Americans	Nunn, Amy S BSS	National Institute on Alcohol Abuse and Alcoholism	6/3/2014 6/30/2015	165,233		30,951	71,435	N	N
The Brown Initiative for HIV and AIDS Clinical Research for Minority Communities	Nunn, Amy S BSS	Miriam Hospital	3/14/2014 6/30/2014	9,000		8,797		N	N
The Brown Initiative for HIV and AIDS Clinical Research for Minority Communities - 2	Nunn, Amy S BSS	Miriam Hospital	9/8/2014 7/31/2015	53,823			30,332	N	N
Acceptability of PrEP for HIV Prevention among HIV-positive and HIV-negative Adolescents	Operario, Don BSS	National Institute of Mental Health	12/1/2014 11/30/2016	397,275			10,741	N	N
Developing a Couples HIV Prevention for Transgender Women and Male Partners	Operario, Don BSS	National Institute of Mental Health	8/3/2011 5/31/2015	582,993	291,969	154,376	41,778	Y	Y
Reaching High Risk African American Men: A Randomized Controlled Trial Of BRUTHAS Project	Operario, Don BSS	University of California, San Francisco	8/1/2010 7/31/2015	172,401	19,033	36,163	19,895	Y	N
Sexual Minority Populations Resource Core	Operario, Don BSS	National Institute on Alcohol Abuse and Alcoholism	9/18/2012 8/31/2016	1,877,144	158,250	357,439	263,291	Y	Y
Classification Tree Analysis to Enhance Targeting for Cancer Screening Programs	Rakowski, William BSS	National Cancer Institute	1/1/2010 12/31/2012	380,972	56,082			N	Y
Development of Tailored Intervention to Promote CRC Screening Among Latino Men	Rakowski, William BSS	Memorial Hospital	5/1/2011 4/30/2013	46,421	20,804			N	N
Contingent Vouchers for Smoking in Substance Abusers as Adjunct to Nicotine Patch	Rohsenow, Damaris J BSS	National Institute on Drug Abuse	7/15/2008 5/31/2014	2,959,777	590,751	277,946	-989	N	N
Varenicline and Motivational Advice for Smokers with SUD	Rohsenow, Damaris J BSS	National Institute on Drug Abuse	4/1/2012 9/30/2014	3,424,558	635,046	275,151	5,891	N	N
Very Low-Nicotine Cigarettes in Smokers with SUD: Smoking, Substance Use Effects	Rohsenow, Damaris J BSS	National Institute on Drug Abuse	9/15/2013 5/31/2018	3,179,319		232,140	338,398	N	N

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Contextual Risk Factors for Substance Use in Adolescent Reservation-Dwelling American Indians	Spillane, Nichea S BSS	National Institute on Drug Abuse	6/1/2010 5/31/2015	861,723	129,820	135,040	86,975	N	N
ADDICTION TECHNOLOGY TRANSFER CENTER OF NEW ENGLAND - Blending Initiative	Squires, Daniel D BSS	Substance Abuse and Mental Health Services Administration	9/30/2011 3/31/2013	554,000	295,420	14	3	N	N
ADDICTION TECHNOLOGY TRANSFER CENTER OF NEW ENGLAND - Second Segment	Squires, Daniel D BSS	Substance Abuse and Mental Health Services Administration	9/30/2011 3/31/2013	3,150,316	159,436	-1,405	0	N	N
Addiction Technology Transfer Centers	Squires, Daniel D BSS	Substance Abuse and Mental Health Services Administration		3,450,000	382,002	379,988	285,867	N	N
Addiction Technology Transfer Centers - Blending Initiative	Squires, Daniel D BSS	Substance Abuse and Mental Health Services Administration	9/30/2012 9/29/2017	450,000	72,860	134,973	125,122	N	N
Imaging Biphasic Alcohol Effects in Heavy Drinkers	White, Tara L BSS	Alcoholic Beverage Medical Research Foundation	7/1/2010 9/1/2013	100,000	39,197	3,322		N	N
Imaging Individual Differences in Amphetamine Effects	White, Tara L BSS	National Institute on Drug Abuse	8/15/2007 5/31/2013	1,415,365	624,532			N	N
Imaging Individual Differences in Methamphetamine Effects	White, Tara L BSS	National Institute on Drug Abuse	7/1/2011 11/30/2014	437,400	124,120	172,148	75,471	N	N

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Project Name (Organized by Department: Biostatistics; Behavioral and Social Sciences; Epidemiology; Health Services, Policy and Practice)	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Community-Based Y/N	Student Participation Y/N
Efficacy of brisk walking as a smoking cessation treatment adjunct among women	Williams, David M BSS	National Cancer Institute	2/1/2011 1/31/2016	2,052,191	376,278	434,982	310,988	N	Y
Efficacy of Resistance Training as an Aid to Smoking Cessation Treatment Subcontract	Williams, David M BSS	Columbia University	4/1/2013 3/31/2015	48,574		17,164	22,941	N	N
Maintaining Resistance Training in Prediabetic Older Adults: Theoretical Approach - Virginia Tech subcontract	Williams, David M BSS	Virginia Polytechnic Institute and State University	8/1/2011 6/30/2015	193,948	10,892	2,852	7,381	N	N
BPA, Phthalates, & Stress: Mechanisms and Interactions for Childhood Obesity.	Braun, Joseph M EPI	President and Fellows of Harvard College	9/18/2012 7/31/2015	81,214	16,924	32,046	19,715	N	Y
Prenatal Sex Steroids, Bisphenol A, Phthalates, and Sexually Dimorphic Behaviors	Braun, Joseph M EPI	National Institute of Environmental Health Science	2/14/2013 1/31/2016	747,086	41,269	219,926	154,209	N	Y
Fetal Hormonal Programming of Sex Differences in Aging of Memory Circuitry	Buka, Stephen L EPI	Brigham & Women's Hospital	9/1/2011 3/31/2015	225,969	66,443	56,452	41,495	N	N
State Epidemiological Outcomes Workgroup	Buka, Stephen L EPI	State of Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals	11/1/2010 10/31/2012	118,893				Y	Y

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State Epidemiological Outcomes Workgroup - YEAR 2	Buka, Stephen L EPI	State of Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals	11/1/2011 10/31/2013	237,786	126,368	59,354		Y	Y
Strategic Prevention Framework Partnerships for Success - SPF-PFS	Buka, Stephen L EPI	State of Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals	9/30/2013 9/29/2018	1,160,798		133,594	71,464	N	Y
The National Children's Study	Buka, Stephen L EPI	National Institute of Child Health and Human Development	9/28/2010 9/27/2012	14,111,816	184,608			Y	Y
The National Children's Study - Bristol County	Buka, Stephen L EPI	National Institute of Child Health and Human Development	9/26/2009 4/30/2013	11,826,373	157,801		-492	Y	Y
<i>Community-Level Influences on the Onset, Progression and Desistance of Adolescent Substance Use and Abuse</i>	<i>Burdzovic Andreas, Jasmina EPI</i>	<i>National Institute on Drug Abuse</i>	<i>5/1/2008 4/30/2014</i>	<i>552,903</i>	<i>97,377</i>	<i>22,929</i>		<i>N</i>	<i>N</i>
Evaluating the impact of patient-centric home health quality reports	Clark, Melissa A EPI	Healthcentric Advisors	9/1/2012 8/31/2015	283,421	41,304	100,341	47,208	N	Y
Evidence2Success	Clark, Melissa A EPI	University of Washington	9/24/2013 10/31/2013	150,449	72,488	77,960		N	N
Facilitating HIV Testing Among Young Adult MSM Through Social Networking	Clark, Melissa A EPI	Rhode Island Hospital	4/15/2014 3/31/2015	64,513			42,782	N	N

Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm unity- Based Y/N	Student Participa tion Y/N
Facilitating HIV/AIDS and HIV Testing Literacy for Emergency Department Patients	Clark, Melissa A EPI	Rhode Island Hospital	7/23/2014 4/30/2015	67,260			30,144	N	N
Helping women choose between local anesthesia alone and IV sedation for first trimester surgical abortion: A decision tool	Clark, Melissa A EPI	Planned Parenthood League of Massachusetts	10/1/2014 9/30/2016	22,225				N	N
Levonorgestrel intrauterine system versus oral contraceptives for heavy menses	Clark, Melissa A EPI	Women and Infants Hospital	2/15/2013 1/31/2015	131,359		57,221	45,919	N	N
Social Network and Care Planning for Women with Cancer	Clark, Melissa A EPI	National Cancer Institute	4/1/2010 3/31/2013	391,939	39,366			N	Y
Variations in needs after colorectal cancer diagnosis	Clark, Melissa A EPI	Boston University	7/1/2014 6/30/2015	39,754			9,113		N
Variations In Health Needs of Breast Cancer Survivors	Clark, Melissa A EPI	Boston University	9/1/2011 12/30/2012	212,114	6,084		-188	N	N
Video-Based Delivery of HIV Test Information for Spanish-Speaking Latinos	Clark, Melissa A EPI	Rhode Island Hospital	3/4/2010 2/28/2013	51,997	22,481			N	N
ACRIN Protocol 7151 Statistical Support	Gareen, Ilana F EPI	American College of Radiology	4/1/2011 12/31/2014	268,000	46,380	62,037	112,680	N	N
Marginal Structural Models for Periodontal Treatments effects on A1C in Diabetes	Howe, Chanelle J EPI	Dorn Research Institute	4/1/2013 3/31/2015	31,561		6,062	13,411	N	N
Missed visits and virologic failure among HIV infected African Americans	Howe, Chanelle J EPI	National Institute of Allergy and Infectious Diseases	2/1/2013 7/31/2014	261,034	107,273	58,652	139	N	N
MicroRNA related genetic variation and head and neck cancer	Kelsey, Karl T EPI	Dartmouth Medical School	9/10/2013 5/31/2015	193,061		8,357	65,412	N	N
Patterns of Somatic Gene Alterations in Oral Cancer	Kelsey, Karl T EPI	National Cancer Institute	4/1/2009 1/31/2014	1,298,517	178,341	44,039		N	N

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THE EPIDEMIOLOGY OF MOLECULAR ALTERATIONS IN MESOTHELIOMA	Kelsey, Karl T EPI	National Cancer Institute	5/17/2008 3/31/2014	2,428,555	383,284	132,935		N	Y
The Molecular Epidemiology of Bladder Cancer	Kelsey, Karl T EPI	National Cancer Institute	9/30/2009 9/29/2012	408,096	-2,096			N	N
Toxic Metals in the Northeast: From Biological to Environmental Implications	Kelsey, Karl T EPI	Dartmouth College	4/1/2011 3/31/2013	86,945	33,533			N	N
Translation Innovation Partnership Awards Program – KELSEY	Kelsey, Karl T EPI	Johnson & Johnson Services, Inc.	6/27/2011 6/27/2014	25,000	21,592	2,923	18	N	N
Translation Innovation Partnership Awards Program - Kelsey – ADCC	Kelsey, Karl T EPI	Janssen Research and Development LLC	3/18/2014 3/17/2015	300,000		25,787	92,566	N	N
Translation Innovation Partnership Awards Program - Kelsey - ADCC - UCSF Sub	Kelsey, Karl T EPI	Janssen Research and Development LLC	3/18/2014 3/17/2015	169,355			140,625	N	N
Validation of Results from the Epigenome-Wide Association Study for Breast Cancer	Kelsey, Karl T EPI	University of Massachusetts, Amherst	9/16/2014 8/31/2016	19,559				N	N
Glycemic Load And Resistance Training On Endothelial Function And Inflammation	Liu, Simin EPI	University of California, Los Angeles	4/1/2013 3/31/2015	18,421		9,223	9,193	N	N
GWAS of Hormone Treatment and CVD and Metabolic Outcomes in the WHI	Liu, Simin EPI	Fred Hutchinson Cancer Research Center	1/1/2013 7/31/2013	35,767	10,357	25,396		N	N
Integrative Genomics of Gene-Diet Interactions in Vascular Outcomes across Ethnicities	Liu, Simin EPI	American Heart Association	2/1/2015 1/31/2017	485,862			8,606	N	N

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Plant based nutrient of beans on health	Liu, Simin EPI	Northarvest Bean Growers Association	4/1/2014 3/31/2015	12,500		719	9,028	N	N
Identifying Targets for Reducing Obesity Caused by Early Life Disadvantage	Loucks, Eric B EPI	National Institute on Aging	9/30/2014 4/30/2016	584,651			80,328	N	N
The New England Family Study: Fifty Year Post=Perinatal Follow-Up for Life Course Effects on Aging	Loucks, Eric B EPI	National Institute on Aging	9/30/2010 8/31/2012	1,650,008	-18,530			N	N
Integrated Analytics to Unravel the Complex Effects of HIV and Alcoholism on the Brain	Luo, Xi EPI	Center for Aids Research	6/1/2014 5/31/2015	40,000		2,089	31,954	N	Y
Enhanced STI/HIV Partner Notification in South Africa	Lurie, Mark EPI	University of Connecticut	4/1/2013 1/31/2015	32,566		23,181	11,525	N	N
Impact of Antiretroviral Therapy on HIV Epidemic Dynamics	Lurie, Mark EPI	National Institute of Mental Health	7/1/2009 6/30/2014	2,195,112	406,493	362,148	5,752	Y	Y
Partnerships for the next generation of HIV social science in South Africa	Lurie, Mark EPI	National Institute of Child Health and Human Development	9/1/2013 8/31/2018	1,905,194		82,492	161,923	Y	Y
Community Vulnerability and Responses to Drug- User-Related HIV/AIDS	Marshall, Brandon David Lewis EPI	National Development and Research Institutes, Inc.	9/1/2013 4/30/2015	38,136		19,078	18,938	N	N
Complex systems approaches to examine combination HIV prevention programs for drug- using populations	Marshall, Brandon David Lewis EPI	Miriam Hospital	6/1/2012 8/31/2013	40,000	24,475	15,332		N	Y
Drug Use and HIV/STI risk Trajectories in Court- Involved, Non-Incarcerated Youth.	Marshall, Brandon David Lewis EPI	Lifespan, Inc.	7/1/2013 3/31/2015	36,090		23,418	7,373	N	N
Exploring transitions to injecting among young adult non-medical opioid users	Marshall, Brandon David Lewis EPI	National Institute on Drug Abuse	5/15/2014 4/30/2016	168,719		6,791	86,434	N	N

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Gender-responsive drug use treatment for juvenile justice girls	Marshall, Brandon David Lewis EPI	Rhode Island Hospital	9/1/2014 6/30/2015	16,091			9,655	N	N
<i>Reuse in RI: A State-Based Approach to Complex Exposures - PROJECT 8</i>	<i>Marsit, Carmen J EPI</i>	<i>National Institute of Environmental Health Science</i>	<i>4/1/2009 3/31/2015</i>	<i>599,089</i>				N	N
Diabetes Care in American Samoa	McGarvey, Stephen T EPI	National Institute of Diabetes and Digestive and Kidney Dis	8/1/2009 7/31/2013	2,364,262	150,788	8,382		Y	Y
Genome-Wide Association Studies of Adiposity in Samoans	McGarvey, Stephen T EPI	National Heart, Lung, and Blood Institute	9/1/2009 12/31/2015	5,128,169	497,006	775,058	450,411	Y	Y
Allergies, Genetic Susceptibility and Adult Glioma Risk	Michaud, Dominique S EPI	Imperial College of London	2/1/2010 1/31/2013	318,534	49,708			N	Y
Integrative modeling of gene expression into GWAS of glioma	Michaud, Dominique S EPI	National Cancer Institute	7/1/2014 12/31/2014	162,500			38,879	N	N
Microbiomes in Human Pancreatic Cancer	Michaud, Dominique S EPI	National Cancer Institute	7/19/2013 12/31/2014	2,136,893		208,297	98,088	N	Y
Serological markers of periodontal disease and pancreatic cancer risk	Michaud, Dominique S EPI	National Cancer Institute	4/1/2010 3/31/2013	439,347	109,237			N	Y
Preventing sexual aggression among high school boys	Pearlman, Deborah N EPI	Lifespan, Inc.	9/30/2014 9/29/2015	18,603			4,391	N	N
Innovative approaches to increase F&V intake thru worksites: The Fresh Initiative (subcontract)	Risica, Patrice M. EPI	University of Connecticut	9/1/2014 8/31/2015	0			167,795	N	N
Improving nutrition and physical activity environments in home-based child care	Risica, Patricia M EPI	National Heart, Lung, and Blood Institute	7/1/2014 5/30/2019	3,802,453			227,537	N	N

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Placental role in mediating adverse outcomes in obstructive sleep apnea	Risica, Patricia M EPI	Miriam Hospital	9/10/2014 8/31/2015	17,424			8,721	N	N
Reducing melanoma deaths with INFORMED: Consequences of screening	Risica, Patricia M EPI	Rhode Island Hospital	7/14/2014 7/13/2015	24,000			677	N	N
Sister Talk @ Home: Home Based Weight Loss for AA Women	Risica, Patricia M EPI	National Institute of Diabetes and Digestive and Kidney Dis	7/1/2007 4/30/2013	3,203,886	80,469	37,972		N	N
<i>The Child Development Study</i>	<i>Shenassa, Edmond D EPI</i>	<i>Flight Attendant Medical Research Institute</i>	<i>7/1/2008 6/30/2013</i>	<i>452,215</i>	<i>19,314</i>			N	N
Backwards Walking for Early Detection of Gait Disability and for Rehabilitation	Triche, Elizabeth W EPI	Ocean State Research Institute	4/1/2014 3/31/2015	9,540			7,780	N	N
Birth Outcomes & Air Pollution	Triche, Elizabeth W EPI	Yale University	8/8/2008 4/30/2013	144,843	32,209			N	N
Characterizing Upper Extremity Function in Individuals with Multiple Sclerosis	Triche, Elizabeth W EPI	Saint Francis Hospital	11/21/2013 2/20/2015	41,992		13,931	25,536	N	N
Cortical mechanisms of gait in Parkinson's disease using optical imaging	Triche, Elizabeth W EPI	U.S. Department of VA Medical Center of Providence	10/1/2011 9/30/2012	31,700	8,121			N	Y
Examining Dalfampridine Treatment Effects in a Community-Based Cohort of Multiple Sclerosis Patients	Triche, Elizabeth W EPI	Saint Francis Hospital	12/22/2011 9/21/2014	57,146	28,954	28,160		N	N
Fetal Genetic Contributions to Preeclampsia	Triche, Elizabeth W EPI	National Institute of Child Health and Human Development	4/1/2012 3/31/2015	489,802	306,839	154,371	18,957	N	Y

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Project Name (Organized by Department: Biostatistics; Behavioral and Social Sciences; Epidemiology; Health Services, Policy and Practice)	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Community-Based Y/N	Student Participation Y/N
Progressive Structured Dance Intervention to Enhance Physical Activity in MS	Triche, Elizabeth W EPI	Ocean State Research Institute	9/16/2014 9/15/2015	13,116			5,585	N	N
Ambient Air Pollution and Incident Stroke	Wellenius, Gregory A EPI	National Institute of Environmental Health Science	7/1/2012 3/31/2017	2,695,870	361,985	766,743	341,388	N	Y
Indoor Air Pollution and its Effects: Collaborative Studies in Kenya and Bangladesh	Wellenius, Gregory A EPI	MOI University	7/13/2011 6/7/2014	38,395	14,632	23,824	-61	N	N
Mechanisms of Air Pollution Health Effects in Subjects with Heart Failure	Wellenius, Gregory A EPI	National Institute of Environmental Health Science	9/29/2009 8/31/2013	771,238	75,438	24,868	-1,890	N	Y
Noise Health Research: Cardiovascular	Wellenius, Gregory A EPI	Boston University	9/1/2014 8/31/2015	16,316			1,282	N	N
Residential Air Pollution and Preeclampsia	Wellenius, Gregory A EPI	National Institute of Environmental Health Science	8/9/2013 7/31/2015	467,948		32,132	34,010	N	N
Evaluating Observational Data Analyses: Confounding Control and Treatment Effect Heterogeneity	Dahabreh, Issa J HSPP	Patient Centered Outcomes Research Institute	6/1/2014 5/31/2017	1,050,561		30,279	115,196	N	Y
Risk of Paradoxical Embolism (RoPE) Study	Dahabreh, Issa J HSPP	Tufts Medical Center, Inc.	3/1/2013 2/28/2014	11,565		11,269		N	N
Task Order 4 - EPC IV RFTO 9 - Item 2 - Diagnosis of acute appendicitis	Dahabreh, Issa J HSPP	Agency for Healthcare Research and Quality	6/24/2013 8/23/2014	373,817		258,746	113,613	N	N
Treatment Management of Rare Cancers: Understanding and Evaluating Prediction Tools	Dahabreh, Issa J HSPP	National Cancer Institute	9/20/2013 9/19/2014	74,592		41,028	31,784	N	Y
<i>Non-Invasive Ventilation and Mortality in Medicare Beneficiaries with Amyotrophic Lateral Sclerosis</i>	<i>Dore, David D HSPP</i>	<i>Biogen Idec, Inc.</i>	<i>12/21/2012 6/30/2014</i>	<i>170,396</i>	<i>46,967</i>	<i>107,830</i>	<i>14,047</i>	<i>N</i>	<i>N</i>

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<i>Research Enhancement Award Program</i>	<i>Dore, David D HSPP</i>	<i>U.S. Department of VA Medical Center of Providence</i>	<i>5/1/2012 9/30/2013</i>	<i>71,483</i>	<i>44,900</i>	<i>17,478</i>		<i>N</i>	<i>N</i>
<i>Start-up of the Study on the Clinical Epidemiology of Parkinson's Disease (PD), Multiple Sclerosis (MS), Amyotrophic Lateral Sclerosis (ALS), and Potentially Alzheimer's Disease (AD)</i>	<i>Dore, David D HSPP</i>	<i>Biogen Idec, Inc.</i>	<i>4/12/2012 8/11/2012</i>	<i>28,257</i>	<i>11,907</i>			<i>N</i>	<i>N</i>
<i>An independent audit of the "Cross-State Collaboration: Mentoring National Development of POLST" Project</i>	<i>Dosa, David M HSPP</i>	<i>The Retirement Research Foundation</i>	<i>1/1/2012 12/31/2014</i>	<i>60,000</i>	<i>21,288</i>	<i>18,944</i>	<i>8,776</i>	<i>N</i>	<i>N</i>
Conditional Economic Incentives to Reduce HIV Risks: A Pilot in Mexico	Galarraga, Omar HSPP	National Institute of Child Health and Human Development	6/1/2011 5/31/2014	398,213	134,480	70,665		Y	N
Social Health Insurance for HIV Prevention and Treatment in Kenya.	Galarraga, Omar HSPP	Miriam Hospital	9/1/2013 8/31/2015	40,000		37,633	2,367		Y
Linkage to Care Following Home-Based Counseling and Testing in Western Kenya	Genberg, Becky L HSPP	National Institute of Mental Health	7/19/2013 6/30/2018	826,371		108,708	87,989	Y	N
Examine Changes to the Medicare Hospice Benefit Payment System	Gozalo, Pedro Luis HSPP	National Hospice and Palliative Care Organization	3/1/2009 12/31/2015	167,797		33,064		N	N
Hospice Study Report	Gozalo, Pedro Luis HSPP	ABT Associates, Inc.	5/10/2012 9/15/2015	668,025	193,861	284,642	100,063	N	N
Methods for therapy effectiveness evaluation and provider profiling	Gozalo, Pedro Luis HSPP	Focus on Therapeutic Outcomes, Inc.	6/1/2014 6/1/2016	10,000		503	5,951	N	N
<i>Health Consequences of Corporate Ownership Changes in the Nursing Home Industry</i>	<i>Intrator, Orna HSPP</i>	<i>Regents of the University of Michigan</i>	<i>9/1/2012 9/30/2013</i>	<i>172,752</i>	<i>32,111</i>	<i>51,158</i>		<i>N</i>	<i>N</i>

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<i>SHAPING LONG-TERM CARE IN AMERICA - Core C</i>	<i>Intrator, Orna HSPP</i>	<i>National Institute on Aging</i>	<i>9/15/2007 6/30/2013</i>	<i>3,909,947</i>	<i>-10,599</i>			<i>N</i>	<i>N</i>
<i>SHAPING LONG-TERM CARE IN AMERICA - Project 3</i>	<i>Intrator, Orna HSPP</i>	<i>National Institute on Aging</i>	<i>9/15/2007 6/30/2013</i>	<i>627,435</i>	<i>486,466</i>	<i>8,498</i>		<i>N</i>	<i>N</i>
<i>The Effects of Acute Events on ADL trajectories of Nursing Home Residents</i>	<i>Intrator, Orna HSPP</i>	<i>University of Missouri, Columbia</i>	<i>9/1/2009 8/31/2012</i>	<i>189,633</i>	<i>2,321</i>			<i>N</i>	<i>N</i>
<i>Geriatrics and Extended Care Data and Analysis Center (GEC DAC) (Lancaster IPA)</i>	<i>Lancaster, Anthony HSPP</i>	<i>Canandaigua VA Medical Center</i>	<i>10/1/2013 9/30/2014</i>	<i>9,704</i>		<i>7,263</i>	<i>2,410</i>	<i>N</i>	<i>N</i>
Cochrane Collaboration CAM Field: Resource for Research	Lau, Joseph HSPP	University of Maryland, Baltimore	12/1/2012 6/30/2015	236,567	37,894	118,999	39,086	N	N
Comparative Effectiveness Research & the Cochrane Eyes & Vision Group.	Lau, Joseph HSPP	Johns Hopkins University	12/1/2012 11/30/2013	135,139	32,376	102,076	571	N	N
Omega 3 Fatty Acids on CVD -Update - Task Order #7	Lau, Joseph HSPP	Agency for Healthcare Research and Quality	9/1/2012 8/13/2015	302,043			194,860	N	N
Explanatory models of illness and decision heuristics in HIV care	Laws, Michael B HSPP	National Institute of Mental Health	8/9/2011 7/31/2014	471,659	212,084	70,435	8,258	N	N
Improving ARV Adherence through Enhancement of HIV Providers Counseling Skills	Laws, Michael B HSPP	Johns Hopkins University	5/1/2011 4/30/2013	230,066	39,114			N	N
Attributes of Nursing Home-Hospice Collaborations & End-of-Life Hospitalizations	Miller, Susan HSPP	University of Rochester	9/1/2013 5/31/2015	49,856		16,282	18,756	N	N
Can Concurrent Hospice Care and Cancer Treatment Achieve Superior Outcomes?	Miller, Susan HSPP	U.S. Department of VA Medical Center of Providence	4/1/2013 3/31/2014	16,328		10,356		N	N

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Can Concurrent Hospice Care and Cancer Treatment Achieve Superior Outcomes? Mor IIR 11-121	Miller, Susan HSPP	U.S. Department of VA Medical Center of Providence	1/1/2014 9/30/2015	32,612		8,751	12,758	N	N
Can Concurrent Hospice Care and Cancer Treatment Achieve Superior Outcomes? Mor IIR-121 - M. Medeiros	Miller, Susan HSPP	U.S. Department of VA Medical Center of Providence	6/9/2014 9/30/2015	7,271			1,878	N	N
COIN project ID# CIN 13-419	Miller, Susan HSPP	U.S. Department of VA Medical Center of Providence	1/1/2014 12/31/2014	40,768		7,205	15,821	N	N
Determinants and Consequences of Veterans Access to Nursing Home Care	Miller, Susan HSPP	U.S. Department of VA Medical Center of Providence	10/1/2012 11/30/2013	41,173	30,175	10,998		N	N
Determinants and Consequences of Veterans' Nursing Home	Miller, Susan HSPP	U.S. Department of VA Medical Center of Providence	10/1/2011 9/30/2012	40,807	7,692			N	N
Geriatric and Extended Care Data and Analysis Center - Lancaster IPA	Miller, Susan HSPP	Canandaigua VA Medical Center	1/1/2015 9/30/2015	7,322			1,623	N	N
Miller IPA	Miller, Susan HSPP	Canandaigua VA Medical Center	10/1/2013 9/30/2015	124,857		6,774	10,818	N	N
Palliative Care Consultations: An Unstudied Care Model in Nursing Homes	Miller, Susan HSPP	National Institute on Aging	6/1/2013 5/31/2015	446,813		216,233	99,801	N	N

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Palliative Care Consultations: An Unstudied Care Model in Nursing Homes - Sub to University of Rochester	Miller, Susan HSPP	National Institute on Aging	6/1/2013 5/31/2015	45,960			13,726	N	N
Transition to Resident-centered Care (Culture Change) in Nursing Homes: Impact of and on a Nursing Home's Financial Health	Miller, Susan HSPP	The Retirement Research Foundation	7/1/2013 12/31/2014	83,972		43,971	12	N	N
A Clinical Prediction Tool to Guide Treatment of Osteoporosis in the Nursing Home	Mor, Vincent HSPP	Hebrew SeniorLife	9/30/2014 4/30/2015	286,334			39,853	N	N
Advancing Long -Term Care Research by Linking HRS and LTC Focus	Mor, Vincent HSPP	National Institute on Aging	9/30/2013 6/30/2015	247,000		80,581	73,278	N	N
Changing Long Term Care in America: Policies, Markets, Strategies and Outcomes - Core A	Mor, Vincent HSPP	National Institute on Aging	2/15/2014 1/31/2019	6,399,973		23,879	59,921	N	Y
Changing Long Term Care in America: Policies, Markets, Strategies and Outcomes - Core C	Mor, Vincent HSPP	National Institute on Aging	2/15/2014 1/31/2019	350,015		80,811	264,168	N	Y
Changing Long Term Care in America: Policies, Markets, Strategies and Outcomes - Proj 1	Mor, Vincent HSPP	National Institute on Aging	2/15/2014 1/31/2019	164,045		45,766	93,022	N	Y
Changing Long Term Care in America: Policies, Markets, Strategies and Outcomes - Project 1 - Harvard sub	Mor, Vincent HSPP	National Institute on Aging	2/15/2014 1/31/2019	48,466		6,628	39,574	N	Y
Changing Long Term Care in America: Policies, Markets, Strategies and Outcomes - Project 2 - University of Chicago sub	Mor, Vincent HSPP	National Institute on Aging	2/15/2014 1/31/2019	46,238			20,649	N	Y
Developing Quality Measures for Dialysis Care	Mor, Vincent HSPP	Kidney Care Partners	5/1/2014 12/31/2014	48,000			48,000	N	N
Development of MDS-based measures of Length of Stay (Task Order #3)	Mor, Vincent HSPP	American Health Care Association	10/1/2013 9/30/2014	94,722		79,538	24,396	N	N
Emerging Role of Medicare Advantage in Nursing Home Care	Mor, Vincent HSPP	National Institute on Aging	7/1/2014 4/30/2017	1,240,538			135,072	N	N

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GRADUATE STUDENT SUPPORT FOR RESEARCH ASSISTANTS AT PFIZER EPIDEMIOLOGY	Mor, Vincent HSPP	Pfizer, Inc.	1/1/2004 12/31/2015	419,034	25,791	45,848	2,968	N	Y
Graduate Student Support for Research Assistants at Pfizer Epidemiology - 2	Mor, Vincent HSPP	Pfizer, Inc.	9/30/2014 10/1/2015	60,000			23,424	N	Y
Master Services Agreement #2 Task Order #1	Mor, Vincent HSPP	American Health Care Association	4/1/2014 4/1/2015	300,000		730	34,392	N	N
MultiPayer Claims Data File Project	Mor, Vincent HSPP	Actuarial Resources Corporation	12/6/2012 9/27/2013	39,957	19,494	8,821		N	N
National Health and Aging Trends Study	Mor, Vincent HSPP	Johns Hopkins University	9/1/2014 4/30/2015	21,199			7,320	N	N
National Study of Disability Trends and Dynamics	Mor, Vincent HSPP	Johns Hopkins University	9/30/2008 8/31/2014	252,375	29,879	18,706	4,414	N	N
Outcomes of beta blockers after myocardial infarction in nursing home residents	Mor, Vincent HSPP	Northern California Institute for Research and Education, Inc.	8/22/2012 6/30/2015	472,424	43,988	231,538	105,853	N	Y
Patient-Centered Outcomes of Implantable Defibrillator Therapy in Older Patients	Mor, Vincent HSPP	President and Fellows of Harvard College	9/30/2013 6/30/2015	49,133		19,622	13,051	N	N
PEAK (Performance Excellence in Kidney Care)	Mor, Vincent HSPP	Kidney Care Partners	1/1/2011 12/31/2013	253,597	94,474	8,026		N	N
PROVEN: PRagmatic trial Of Video Education in Nursing homes	Mor, Vincent HSPP	National Institute on Aging	8/15/2014 8/31/2015	859,863			129,026	N	N
SAFEHAVEN: Decision Support for Nursing Home Resident Disaster Evacuations	Mor, Vincent HSPP	National Institute on Aging	9/30/2010 8/31/2012	865,641	14,873			N	Y
SHAPING LONG-TERM CARE IN AMERICA - Core A	Mor, Vincent HSPP	National Institute on Aging	9/15/2007 6/30/2013	10,039,464	169,434			N	N

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SHAPING LONG-TERM CARE IN AMERICA - Project 4	Mor, Vincent HSPP	National Institute on Aging	9/15/2007 6/30/2013	712,787	286,335	1,066		N	Y
SHAPING LONG-TERM CARE IN AMERICA - Supplement	Mor, Vincent HSPP	National Institute on Aging	8/15/2010 6/30/2013	156,308				N	Y
Shaping-Long-Term Care in America - administrative supplement	Mor, Vincent HSPP	National Institute on Aging	9/15/2012 6/30/2013	81,000	80,900	100		N	N
Stratified, Cluster Random Assignment Trial - Flu Mortality	Mor, Vincent HSPP	Insight Therapeutics, LLC	8/23/2012 8/1/2015	593,304	74,012	247,931	117,595	N	N
The Impact of Flu and Flu Vaccine on NH Resident Morbidity	Mor, Vincent HSPP	Agency for Healthcare Research and Quality	9/30/2009 3/31/2013	896,100	117,569			N	Y
The Impact of Provider Integration on Patients' and Families' Outcomes and Post-acute care experience	Mor, Vincent HSPP	Commonwealt h Fund	12/1/2014 11/30/2016	355,740			3,043	N	N
Updating Commonwealth Scorecard Measures for 2015	Mor, Vincent HSPP	Commonwealt h Fund	12/1/2014 3/31/2015	49,894			2,928	N	N
Updating Commonwealth Scorecard Measures for 2012	Mor, Vincent HSPP	Commonwealt h Fund	6/1/2012 12/31/2012	60,092	60,092			N	N
Understanding Racial and Geographic Disparities in Hospital-Based Observation Care	Rahman, Md Momotazur HSPP	University of Iowa	9/1/2014 8/31/2017	68,173			34,231	N	N
Building the Foundation for Clinical Practice of EMG Pattern Recognition for Prosthetic Arm Control	Resnik, Linda J HSPP	University of Rhode Island	10/1/2012 5/31/2013	17,411	5,284			N	N
Building the Foundation for Clinical Practice of EMG Pattern Recognition for Prosthetic Arm Control - NCSU	Resnik, Linda J HSPP	North Carolina State University	10/2/2013 9/30/2015	94,642		33,710	39,770	N	N
Studying Upper-Limb Amputee Prosthesis Use to Inform Device Design	Resnik, Linda J HSPP	Yale University	9/8/2014 9/7/2017	99,705			5,194	N	N

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Variable-stiffness Knee Orthosis for Gait Assistance and Rehabilitation, for Defence Medical Research and Development Program (DMRDP)	Resnik, Linda J HSPP	Yale University	1/1/2011 12/31/2014	50,788	20,860	16,861		N	N
Center of Excellence Award	Shield, Renee R HSPP	Rhode Island Hospital	7/1/2012 6/30/2013	15,000	14,986	0		N	N
Developing Quality Indicators for Medication Errors in VA Community Living Centers	Shield, Renee R HSPP	U.S. Department of VA Medical Center of Providence	9/1/2012 9/30/2013	28,299	8,538	15,608		N	N
Enriching our understanding of family member responses to FEHC Survey questions	Shield, Renee R HSPP	VITAS Healthcare Corporation	7/1/2012 6/30/2013	10,000	10,127	-127		N	N
Exploration of FECH Survey Results - Capital Care	Shield, Renee R HSPP	Capital Hospice, Inc.	7/1/2012 6/30/2013	10,000	10,087	-87		N	N
Exploration of FECH Survey Results - Delaware Hospice	Shield, Renee R HSPP	Delaware Hospice, Inc.	7/1/2012 9/30/2013	10,000	10,127	-127		N	N
Exploration of FECH Survey Results - Lifepath	Shield, Renee R HSPP	LifePath Hospice, Inc.	7/1/2012 9/30/2013	10,000	10,127	-127		N	N
Increasing Veteran's Use of Community-based LTC via Timely Discharge from VA CLCs	Shield, Renee R HSPP	U.S. Department of VA Medical Center of Providence	4/1/2013 9/30/2015	73,420	2,010	21,011	28,029	N	N
Medication Use As a Quality Indicator in VA Nursing Home Care Units	Shield, Renee R HSPP	U.S. Department of VA Medical Center of Providence	11/18/2013 4/30/2014	9,004		7,004		N	N
Using Older Adults' Experiences of Transitions to Enhance Physician Education	Shield, Renee R HSPP	Picker Institute	8/1/2012 7/31/2013	25,000	14,983	10,014		N	N

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Center of Innovation (COIN) on Long-Term Services and Support for Vulnerable Veterans (CIN 13-419)	Swaminathan, Shailender HSPP	U.S. Department of VA Medical Center of Providence	10/1/2014 9/30/2015	30,301			12,503	N	N
Effects of Health Insurance Coverage for Preventive Care: Evidence from Medicare	Swaminathan, Shailender HSPP	National Institute on Aging	9/30/2011 8/31/2015	439,579	185,271	154,690	25,144	N	N
Treatment of Anemia in End Stage Renal Disease: Effect of Warnings and Incentives	Swaminathan, Shailender HSPP	National Institute of Diabetes and Digestive and Kidney Dis	9/30/2011 8/31/2015	441,151	171,882	138,171	64,613	N	N
Changing Long Term Care in America: Policies, Markets, Strategies and Outcomes - Proj 2	Teno, Joan M HSPP	National Institute on Aging	2/15/2014 1/31/2019	237,817		63,118	122,374	N	N
Consortium of Hospices Organized to Investigate Comparative Effectiveness (CHOICE)	Teno, Joan M HSPP	University of Pennsylvania	9/30/2012 9/29/2014	39,356		28,420	10,919	N	N
Development of the Patient Evaluation of Hospice and Palliative Care Measure	Teno, Joan M HSPP	National Hospice and Palliative Care Organization	11/1/2006 3/31/2015	50,000				N	N
Effectiveness of Feeding Tubes Among Person with Advanced Cognitive Impairment	Teno, Joan M HSPP	National Institute on Aging	9/30/2010 8/31/2012	666,473	7,742			N	N
Family Evaluation of Hospice Care	Teno, Joan M HSPP	Agency for Healthcare Research and Quality	9/30/2010 7/31/2015	1,141,663	344,881	216,620	50,680	N	N
First ICU, then Hospice	Teno, Joan M HSPP	Robert Wood Johnson Foundation	4/1/2014 3/31/2017	335,000		13,005	45,995	N	N
Hospice Experience of Care Survey	Teno, Joan M HSPP	Rand Corporation	9/24/2012 6/30/2014	105,362	25,604	55,473	786	N	N

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Inpatient vs. Home Hospice: A Pilot Comparative Effectiveness Study	Teno, Joan M HSPP	University of Pennsylvania	7/1/2012 6/30/2014	24,000	6,840	17,159		N	N
National Implementation of the Hospice Experience of Care Survey	Teno, Joan M HSPP	Rand Corporation	2/10/2014 2/9/2015	39,824		8,829	21,198	N	N
SHAPING LONG-TERM CARE IN AMERICA - Project 1	Teno, Joan M HSPP	National Institute on Aging	9/15/2007 6/30/2013	1,354,631	329,631	2,653		N	N
The Revolving Door of Cancer Care For Older Americans	Teno, Joan M HSPP	National Cancer Institute	9/1/2011 8/31/2015	387,588	144,445	99,094	23,210	N	N
Tracking Quality End of Life Care: Using National Health and Aging Trends Study to Examine the Quality of End of Life Care	Teno, Joan M HSPP	The Retirement Research Foundation	9/1/2014 8/31/2015	107,179			38,399	N	N
Defining a National Cohort of Assisted Living Residents	Thomas, Kali S HSPP	National Institute on Aging	1/15/2015 12/31/2016	444,454			14,930	N	N
More than a Meal	Thomas, Kali S HSPP	Meals on Wheels Association	9/16/2013 3/15/2015	75,000		50,018	24,982	N	N
Collaborative research: ABI Development: Making Advanced Statistical Tools Accessible for Quantitative Research Synthesis and Discovery in Ecology and Evolutionary Biology - UTA15-000077	Trikalinos, Thomas HSPP	University of Texas, Austin	9/1/2014 4/30/2015	85,399				N	N
EPC IV TO 3 Systematic Review Data Repository: Testing and Maintenance	Trikalinos, Thomas HSPP	Agency for Healthcare Research and Quality	2/1/2013 1/31/2016	1,261,653	260,750	527,733	290,736	N	N
Evidence Synthesis and Translation under MMA Section 1013	Trikalinos, Thomas HSPP	Agency for Healthcare Research and Quality	9/25/2012 3/25/2014	975,000	421,958	409,958	16	N	N

Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm unity- Based Y/N	Student Participa tion Y/N
Evidence-based Practice Centers (EPCs) IV-Parent	Trikalinos, Thomas HSPP	Agency for Healthcare Research and Quality	9/1/2012 1/31/2016	3,910,653	42,274	73,790	40,795	N	N
Evidence-based Practice Centers (EPCs) IV-Parent - Task Order 1	Trikalinos, Thomas HSPP	Agency for Healthcare Research and Quality	9/1/2012 8/31/2015	224,000	398,605			N	N
Evidence-Based Practice Centers III: Task Order #2 - Empirical Evaluation of Multivariate Meta- analysis for Binary Outcomes	Trikalinos, Thomas HSPP	Tufts Medical Center, Inc.	3/12/2012 9/24/2012	44,153	44,153			N	N
Evidence-Based Practice Centers III: Task Order #6 - Proportions and Rates	Trikalinos, Thomas HSPP	Tufts Medical Center, Inc.	3/12/2012 9/24/2012	24,589	24,579			N	N
Integrating Causal Inference, Evidence Synthesis and Research Prioritization Methods	Trikalinos, Thomas HSPP	Tufts University	10/1/2013 9/30/2016	280,318		47,941	86,524	N	N
Knowledge integration - Benefit risk prediction for cancer treatment management	Trikalinos, Thomas HSPP	National Cancer Institute	9/17/2012 9/16/2013	149,631	75,415	52,140		N	Y
Omega 3 Fatty Acids on CVD -Update - Sub to RIH	Trikalinos, Thomas HSPP	Agency for Healthcare Research and Quality	9/1/2014 8/13/2015	91,754			61,302	N	N
Seeing the forests and the trees - Innovative approaches to exploring heterogeneity in systematic reviews of complex knowledge translation interventions to enhance policy decision making.	Trikalinos, Thomas HSPP	Ottawa Hospital Research Institute	10/1/2012 3/31/2015	92,119	22,662	29,449	33,620	N	N
Semi-automated abstract screening for comparative effectiveness reviews - Transfer	Trikalinos, Thomas HSPP	Agency for Healthcare Research and Quality	2/1/2013 7/31/2013	262,988	187,805	87,426	-74,733	N	N
Task Order #15 Methods Research and Support in Decision and Simulation Modeling	Trikalinos, Thomas HSPP	Tufts Medical Center, Inc.	7/30/2012 2/21/2014	93,876	48,601	45,243		N	N

Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm unity- Based Y/N	Student Participa tion Y/N
Task Order #2 - Evaluating Practices and Developing Tools for Comparative Effectiveness & Developing a Framework for Grading the Strength of Methodological Recommendations for Systematic Review etc.	Trikalinos, Thomas HSPP	Tufts Medical Center, Inc.	3/12/2012 9/30/2012	118,648	118,648			N	N
Task Order 4 - EPC IV RFTO 9 - Item 2 - Diagnosis of acute appendicitis - RIH Sub	Trikalinos, Thomas HSPP	Agency for Healthcare Research and Quality	6/24/2013 8/23/2014	126,183		92,509	33,227	N	Y
Task Order 5 - EPC IV RFTO 9 Item 3 - Decision support tools for treatment of pre-malignancies or early stage cancers in adults	Trikalinos, Thomas HSPP	Agency for Healthcare Research and Quality	6/24/2013 5/23/2014	225,000		210,701	10,065	N	Y
Updates and SR for EHC Program - Renal Artery Stenosis	Trikalinos, Thomas HSPP	Agency for Healthcare Research and Quality	9/29/2014 3/29/2015	151,519		7,469	132,997	N	N
Changing Long Term Care in America: Policies, Markets, Strategies and Outcomes - Proj 3	Trivedi, Amal N HSPP	National Institute on Aging	2/15/2014 1/31/2019	167,104		1,372	96,096	N	N
Cost-Sharing, Use, and Outcomes of Post-Acute Care in Medicare Advantage Plans	Trivedi, Amal N HSPP	National Institute on Aging	6/1/2013 5/31/2016	1,001,987		249,227	200,589	N	Y
Do Federally Qualified Health Centers Reduce Hospital-based Care of Ambulatory Care Sensitive Conditions among Medicaid-Medicare Dual Eligibles?	Trivedi, Amal N HSPP	University of Iowa	1/1/2013 12/31/2013	29,706		29,706		N	N
Effect of Prescription Drug Benefits on Cardiovascular Outcomes in the Elderly	Trivedi, Amal N HSPP	National Institute on Aging	9/1/2010 8/31/2012	968,252	56,157			N	N
To Examine the Effects of Eliminating the Three-Day Qualifying Hospital Stay Requirement on othe Use of Acute Inpatient Care and Skilled Nursing Facilities	Trivedi, Amal N HSPP	Alliance for Quality Nursing Home Care	10/1/2012 7/31/2013	73,750	68,103	5,664		N	N

Table 3.1.1 Research Activity of Faculty from 2013-2015									
Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm unity- Based Y/N	Student Participa tion Y/N
Changing Long Term Care in America: Policies, Markets, Strategies and Outcomes - Core B	Tyler, Denise A HSPP	National Institute on Aging	2/15/2014 1/31/2019	247,290		32,874	158,125	N	N
Creation of MDS-based 30-Day Rehospitalization Rates (Task Order #4)	Tyler, Denise A HSPP	American Health Care Association	10/1/2013 9/30/2014	10,828		7,755	3,073	N	N
Development of MDS-based 30-Day Rehospitalization Measure	Tyler, Denise A HSPP	American Health Care Association	8/15/2012 9/30/2014	263,753	101,567	6,324		N	N
Development of MDS-based 30-Day Rehospitalization Measure Task Order 2	Tyler, Denise A HSPP	American Health Care Association	4/1/2013 12/31/2013	42,321	10,011	32,310	0	N	N
Development of MDS-based measures of Length of Stay - TO#3 Supp	Tyler, Denise A HSPP	American Health Care Association	12/1/2013 12/31/2013	8,000		8,000	0	N	N
Examining the Relationship of Culture Change, Adverse Events and Costs in CLCs	Tyler, Denise A HSPP	Department of Veterans Affairs - VA Boston Health Care System	10/1/2012 9/30/2013	2,156	1,599	1,029	-474	N	N
Examining the Relationship of Culture Change, Adverse Events and Costs in CLCs - 3	Tyler, Denise A HSPP	U.S. Department of Veterans Affairs Medical Center of Boston	9/15/2014 9/14/2015	25,561			9,031	N	N
Examining the Relationship of Culture Change, Adverse Events and Costs in CLCs - Sequence 2	Tyler, Denise A HSPP	Department of Veterans Affairs - VA Boston Health Care System	10/1/2013 9/30/2014	10,709		7,336	3,372	N	N
Innovation among High Medicaid Nursing Homes	Tyler, Denise A HSPP	Commonwealt h Fund	6/1/2013 1/1/2014	32,449		32,449		N	N

Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm- unity- Based Y/N	Student Participa- tion Y/N
DESIGNING COMMUNITY-BASED INTERVENTIONS TO ADDRESS THE PROBLEM OF CHILDHOOD OBESITY	Vivier, Patrick M HSPP	Health and Education Leadership for Providence	3/1/2003 5/31/2013	17,933				Y	Y
Providence Plan Project	Vivier, Patrick M HSPP	Providence Plan	9/15/2011 3/31/2014	50,000	18,540	14,356		Y	N
The Brown Initiative in HIV and AIDS Clinical Research for Minority Communities	Vivier, Patrick M HSPP	Miriam Hospital	7/1/2013 3/31/2014	50,000		47,062		Y	N
<i>Collaborative research: ABI Development: Making Advanced Statistical Tools Accessible for Quantitative Research Synthesis and Discovery in Ecology and Evolutionary Biology</i>	<i>Wallace, Byron C HSPP</i>	<i>National Science Foundation</i>	<i>5/1/2013 4/30/2016</i>	<i>502,667</i>	<i>34,707</i>	<i>164,298</i>	<i>39,620</i>	N	N
<i>Sociolinguistically Informed Natural Language Processing: Automating Irony Detection</i>	<i>Wallace, Byron C HSPP</i>	<i>U.S. Army</i>	<i>9/1/2013 11/30/2014</i>	<i>122,975</i>		<i>114,830</i>	<i>8,145</i>	N	N
Aging, comorbid conditions, and health care utilization in persons with HIV	Wilson, Ira B HSPP	National Institute of Mental Health	4/7/2014 2/28/2018	2,607,779		85,108	306,901	N	N
Improving the diagnosis and treatment of medication adherence problems in HIV	Wilson, Ira B HSPP	National Institute of Mental Health	9/30/2010 4/30/2016	966,482	206,083	181,093	106,428	N	N
Improving the Self Report of Medication Adherence Problems in HIV	Wilson, Ira B HSPP	National Institute of Mental Health	7/1/2011 6/30/2014	1,134,331	415,843	177,552	-6	N	N
Lifespan/Tufts/Brown Center for AIDS Research - CFAR	Wilson, Ira B HSPP	Miriam Hospital	7/1/2012 6/30/2015	88,278	22,069	36,671	19,717	N	N
Measuring and Improving the Quality of Care in Rhode Island Medicaid	Wilson, Ira B HSPP	State of Rhode Island Department of Human Services	12/20/2013 12/20/2015	300,000		64,258	113,114	N	N
Methods for Analysis of Decision-Related Communication in Outpatient Care	Wilson, Ira B HSPP	Patient Centered Outcomes Research Institute	10/15/2012 12/31/2014	642,462	163,602	281,954	173,985	N	N

Table 3.1.1 Research Activity of Faculty from 2013-2015									
Project Name	Principal Investigator/ Department	Funding Source	Funding Period Start/End	Amount Funding Total Period	Amount FY 13	Amount FY 14	Amount FY 15	Comm unity- Based Y/N	Student Participa tion Y/N
Multi-site Collaborative Study for Adherence Virologic Clinical Outcomes	Wilson, Ira B HSPP	University of California, Los Angeles	6/1/2011 5/31/2013	38,118	9,063			N	N
Nudging Doctors to Collaborate with Pharmacists to Improve Medication Adherence	Wilson, Ira B HSPP	National Institute on Aging	4/1/2011 8/31/2013	1,240,552	602,524	152,746		N	N
The Rhode Island Chronic Care Sustainability Initiative Pilot Program Evaluation	Wilson, Ira B HSPP	Rhode Island Quality Institute	1/1/2015 12/31/2015	106,165			9,345	N	N

* "Other faculty" are indicated in italics

3.1d Identification of measures by which the school may evaluate the success of its research activities, along with data regarding the school’s performance against those measures for each of the last three years. For example, schools may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings) and other indicators. See CEPH Outcome Measures Template.

We track the research activities of primary faculty on an annual basis, including the proportion of primary faculty who are externally funded (research and/or training grants) and the proportion of primary faculty who have published in a peer reviewed publication. Our targets are that 80% of primary faculty will have external funding (research and/or training), 95% will have at least one publication in a peer reviewed journal, and at least 75% will have two or more publications in a peer reviewed journal. As shown in Table 1.2c and below, the performance of the primary faculty over the past three years has been as follows:

Outcome Measure	Target	2012/13	2013/14	2014/15
Faculty – external funding (Obj 5.a)	80% of primary faculty are principal investigators on externally funded grants/contracts each year.	81.2%	84.1%	83.1%
Faculty-publications (Obj 5.b)	95% of primary faculty have at least one peer reviewed publication each year	96%	100%	TBD
Faculty-publications (Obj 5.b)	At least 75% have 2 or more peer reviewed publications. (Referenced in 3.1D and 4.1D)	91%	97%	TBD

3.1e Description of student involvement in research.

Because of our research Centers and Institutes, students at all levels have opportunities for involvement in research. Students' involvement in research occurs through: (1) summer research assistantships, (2) funded research assistantships during the academic year, (3) faculty-supervised independent study, (4) traineeships with local partners, and (5) student dissertation and thesis projects. As was noted in prior sections of the Self-Study, all of our doctoral degrees require a research-based dissertation, and the university-designated funding model for our doctoral programs is based on 3 semesters and one summer of funding (each doctoral program has the same funding model). All doctoral students are guaranteed five years of support (stipend, tuition, health and insurance fees). We require one semester of service as a full-TA, and that semester is supported by university funds. We can “bank” university funds if any of the other two covered semesters are assignable by RAships, which is typically the case. Therefore, the majority of semesters in our School’s funding model is based on the expectation of support through the respective doctoral programs, typically in the form of RAships funded by research grants, by training grants with RAships as a major training mechanism, and/or by F-type individual awards to specific students. For doctoral students therefore, the majority of

semesters are spent in RAships. The university is the ultimate guarantor of the five years of support, but degree programs take on primary, front-line responsibility.

Masters students and undergraduates are often hired as research assistants based on hourly compensation. Our MPH degree has a mandatory thesis, so all MPH students have that experience of information collection and synthesis. The year-long biostatistics and applied data analysis sequence (PHP2507 and PHP2508) is organized around students undertaking data analysis using real data sets such as the National Survey of Children's Health, BRFSS, and the Jackson Heart Study. Students in the course meet in small groups approximately monthly as they discuss their work with the data. Two of our non-MPH Masters degrees have a non-thesis AM (Master of Arts) option [Biostatistics, Behavioral and Social Health Sciences]. However, Epidemiology and the CTR have only the ScM (Master of Science) option that requires a thesis, and the majority of Biostatistics and Behavioral/Social Science students opt for the ScM.

As research is the focus of the CTR program, student involvement in research is a critical component throughout the program. Brown emphasizes "learning by doing," therefore course work includes real-world research as a central component. CTR students also take the PHP2507-2508 sequence. The final project of the course includes a research manuscript and a poster presentation. Students have access to a broad range of research programs based in the School of Public Health research centers, Brown affiliated hospitals and other settings. In addition, students are mentored in their individual research path by senior faculty in the course Topics in Clinical and Translational Research. In this seminar students present their research and receive input from fellow students as well as faculty. Finally, as a graduation requirement, all students must complete a research portfolio to meet the following thesis requirements:

- First author submitted abstract to regional, national or international meeting
 - First author publishable quality paper
 - Submittable grant proposal
- OR
- First author submitted abstract to regional, national or international meeting
 - Two First author publishable quality papers

Undergraduate Public Health concentrators with the required grades, have the option of pursuing Honors, which is based on preparation of an Honors Thesis, under the direction of two faculty advisors (Electronic Resource File, X.X.X). Students and mentors are encouraged to set up a sequence of deliverables toward the objective of a completed thesis, which requires the systematic collection and organization of information. Theses are presented either as a standard "stand up" presentation in a School of Public Health conference room, or as a poster at our annual Public Health Research Day in April.

3.1f Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: We are extremely fortunate to have a strong, highly funded, highly productive research portfolio in public health at Brown that is consistent with our mission as a School. Our faculty are available and motivated to work with students, and all students have the opportunity to participate in research activities.

Challenges: The research funding climate in recent years has been very challenging, but our faculty and research centers continue to be very successful.

Plans: We will continue to work with faculty, students and community partners to maximize our research programs and their impact on public health and education of our students. Our School was represented by a faculty member (Vincent Mor) on a committee convened in AY 2014-2015 by the Office of the Vice-President for Research, to identify ways to improve the university's research infrastructure support.

3.2 Service. The school shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

3.2a Description of the school's service activities, including policies, procedures and practices that support service. If the school has formal contracts or agreements with external agencies, these should be noted.

Brown's School of Public Health provides faculty and students the opportunity to contribute to and participate with the community, locally and beyond. Through a wide array of linkages, faculty are involved with the community including collaboration, consultation, research, communication, and advocacy. Brown's national and internationally known faculty continues to strengthen community relationships and demonstrate exceptional service by building upon current efforts to translate research findings into policy and practice. Faculty have strong ties to the Rhode Island Department of Health and these connections contribute to improving the health of the population as a whole and target populations throughout the state such as the underserved, minority, elderly and other vulnerable members of the populace. Faculty at Brown's public health research Centers and Institutes address the need for new knowledge through high-quality studies in such key areas as alcohol and addiction, tobacco use and cessation, HIV/AIDS, aging and health services research, international health, and health behavior interventions. This research makes the Centers and Institutes influential voices in the national dialogue on public health issues, and shapes health care practice and policy at the local and national levels.

Because the School of Public Health has been a partner with the Rhode Island Department of Health over the years, going back to the 1980's, faculty participate in state policymaking and practice on issues ranging from bioterrorism preparedness to health care standards in the state prison. These partnerships have grown to include the Rhode Island Department of Human Services and other agencies. As examples, several faculty served on the Healthcare Reform Commission which helped guide Rhode Island's implementation of the Affordable Care Act. In addition, Dr. Ira Wilson is Co-Chairing The Reinventing Medicaid Working Group, a state-sponsored, 27-person committee whose members represent health care, business, state government and community and nonprofit organizations (<http://reinventingmedicaid.ri.gov>). Dean Wetle serves on the Coordinated Health Planning and Accountability Council.

RI Department of Health Contract: A contract (electronic resource file 3.2) for support of community service/public health internships exists between Brown University and the Rhode Island Department of Health. This contract includes a data-sharing agreement between the two institutions. This document serves as a template for similar agreements with other agencies, such as the Department of Human Services.

School service activities: The School of Public Health conducts an annual food drive for the December holidays. Donations are distributed to local food pantries. The School of Public Health has been a long-time collaborator for the Fresh to You program, a community-based research/service project providing local produce for sale at reasonable rates, that sets up mobile sites in Providence and surrounding communities (e.g., worksites, housing projects). The School has allocated space in the building or just outside the building in good weather, for weekly Fresh to You sales sessions. The Center for Alcohol and Addiction Studies sponsors a toy-drive at

Christmas, and “adopts” households to receive the donations. In April 2015, the Center also sponsored a pizza party to benefit Youth Pride, Inc.

Curriculum components that encourage service: The MPH Program requires that community service/public health internships and the thesis focus on products and issues of public health utility and application. Students must present products and report to community stakeholders. Site preceptors are directly involved in evaluation of each student’s experiences, and this process encourages community-based organizations to make their needs known to the Program so that the Program can make the internship experience more responsive to community needs.

Evaluation of Faculty Service Activities: Faculty members complete a “Faculty Activity Report” in January-February for the previous calendar year, as part of the faculty annual review and salary setting process for the coming academic year. As a part of this process, faculty members are asked to provide information on service activities, as well as on teaching and research. This information is included in each faculty member’s annual review, and is used by the Department Chair as one of the considerations for faculty advancement.

3.2b Description of the emphasis given to community and professional service activities in the promotion and tenure process.

Service to the profession and to the community is defined differently depending upon the field of public health in which the faculty member works. However, such service can include membership on relevant editorial boards; research review committees; national policy review committees such as the Institute of Medicine, CDC, NIH or other governmental or quasi-governmental bodies; state or national public health program advisory boards; or consultantships to national, state and local public health agencies. Service also includes volunteer work in community agencies providing direct service to clients, conducting evaluations, or in other activities.

For faculty in the tenure-track, (Research) track, and Research Scholar track, promotion criteria are largely defined based upon the quality and impact of publications and research which, in turn, is operationalized in terms of quality and numbers of publications in top peer-reviewed journals, externally funded research, citations in the literature and the opinions of leaders in the field as expressed in external review letters.

As a research-intensive university, Brown’s promotion reviews by the university-level TPAC committee for tenure-track faculty emphasize research and teaching credentials. Promotion to senior rank (Professor; Associate Professor) in the non-tenure (Research), Research Scholar, and Teacher Scholar tracks through our School’s PHFA committee, also place the emphasis on research and teaching as appropriate to the requirements of the track.

It is noteworthy that in April 2014, the university faculty approved the creation of a new faculty track named “Professor of the Practice in <name of department>.” The School of Public Health initiated the creation process for this track with the Dean of the Faculty’s Office, originally for our use, but interest was sufficiently strong that the track was adopted university-wide. The Faculty Rules and Regulations and the Handbook of Academic Administration have been edited

to incorporate the Professor of Practice track. Public Health was directly involved in the entire process of developing the track and the language that was subsequently voted upon and approved. Individual academic units have leeway in regard to how the Professor of Practice track is defined relative to their fields of work. The description of the track for Public Health is provided in the Electronic Resource File (X.X.X). We expect that most of our faculty with “Clinical” titles (e.g., those in the RI Department of Health) will switch to the Professor of Practice track, which is much better suited to their professional activities and contributions to the School and its departments. Three of our Departments have added the Professor of Practice track to their Standards and Criteria documents for appointments and promotions. Biostatistics prefers not to adopt this track, due to how the Professor of Practice title is treated in the field of Biostatistics. We believe that the efforts invested in creating the School of Public Health contributed to creating a culture change at the university, so that faculty with professional credentials are accepted and given due recognition.

3.2c A list of the school’s current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Data Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Templates 3.1.1 (research) and 3.3.1 (funded workforce development), respectively.

Table 3.2.1. Faculty Service from 2011 to 2014				
Faculty member	Role	Organization	Activity or Project	Year(s)
Buka, Stephen	Member	BAY Team Substance Use Task Force		2014
Buka, Stephen	Chair	State Epidemiologic and Outcomes Workgroup		2014
Clark, Melissa	Chair	Women and Infants Hospital, Data Safety Monitoring Committee	Development and Evaluation of a Clinic-Based Screening and Brief Intervention for Changing Behaviors Related to Cytomegalovirus Transmission in Pregnant Women	2013,2014
Cioe, Patricia	Board Member	Association of Nurses in AIDS Care – RI Chapter		2014
Gallaraga, Omar	Member	Nathan Bishop Middle School	Board Member and Translator, PTO	2012, 2013,2014
Gallaraga, Omar	Member	Partners in Learning about AIDS	Board of Directors	2011
Gallaraga, Omar	Fundraiser	Save the Bay Foundation	Swimming the Bay	2014
Gallaraga, Omar	Host Family	International Institute	Refugee service	2014

Table 3.2.1. Faculty Service from 2011 to 2014

Faculty member	Role	Organization	Activity or Project	Year(s)
		of Rhode Island		
Gans, Kim	Member	Barrington School District Health and Wellness Committee	Health and Wellness	2013
Gjelsvik, Annie	Member	RI Department of Health	RI Diabetes Council	2011, 2012, 2013
Gjelsvik, Annie	Member	RI Department of Health	RI Behavioral Risk Factor Surveillance System Advisory Group	2011, 2012, 2013
Harrison, Abigail	Research Advisor/Capacity development	Grassroot Soccer South Africa	AIDS prevention through sports	2014
Hernandez, Lynn	Member	Blue Cross-Blue Shield of RI	Cultural Competence Training Curriculum Development for Healthcare Providers	2014
Hernandez, Lynn	Member	Central Falls and Pawtucket Substance Abuse task Force		2014
Hernandez, Lynn	Member	Progresso Latino	SPIG on underage drinking and substance abuse	2014
Kahler, Christopher	Member	RI Association of Nurses in AIDS Care		2014
Keita, Akilah	Member	Center for Southeast Asians	Board Member	2013, 2014
Keita, Akilah	Member	Rhode Island Kids Count	Policy brief	2014
Kuo, Caroline	Member	Grassroot Soccer South Africa	AIDS prevention through sports	2014
Kuo, Caroline		Kidz Positive		2014
Kuo, Caroline		Red Cross War Memorial Children's Hospital		2014
Laws, Michael	Member	RI Depart of Health	Emergency Medical Services Innovations Working Group	2014
Liu, Simin	Member	American Heart Association Rhode Island local chapter		2014
Liu, Tao	Member	Scholarship for Overseas Chinese Students	Evaluation Committee	2014

Faculty member	Role	Organization	Activity or Project	Year(s)
Loucks, Eric	Member	RI Department of Health	Rhode Island Stroke Task Force	2013, 2014
Loucks, Eric	Member	RI Department of Health	Heart Disease and Stroke Prevention Program Steering Committee	2012, 2013
Loucks, Eric	Member	RI Department of Health	RI Preventive Health and Health Services Block Grant Statewide Advisory Committee	2014
Marshall, Brandon	Member	New England Alliance for Gays/Bisexual Men's Health	Alliance member	2012, 2013,2014
Marshall, Brandon	Chair	Rhode Island Drug Overdose Prevention and Rescue Coalition	Board Member	2012, 2013,2014
Marshall, Brandon	Member	Rhode Island LGBTQ Center Board of Directors	Board Member	2014
Miller, Susan	Chair	Tockwotton Nursing Home	Board of Directors	2013,2014
Miller, Susan	Member	Improving End of Life Care Coalition		2014
Mor, Vincent	Member	Jewish Seniors Agency of RI	Executive Committee	2011, 2012, 2013
Mor, Vincent	Subcommittee Chair	Jewish Alliance of Greater RI	Community Distribution Committee	2011, 2012, 2013,2014
Mor, Vincent	Member	Home and Hospice Care of Rhode Island	Board of Trustees	2011, 2012, 2013,2014
Mor, Vincent	Member	Home & Hospice Care of Southern New England	Board Member	2013
Mor, Vincent	Member	Tufts Health Plan Foundation	Board of Trustees	2011, 2012, 2013,2014
Nunn, Amy	Member	New England Public Health Training Center	Workforce development	2014
Operario, Don	Member	Youth Pride Inc.,	Board of Directors	2012
Operario, Don	Member	Alliance for Gay and Bisexual Men's Health	Member	2013
Operario, Don	Member	RI HIV Community Planning Group	Member	2013,2014
Pearlman, Deborah	Member	Day One Sexual Assault & Trauma Resource Center		2014
Pearlman, Deborah	Member	Northeast and Caribbean Injury		2014

Table 3.2.1. Faculty Service from 2011 to 2014

Faculty member	Role	Organization	Activity or Project	Year(s)
		Prevention Regional Network		
Pearlman, Deborah	Member	RI Coalition Against Domestic Violence		Member
Rakowski, William	Member	Men's Group, Trinity Episcopal Church	Member	2011, 2012, 2013,2014
Risica, Patricia	Committee Chair	Rhode Island Public Health Association	Advocacy Committee Chair	2014
Rohsenow, Damaris	Member	Rotary Club of Seekonk		2014
Thomas, Kali	Member	State Legislature	Aging in Community Act Legislative Committee	2014
Tobin-Tyler, Elizabeth	Chair	Rhode Island Alliance for Healthy Homes	Improving residential access and security	2014
Tyler, Denise	Member	Brandeis University	Alumni Board, Heller School for Social Policy & Management	
Vivier, Patrick	Member	Providence Talks Advisory Board		2013
Wetle, Terrie	Member	CDC Prevention Block Grant Advisory Committee	RI Department of Health	2011, 2012, 2013
Wetle, Terrie	Executive Board	Health Right	Health Reform Advocacy	2011, 2012, 2013
Wetle, Terrie	Appointee	RI Public Health Study Commission	Legislative advisory group	2011, 2012, 2013
Wetle, Terrie	Appointee	RI Health Reform Commission	Advisory to State on Health Insurance Exchange	2011, 2012, 2013
Wetle, Terrie	Trustee	Rhode Island Public Health Association	Affiliate of APHA	2011, 2012, 2013,2014
Wetle, Terrie	Board Member	Rhode Island Public Health Institute	501C3 Public Health Service Organization	2011, 2012, 2013,2014
Wetle, Terrie	Appointee	RI Coordinated Health Planning and Accountability Council	Legislatively mandated advisory group	2012, 2013
Wetle, Terrie	Panel Member	Expert Panel on Undergraduate Education	Association of Schools of Public Health	2012

Table 3.2.2. Funded Service Activity from 2013 to 2015

Project Name	Principal Investigator & Department (for schools) or Concentration (for programs)	Funding Source	Funding Period Start/End	Amount Total Award	Amount FY 13	Amount FY 14	Amount FY 15	Community -Based Y/N	Student Participation Y/N
Epidemiological Services - Contract with the Rhode Island Department of Health	Wetle, Terrie Fox HSPP	RI Department of Health	7/1/2009 6/30/2015	4,038,853	585,838	536,318	354,119	Y	Y
Suicide Prevention: Curriculum Development	Wetle, Terrie Fox HSPP	RI Department of Health	2/22/2010 7/31/2014	110,832	51,719	8,139	130	Y	Y

3.2d Identification of the measures by which the school may evaluate the success of its service efforts, along with data regarding the school's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

Our School of Public Health has as one of our major goals to provide opportunities for service through curricular as well as extra-curricular mechanisms and encourage participation in service activities at the local, national and international levels. To achieve this goal we provide service based learning opportunities for students as a component of the core required curriculum, particularly in the Public Health/Community Service Internship and the thesis process. We also provide staffing resources to support students and to identify service based learning opportunities. Specifically, the Coordinator for Applied Learning Experiences and Professional Development works closely with students interested in service projects, helping to connect them to appropriate partners.

We are using five indicators of service efforts, that are also listed in Table 1.2c.

Outcome Measure	Target	2012/13	2013/14	2014/15
MPH Applied Learning Placements (Obj 3.d)	100% of MPH students will have quality options for a field experience and a thesis experience in settings that are appropriate to their public health interests and to help them achieve their public health career goals	100.0%	100.0%	100.0%
Local leaders and stakeholders (Obj 7.b)	Hold quarterly meetings of the Community Advisory Board, whose membership is described in section (1.5a).	0 meetings	4 meetings	4 meetings
Local leaders and stakeholders (Obj 7.b)	Hold six meetings per year with the Community Policy Group, where student internships are created, collaborative research opportunities are identified and public health response to community needs are discussed	7 meetings	7 meetings	6 meetings

Faculty participation in community service (Obj 8a)	50% of faculty completing the annual Faculty Activity Report will indicate participation in at least one community-based activity	N/A	17.8%	32.3%
Student participation in community service (Obj 8b)	50% of students have participation	N/A	N/A	N/A We will more precisely track student service activities going forward

The School’s annual Faculty Activity Report (referred to above, and also in Section 4.2c), was redesigned for the 2013 reporting year. Among the changes, the section on Service was updated to better differentiate sections for School, university, professional, and community service. We believe that the increase from 2013 to 2014, despite 2014 still being below the target, reflects our attempt to encourage the faculty to document community service. Therefore, the faculty service target is still a work in progress procedurally, and we will continue to emphasize the importance of completing all sections of the Service portion of the report. We should also emphasize that the 50% target is for community-based service. It does not include School, university, or professional service.

3.2e Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

Graduate Students

The Associate Dean for Academic Affairs asked the Public Health Graduate Student Council to conduct a survey on this topic. The survey was done in March 2015. Results of the survey show a large number of non-required service involvements. Included are:

- Community Advisory Board on HIV
- Rally for Recovery
- AIDS Walk (Rhode Island)
- St. Luke Foundation for Haiti
- CCChampions (Connecting Children with Champions)
- TEACH – U.S. Department of Education
- Statistics in the Community
- Project Weber- Sojourner House of Rhode Island
- Coordinator of a religious program of health ministry
- RI Department of Health WISEWOMAN program
- Elementary School Parent Teacher Organization
- Partnership for Providence Parks
- Voluntary preceptorship of hospital medical residents (oncology/hematology/ambulatory care)
- Farm Fresh
- Fight Against Natural Gas
- Rhode Island Free Clinic

- AIDS Care Ocean State
- Rhode Island Coalition for the Homeless
- DORCAS International Institute of Rhode Island
- CRU (Campus Crusade for Christ International)
- Girls Rock, RI
- HealthSource RI insurance exchange
- Planned Parenthood
- Girl Talk
- Strive for Strength
- Rhode Island International House

In addition, the Public Health Graduate Student Council also has a Service Subcommittee, with the objective of establishing relationships with community groups and organizations. As noted earlier in the Self-Study, the Graduate Student Council was reactivated and reorganized in early 2014, with Dr. Patrick Vivier as the faculty advisor. In April 2015, the Council collaborated with the City of Providence on an Earth Day clean-up event, targeting a local park proximate to a Providence high school and the Brown main campus.

Undergraduate DUG

The Department Undergraduate Group (DUG) sponsors at least one community volunteer event each semester. Assembling safe sex kits in cooperation with AIDS Care Rhode Island has been a recurring activity. In Spring 2015, DUG members volunteered at a soup kitchen located at a local church. Also, in April 2015, the DUG sponsored Strides in Solidarity, a 5K run/walk to support Partners in Health's lifesaving work with community health workers around the world.

TRI-Lab courses

The School of Public Health has taken a lead role in a new Brown University initiative, begun in Fall 2013, named TRI-Lab (Teaching, Research, and Impact: <http://www.brown.edu/academics/college/special-programs/public-service/tri-lab-brown-teaching-research-and-impact>). TRI-Lab is a university/community partnership, and is implemented in the context of a two-semester university course. Community-based projects are a component of a TRI-Lab course. The initial TRI-Lab was a Fall 2013-Spring 2014, on the topic of healthy childhood development, and was led by School faculty Drs. Stephen Buka and Patrick Vivier (PHP1800: TRI-Lab Seminar on Healthy Early Childhood Development: A Team Approach). The syllabus is in the Electronic Resource File (X.X.X). The second TRI-Lab, led by Dr. Kim Gans, was a Fall 2014/Spring 2015 course on the topic of access to healthy foods (PHP1850 & PHP1852: TRI-Lab Seminar on Healthy Food Access: A Team Approach). The syllabus is in the Electronic Resource File (X.X.X). These courses were developed via the same process that all courses are developed and approved by the School, as was noted in Section 1.5, in the description of the Public Health Curriculum Committee.

As is noted on its website, TRI-Lab has awarded a planning grant to Brown's Center for Prisoner Health and Human Rights to develop a future Lab focused on issues of incarceration, race, criminal justice, and health. The planning effort will be led by Bradley Brockmann, JD, MDiv, Executive Director of the Center. Mr. Brockmann has a teaching appointment through Public Health, and has led two courses focused on prisoner health (Fall 2013: PHP1350, Prisoner Health Inside Out; Spring 2014: PHP0750, Incarceration, Disparities, and Health).

3.2f Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: Service is encouraged among our faculty and students.

Challenges: A challenge is documenting all service activities, beyond the required curricula for students, and beyond university, School, and professional service for faculty.

Plans: We will continue to foster our community partnerships and look for opportunities for service for students and faculty. We will continue to stress with faculty the need to list community service on their annual activity report. We will continue to work with the Graduate Student Council and the undergraduate DUG, to encourage optimal response to surveys about students' service activities.

3.3 Workforce Development. The school shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

3.3a Description of the ways in which the school periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

Brown has actively supported the RI Public Health Institute, a non-profit community based organization, in conducting workforce training assessments. In 2011, the then Brown Public Health Program entered into a collaboration with Yale University for a Public Health Training Center Grant (PHTG) through the Health Resources and Services Administration (HRSA) and the RI Public Health Institute, forming a three way collaboration on public health training, serving Rhode Island and Connecticut. The CT-RI PHTC completed two assessments to determine the continuing education needs of the public health workforce in RI. The first assessment was done in collaboration with the RI Department of Health to identify areas of need in continuing education. The RI Public Health Institute also did an assessment with the Community Health Workers Association of Rhode Island to determine the public health training needs of community health workers in Rhode Island. See Electronic Resource File (3.3A) for documentation on the assessments and trainings.

As noted above (section 1.5a), the School has created, and holds regular meetings of, a Community Advisory Board. We also have long-standing participation in the Rhode Island Public Health Association. Public Health faculty and students have, and now hold, leadership positions within the organization. Currently, Dr. Robert Marshall is Secretary, Dr. Patricia Markham Risica is the Advocacy Chair, MPH graduates Amy-Adolpho-Signore and Sidra Sharf are Board of Director representatives, current MPH student Melvin Smith is a Board of Director representative, and Dean Fox Wetle heads the Students Relations Committee. Interactions with public health professionals in these venues led to the development of our Summer Institute, as well as the CTR Masters program.

The Public Health Curriculum Committee, in Spring 2015, approved a new Certificate in Clinical and Translational Research. A detailed proposal for the Certificate is in the Electronic Resource File (X.X.X). In short, the Certificate is a 4 course program that is intended to fall between the 2-course Summer Institute (section 3.3b) and the ScM in Clinical and Translational Research. The Certificate uses the same School-approved courses that are used by the Summer Institute and the ScM degree. The Certificate is still in the university approval process, and as of this writing, must be reviewed by the School of Public Health Executive Committee and the Graduate Council of the university.

Brown has recently (Fall 2014) become a participant in the New England Public Health Training Center (NEPHTC), with Dr. Amy Nunn as our representative (<http://www.bu.edu/nephtc/>). The finding source is the Health Services and Resources Administration, and is administratively housed at Boston University, with a six-state catchment area. The objective of NEPHTC is to develop and implement distance-learning opportunities, faculty-student collaborations, and field placements in order to strengthen the competencies of the New England public health workforce. The Rhode Island Public Health Institute, for which Dr. Nunn serves as Executive Director, hosts two internships, and a third is at the RI Department of Health. She also contributes to workforce-related webinars.

- 3.3b** A list of the continuing education programs, other than certificate programs, offered by the school, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table. See CEPH Template 3.3.1 (Optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Templates 3.1.1 (research) or 3.2.2 (funded service), respectively.

The following continuing education programs have been offered on an annual basis.

Public Health Research Day: The purpose of this event, held in mid-April, is to bring together faculty, students, and community-based researchers, as well as representatives of community based agencies, to review research findings, learn about data sources and other research resources, and to identify opportunities for future collaborations. This is also an opportunity for students and faculty to showcase their research and internship products, as well as for public health professionals based at the Rhode Island Department of Health and elsewhere throughout the state to learn about the latest public health research and opportunities to collaborate with the School of Public Health and affiliated entities. The 2015 Public Health Research Day, April 16th, featured 60 peer-reviewed posters. A listing of the 2015 Research Day posters can be found in the Electronic Resource File (3.3B). The poster session is typically followed by the keynote Barnes Lecture.

Dr. and Mrs. Fredrick W. Barnes, Jr. Lectureship in Public Health is an annual lecture, held in conjunction with Brown's Public Health Research Day. The lecture is endowed to focus on issues "pertinent to public health that speak to the interface between medicine and society." The 2015 lecture was given by Bryan Sivak, former Chief Information Officer for the U.S. Department of Health and Human Services. The 2013 Barnes Lecturer was Dr. David Satcher, Director of the Satcher Health Leadership Institute at Morehouse School of Medicine and the former Surgeon General of the United States. His lecture was titled, "Health Disparities: Can We Overcome?" The 2014 Barnes Lecturer was Rhode Island's United States Senator Sheldon Whitehouse speaking on the health impact of climate change. A longer listing of recent Barnes Lecturers can be found in the Electronic Resource File (3.X.X).

Annual Paul Levinger Lecture in Economics of Health Care. The School of Public Health is also responsible for organizing the annual endowed Levinger lecture on the Economics of Health Care. The 2015 Levinger Lecture was given on March 26th by Dr. Amy Finklestein, Ford Professor of Economics at the Massachusetts Institute of Technology. Other recent speakers have included Gail Wilensky, Judith Feder, Troyen Brennan, Tom Trikalinos, and Ira Magaziner. A full list of Levinger lecturers can be found in the Electronic Resource File (3.2.X).

Department/Center lectures

The four departments in the School of Public Health each have a multitude of seminars, which are generally once per month during the academic year. They are open to the campus as a whole. In addition to the department seminars, a variety of lectures are offered by the Public Health Research Centers.

Rhode Island Public Health Institute

The Rhode Island Public Health Institute's (RIPHI) is a 501-C-3, whose mission is to promote community health and to eliminate health disparities in Rhode Island and beyond. The Institute partners with Brown University and the Rhode Island Department of Health to develop innovative public health programs, conduct translational and policy research, and train students and public health practitioners. The Brown School of Public Health provides space and administrative support to the RIPHI.

RIPHI provides community service and educational opportunities for students, professionals, and community members. RIPHI offers training for students and public health professionals in didactic and community settings, with a focus on public health and community service. Their community programs reflect their commitment to developing effective, evidence-based interventions that create positive change in our communities. For instance, Rhody Food on the Move grew out of the Fresh to You Market, a program found to be effective in increasing fruit and vegetable consumption of children from low income families. The Do One Thing, Change Everything testing and treatment campaign attempts to address unmet need for HIV and HCV testing and care services in Southwest Philadelphia. They partner with community agencies to address health disparities both in Rhode Island and beyond.

Pediatric Health Services Research Initiative

The School of Public Health has a close partnership with Hasbro Children's Hospital, which includes offering a curriculum in population health research methods, including biostatistics, epidemiology and health services research. This course is designed to prepare Fellows for an academic career, through increasing knowledge and skills for research. The goals are to prepare the participants to participate in independent research projects, thus satisfying Fellowship and American Board of Pediatrics requirements. Specific goals are individualized to fit fellows' training level. Participants are trained to develop a research question and data analysis plan using the National Survey of Children's Health. At the end of year one, participants prepare an abstract for a research conference based on either hospital data or the NSCH data. By the end of year two, an abstract and manuscript based on original research are the goal. Sessions alternate between lecture style and lab format. Participants use STATA to practice data analysis on in-class exercises, as well as their own projects.

Summer Institute for Clinical and Translational Research

The School of Public Health offers a Summer Institute for Clinical and Translational Research. This summer program is specifically geared towards physicians and doctorally-trained individuals who would like to hone their research and writing skills. The Summer Institute is a unique opportunity to gain the critical research skills needed to plan, propose, and execute a research proposal. The intensive 6-week training program gives busy professionals insight into research design and proposal development. The program consists of two full-credit courses, Research Methods in Clinical, Translational and Health Services Research and Scientific Writing, Research Presentation, and Proposal Development. The number of participants for the last 3 years is listed below:

Summer 2015 - 11
Summer 2014 - 13
Summer 2013 - 9

Brown Center for Evidence-based Medicine: Mini-course (2-days) on EBM, systematic review & meta-analysis (EBM, SR and MA)

The School of Public Health's newest research center is committed to expanding training in evidence-based medicine. This has included a two day mini-course composed of didactic lectures with hands-on exercises and use of software tools developed by the center.

The curriculum is based on a current course (PHP2415). The target audience included junior faculty and fellows of clinical departments at Brown affiliates, although any clinician interested in EBM is welcome.

Project Name	Principal Investigator & Department (for schools) or Concentration (for programs)	Funding Source	Funding Period Start/End	Amount Total Award	Amount FY 13	Amount FY 14	Amount FY 15	Community -Based Y/N	Student Participation Y/N
Innovative Training to Improve CER PCOR Systematic Review Production and Uptake	Schmid, Christopher H Biostat	Agency for Healthcare Research and Quality	9/1/2014 8/31/2019	2,489,683			184,580	N	Y
Alcohol Intervention Treatment Outcome Research Training	Monti, Peter M BSS	National Institute on Alcohol Abuse and Alcoholism	7/1/2011 6/30/2016	3,033,303	536,787	618,539	424,545	TRAINING GRANT	Y
Substance Abuse Intervention Outcome Research Training	Rohsenow, Damaris J BSS	National Institute on Drug Abuse	7/1/2014 6/30/2018	1,400,971		208,919	151,318	N	Y
Substance Abuse Intervention Outcome Research Training-Supplement	Rohsenow, Damaris J BSS	National Institute on Drug Abuse	7/1/2014 6/30/2018	177,237				N	Y
Substance Abuse Intervention/Outcome Research Training	Rohsenow, Damaris J BSS	National Institute on Drug Abuse	7/1/2008 6/30/2013	1,132,023	217,956	-3,803	-14,778	N	Y
Develop Patient Centered Outcomes Scholars for Comparative Effectiveness Research	Lau, Joseph HSPP	Agency for Healthcare Research and Quality	8/1/2014 7/31/2019	3,790,207			220,778	N	Y
Aging Health and Health Services Research Training	Mor, Vincent HSPP	National Institute on Aging	5/1/2012 4/30/2017	677,110	112,204	129,406	97,164	N	Y
National Research Service Award	Mor, Vincent HSPP	Agency for Healthcare Research and Quality	7/1/2011 6/30/2013	1,524,008	250,300	2,801		N	Y
National Research Service Award- G Segment	Mor, Vincent HSPP	Agency for Healthcare Research and Quality	7/1/2013 6/30/2018	1,810,465		328,105	235,311	N	Y
NRSA Postdoctoral Comparative Effectiveness	Mor, Vincent HSPP	Agency for Healthcare	7/1/2010 9/30/2013	859,869				N	Y

Development Training Award		Research and Quality							
NRSA Postdoctoral Comparative Effectiveness Development Training Award- Year 2 of funding	Mor, Vincent HSPP	Agency for Healthcare Research and Quality	7/1/2010 9/30/2013	427,685	157,175	12,537	-12	N	Y
NRSA Postdoctoral Comparative Effectiveness Development Training Award - Year 3 of funding (will not be utilized)	Mor, Vincent HSPP	Agency for Healthcare Research and Quality	7/1/2010 9/30/2013	219,617				N	Y
Connecticut-Rhode Island Public Health Training Center	Nolan, Patricia A HSPP	Yale University	9/1/2011 8/31/2013	285,691	133,852	28,825		N	Y
NEAETC Sub-Award for Regional Special Projects Coordination	Nolan, Patricia A HSPP	University of Massachusetts Medical Center	7/1/2012 6/30/2013	29,977	24,211	1,512		N	Y
NEAETC Sub-Award for Regional Special Projects Coordination - CORE for travel expenses	Nolan, Patricia A HSPP	University of Massachusetts Medical Center	7/1/2012 6/30/2013	35,000	5,172			N	Y

3.3c Description of certificate programs or other non-degree offerings of the school, including enrollment data for each of the last three years.

Pediatric Health Services Research Initiative

The School of Public Health has a close partnership with Hasbro Children's Hospital, which includes offering a curriculum in population health research methods, including biostatistics, epidemiology and health services research. This course is designed to prepare Fellows for an academic career, through increasing knowledge and skills for research. The goals are to prepare the participants to participate in independent research projects, thus satisfying Fellowship and American Board of Pediatrics requirements. Specific goals are individualized to fit fellows' training level. Participants are trained to develop a research question and data analysis plan using the National Survey of Children's Health. At the end of year one, participants prepare an abstract for a research conference based on either hospital data or the NSCH data. By the end of year two, an abstract and manuscript based on original research are the goal. Sessions alternate between lecture style and lab format. Participants use STATA to practice data analysis on in-class exercises, as well as their own projects. Approximately 20 fellows in total have participated over the past three years.

Summer Institute for Clinical and Translational Research

The Brown University School of Public Health offers a Summer Institute in Clinical and Translational Research. This summer program is specifically geared towards physicians and doctorally-trained individuals who would like to hone their research and writing skills. The Summer Institute is a unique opportunity to gain the critical research skills needed to plan, propose, and execute a research proposal. The intensive 6-week training program gives busy professionals insight into research design and proposal development. The program consists of two full-credit courses, Research Methods in Clinical, Translational and Health Services Research and Scientific Writing, Research Presentation, and Proposal Development. The number of participants for the last 3 years is listed below:

Summer 2015 - 11

Summer 2014 - 13

Summer 2013 - 9

3.3d Description of the school's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

The School of Public Health has a close working relationship with Continuing Education at Brown University, housed in the newly named School of Professional Studies, which has extensive experience and significant resources for continuing education program development. We have relied on that collaboration in beginning the Summer Institute in Clinical and Translational Research, and are currently collaborating in the development of online training materials. These online training materials are a continuation of the Summer Institute. In the Summer Institute, students focus on developing a research proposal, creating data collection instruments and turning collected information into an analyzable database. In the online training modules the focus is on using biostatistics and data analysis with an existing database to describe a

population and compare the population across important characteristics. The online training modules use a made-up database and a publicly-available surveillance database as examples with Stata as the data analysis tool. At the end of the online training modules, students will be able to apply the skills and concepts learned to their own data. They will be able to create a table describing a study population and compare the population across characteristics.

The School of Public Health also worked with the School of Professional Studies during the development, and now implementation of an innovative Executive Master of Healthcare Leadership – the first Executive Masters of its kind at Brown (<http://www.brown.edu/academics/professional/healthcare-leadership/>). The degree is housed and administered by the School of Professional Studies, but Dean Wetle and Dr. Ira Wilson have served on its planning committee and steering committee, and several faculty have contributed to courses.

3.3e A list of other educational institutions or public health practice organizations, if any, with which the school collaborates to offer continuing education.

As mentioned in 3.3a, Public Health at Brown has collaborated with the RI Public Health Institute, Yale University and the RI Department of Health to assess and offer continuing education. Over the last two years, joint projects involving the RI Department of Health, the RI Public Health Institute, the Brown School of Public Health, and Brown Continuing Medical Education have included Public Health Grand Rounds, as well as support for HIV, HCV and STD training of the community health work force in the state. In addition, the RI Public Health Institute has supported students in positions related to workforce training, including students from Brown University, Roger Williams University, Rhode Island College, Bryant University, Providence College and the University of Rhode Island. See the Electronic Resource File (3.X.X), for documentation on the assessments and trainings.

Community Health Policy Group

Students participate regularly in the Community Health Policy Group, affiliated with the Rhode Department of Health. The purpose of the group is to foster collaboration around public health policy topics among public health professionals and educational leaders. Terrie Fox Wetle, Dean of the School of Public Health is the Chair of the Community Health Policy Group, which also includes Brown faculty, the Director of the Rhode Island Department of Health, other personnel from the Health Department, and Deans and representatives from the local universities and colleges, including the University of Rhode Island, Bryant University, Providence College, Rhode Island College, and Salve Regina University. In addition to sharing and collaborating on public health policy topics, the members of the group also discuss and present various research projects that utilize data collected by the Rhode Island Department of Health. (See membership list in section 1.5a).

3.3f Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: We have established important continuing education programs and community contacts. Our close collaboration with community partners and becoming a School of Public Health presents opportunities to expand our activities in this area.

Challenges: The biggest challenge in continuing education is related to the limited resources of the individuals and groups that could benefit from the programs. Developing and implementing programs can require significant resources. While there is a great need for continuing education, many of the individuals and groups that need the training do not have the financial resources necessary to fund the programs or sufficient available time to fully commit to in-depth training.

Plans: We will continue to explore developing online training opportunities as a potential cost effective approach that can also better fit into the busy schedule of individuals and groups who need the continuing education. We will continue to work with our alumni and community partners to assess continuing education needs and develop programs to address them.

4.0 Faculty, Staff and Students

4.1 **Faculty Qualifications.** The school shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the school's mission, goals and objectives.

4.1

4.1a **A table showing primary faculty who support the degree programs offered by the school. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests. See CEPH Data Template 4.1.1. Note: classification refers to alternative appointment categories that may be used at the institution.**

The School of Public Health has slightly more than 200 faculty members, including 9 emeriti, across all of our faculty tracks. (Exact numbers at any given time can vary slightly due to renewal status of existing appointments, typically effective July 1st, and new appointments and resignations that occur during the academic year.) These faculty are in a variety of "tracks." Each track is described below, with an emphasis on those likely to involve a primary appointment in Public Health. All School of Public Health faculty have their appointment in one of our four academic Departments (Behavioral and Social Sciences; Biostatistics; Epidemiology; Health Services, Policy and Practice). Faculty research is conducted through the 11 Centers and Institutes that are affiliated with the School. Centers and Institutes do not offer their own faculty appointments.

Tenure track: As of June 2015, there are 35 "*tenure track*" faculty in the School of Public Health. We will have two tenure-track vacancies on July 1, 2015, with the scheduled resignation of a Biostatistics faculty member, and the retirement of a Behavioral/Social Sciences faculty member. However, both of these slots have had successful searches, so we will remain at 35. As of June 2015, we have tenure-track searches underway in Epidemiology (1) and Health Services Policy and Practice (2). All tenure-track faculty have teaching responsibilities. The teaching expectation in Public Health is two courses per academic year (Brown has Fall & Spring semesters), and this is one course per semester, except in rare, well-justified circumstances. Brown University has a sabbatical system that the School follows (Electronic Resource File, X.X.X), and the School of Public Health has a buyout policy in the event of very high external funding, but buyout of only one course is allowed (Electronic Resource File, X.X.X). Course coverage is a consideration in sabbatical planning and course buyouts, with Department Chairs and the Dean of Public Health having prerogative to designate the sabbatical/buyout semester in light of teaching needs.

These tenure-track positions are guaranteed by the University Corporation as "roster faculty" lines to the respective Departments. Tenure for School faculty is awarded following a tenure

review and appointment/promotion process identical to that applied to all tenure-track faculty in the University. Faculty hired in Public Health since 2005 have a 60% salary guarantee for the 10-month academic year after a start-up period of 3-5 years with a 100% guarantee. Faculty hired before 2005 have a full 100% guarantee for 10 months. However, these faculty also have a School-based expectation for 40% external coverage.

Term/Contract appointments: There are 7 faculty for the 10-month academic year with “term/contract” appointments whose employment is guaranteed for the term of their contract, usually 3 years for junior faculty and 5 years for senior faculty. These term appointments are in the Teacher Scholar and Research Scholar tracks. The Teacher or Research designation reflects the majority of the faculty member’s effort, but even Research Scholar faculty have teaching as a requirement for promotion. These two tracks are not tenure-eligible, but support for the position is a combination of “hard” money from the School and external funds obtained by the faculty member. The School’s contribution to salary is to cover continuing activity in the School (e.g., teaching particular courses; serving as a Center/Institute Director).

Research faculty: There are an additional 42 faculty who have “research” appointments, whose contracts are formally contingent upon the availability of external funds. The term of appointment is renewable. These individuals, ranging from Assistant Professors to Professors, are based in one of the research Centers, programs or Institutes in the School of Public Health, although their faculty appointments are through one of our academic Departments. Centers/Institutes cannot offer faculty appointments on their own. These faculty have (Research) as a suffix to their title, and do not have teaching as a requirement of their appointment. However, they can and have been paid for teaching coverage in specific situations. They are also eligible to serve as thesis advisors, and routinely hire our students as research assistants.

Clinical faculty: The School has 17 faculty whose appointment is called “clinical.” Typically it is an appointment with no salary from public health, and the track is not tenure-eligible, although the term of appointment is renewable. These individuals are drawn from a number of different public health agencies and clinical settings, and have varying levels of involvement in the School’s teaching and research functions. About half of these faculty currently work at the Rhode Island Department of Health or are recently retired from there, including a former Deputy Director.

Practice faculty: As noted earlier in the Self-Study (section 3.2b), this is a new track at Brown, and is not tenure-eligible. We have 6 Practice track faculty. Faculty who hold Public Health Practice titles typically are professionals with applied experience with activities relevant for improving the health of communities and defined populations. Professors of Practice may be employed in the Department of Health, other health-related agencies/organizations in the public or private sector, or in some circumstances, may be employed by Brown. They contribute specialized skills in areas such as public health policy development; database/registry systems; outreach and advocacy for disadvantaged and at-risk populations; public health workforce development; and health technology assessment. Responsibilities of Public Health Practice track faculty normally include instruction and mentoring of students, liaison between University and non-university entities, service on University/School/Departmental committees, and maintaining academic productivity in ways consistent with their discipline. Leadership of

externally funded research is not a uniform expectation of persons in this track, but can be a part of their role.

Teaching Associates/Research Associates/Investigators: There are 12 faculty with these titles. As their track titles indicate, they have roles in the teaching and/or research activities of the School. Two of these faculty teach an annually offered course: Christopher Koller (PHP2400: The U.S. Health Care System: Case Studies in Financing, Delivery, Regulation and Public Health) and Sarah Skeels (PHP1680I: Pathology to Power: Disability, Health, and Community). Another person, Daniella Quilliam, did ad hoc teaching of one of our core Environmental Health courses when the regular instructor was on sabbatical (PHP1700: Current Topics in Environmental Health).

Adjunct faculty: The School has 49 faculty with “*adjunct*” appointments. For the most part, these are persons with faculty appointments at other institutions who have research collaborations with School faculty, including several former postdoctoral fellows who have relocated.

Secondary appointments: There are 14 tenure-track, (Research), and Teacher/Research Scholar faculty members with primary appointments in The School of Public Health who also hold secondary appointments in other departments. These include Psychiatry and Human Behavior, Obstetrics and Gynecology, Medicine, Family Medicine, Pediatrics, and Pathology and Laboratory Medicine.

There are also 37 faculty members with “*secondary appointments*” in the one of our four Departments within the School of Public Health, whose primary appointments are in departments including Sociology, Economics, Applied Mathematics, Psychiatry and Human Behavior, Medicine, Environmental Sciences, Emergency Medicine, Family Medicine, Neurology, Dermatology, and Public Policy. They have roles in the School’s research and teaching programs, supervising graduate or undergraduate students as well as mentoring junior faculty and post-doctoral fellows.

Table 4.1.1 on the following page presents a chart summarizing pertinent academic, research and demographic characteristics of the primary faculty members in the School of Public Health.

Table 4.1.1 Primary Faculty who Support Degree Offerings of the School

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
D1: Biostatistics	Cici Bauer	Assistant Professor of Biostatistics	Tenure Track	100%	PhD	U. of Washington	Statistics	Biostatistics	Spatial Epidemiology, Space-Time Models for Health Data, Small Area Estimation and Bayesian Hierarchical Models for Survey Data
					MS	U. of Alaska	Statistics		
	Constantine Gatsonis	Professor of Biostatistics	Tenure Track	100%	PhD	Cornell U.	Mathematical Statistics	Biostatistics	Bayesian Inference and its Application to Problems in Biostats, Medical Technology and Bioinformatics
					MS	Cornell U.	Mathematics		
	Roe Gutman	Assistant Professor of Biostatistics	Tenure Track	100%	PhD, MA	Harvard U.	Statistics	Biostatistics	Biostatistics, Causal Inferences
					MS	Tel Aviv U.	Statistics		
	Joseph Hogan	Professor of Biostatistics	Tenure Track	100%	ScD	Harvard U.	Biostatistics	Biostatistics	Biostatistics, Statistical Methods for missing data, causal inference, HIV/AIDS
					MS	U. of Southern CA	Statistics		
	Eunhee Kim	Assistant Professor of Biostatistics	Tenure Track	100%	PhD	U. of NC, Chapel Hill	Biostatistics	Biostatistics	Biostatistics, Cancer, Maternal and Fetal Health, Women's Health
	Xi Luo	Assistant Professor of Biostatistics	Tenure Track	100%	PhD, MA	Yale U.	Statistics	Biostatistics	Analysis of brain imaging, development of

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
									therapies
	Christopher Schmid	Professor of Biostatistics	Tenure Track	100%	PhD, MA	Harvard U.	Statistics	Biostatistics	Statistical Methods and Software for Meta-Analysis
	Zhijin Wu	Associate Professor of Biostatistics	Tenure Track	100%	PhD MS	Johns Hopkins U. U. of Southern CA	Biostatistics Molecular Biology	Biostatistics	Statistical Methods for Data from Biological Experiments, Gene array analysis
	Fenghai Duan	Assistant Professor of Biostatistics	Research	100%	PhD MS	Yale U. Institute of Biophysics	Biostatistics Molecular Biology	Biostatistics	ACRIN-conducting clinical cancer research/radiology
	Hana Lee	Assistant Professor of Biostatistics	Research	100%	PhD, MS	U. of NC Chapel Hill	Biostatistics	Biostatistics	Observational/survival data, causal inference, and clinical research on AIDS therapies
	Tao Liu	Assistant Professor of Biostatistics	Research	100%	PhD MS	U. of Pennsylvania Iowa U.	Biostatistics Statistics	Biostatistics	Incomplete data problems, causal inference, diagnostic testing and longitudinal data methods
	George Papandonatos	Associate Professor of Biostatistics	Research	100%	PhD	U. of Minnesota	Statistics	Statistics	Hierarchical modeling of continuous and discrete data, and in population genetics, particularly phenotypes related smoking initiation

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
									and progression to nicotine dependence
	Zheng Zhang	Assistant Professor of Biostatistics	Research	100%	PhD, MS	U. of Washington	Biostatistics	Biostatistics	Cancer Research, Clinical Trials, Semi-Parametric and Non-Parametric Methods, Diagnostic Medicine, Biomarker Research, Reproducibility and Agreement Methods
D2: Epidemiology	Stephen Buka	Professor of Epidemiology	Tenure Track	100%	ScD	Harvard U.	Epidemiology	Epidemiology	Epidemiology, determinants of health across the life span
	Chanelle Howe	Assistant Professor of Epidemiology	Tenure Track	100%	PhD MPH	Johns Hopkins U. Columbia U.	Epidemiology	Epidemiology	Quantitative Epidemiologic Methods, HIV, Disparities, causal inference
	Yen-Tsung Huang	Assistant Professor of Epidemiology	Tenure Track	100%	MD ScD MPH, MS	National Taiwan U. Harvard U.	Medicine Epidemiology, Biostatistics	Epidemiology	Statistical Geneticist/Cancer Genomics
	Simin Liu	Professor of Epidemiology	Tenure Track	100%	MD ScD, MPH	Jinan U. in China Harvard U.	Medicine Epidemiology and Nutrition	Epidemiology	Nutrition and Genomics

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
	Ilana Gareen	Assistant Professor of Epidemiology	Research	100%	PhD MPH	UCLA Yale U.	Epidemiology	Epidemiology	Epidemiology, Clinical Trials, Quality of Life
	Patricia Risica	Assistant Professor of Epidemiology	Research	100%	MPH, DrPH	John Hopkins U.	Epidemiology	Epidemiology	Nutrition, Obesity, Smoking Cessation, Eating Behaviors
	Eric Loucks	Assistant Professor of Epidemiology	Tenure Track	100%	PhD	U. of British Columbia	Pharmacology & Therapeutics	Epidemiology	Educational Attainment and Health, Influence of Childhood Socioeconomic Status on Health, Mindfulness
	Dominique Michaud	Associate Professor of Epidemiology	Tenure Track	100%	ScD	Harvard U.	Epidemiology & Nutrition	Epidemiology	Risk factors for disease, Pancreatic and Brain Cancers
	Elizabeth Triche	Assistant Professor of Epidemiology	Tenure Track	100%	PhD, M. Phil	Yale U.	Epidemiology & Public Health	Epidemiology	Perinatal, Pediatric and Environmental Epidemiology
	Stephen McGarvey	Professor of Epidemiology	Research Scholar	100%	PhD, MA MPH	Pennsylvania State U. Yale U.	Anthropology Epidemiology	Epidemiology	Global Health, Cardiovascular Disease, Child Nutritional Health Status
	Mark Lurie	Assistant Professor of Epidemiology	Tenure Track	100%	PhD MA	Johns Hopkins U. of FL	Public Health African History	Epidemiology	Global Health, HIV/AIDS

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
	Melissa Clark	Professor of Epidemiology and Obstetrics/Gynecology	Teaching Scholar	100%	PhD, MS	U. of Illinois	Community Health, Public Health Sciences	Epidemiology	Survey Research Methods, Women's Health, Underserved Populations
	Annie Gjelsvik	Assistant Professor of Epidemiology	Teaching Scholar	100%	PhD	Brown U.	Epidemiology	Epidemiology	Chronic Disease
	Brandon Marshall	Assistant Professor of Epidemiology	Tenure Track	100%	PhD, MS	U. of British Columbia	Epidemiology	Epidemiology	Substance Use Epidemiology, HIV
	Deborah Pearlman	Assistant Professor of Epidemiology	Research	100%	PhD	Brandeis U.	Health Policy	Epidemiology	Disparities
	Samantha Rosenthal	Research Associate in Epidemiology	Research	87%	PhD	Brown U.	Epidemiology	Epidemiology	Infectious Disease
D3: Behavioral and Social Science	Christopher Kahler	Professor of Behavioral and Social Sciences	Tenure Track	100%	PhD, MS	Rutgers U.	Psychology	Behavioral and Social Sciences	Alcohol and Tobacco Use, measurement and treatments
	Rosemarie Ann Martin	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD	U of RI	Experimental Psychology	Behavioral and Social Sciences	Contingency Management, Interventions, Alcohol Dependency
	Damaris Rohsenow	Professor of Behavioral and Social Sciences	Research	50%	PhD	U. of Washington	Clinical Psychology	Behavioral and Social Sciences	Alcoholism, Nicotine Dependence, Cognitive Behavior
	Peter Monti	Professor of	Tenure Track	100%	PhD	U. of RI	Psychology	Behavioral	Adolescent

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
		Behavioral and Social Sciences			MA	William and Mary		and Social Sciences	Substance Abuse Prevention and Treatment
	Abigail Harrison	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD	London School of Hygiene and Tropical Medicine, U. of London	Epidemiology and Population Health	Behavioral and Social Sciences	Social Science Research using Ethnographic, Qualitative and Community Survey Data, HIV/AIDS
	Jennifer Merrill	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD MA	SUNY Buffalo	Clinical Psychology Psychology	Behavioral and Social Sciences	Alcohol Abuse, College Drinkers, Interventions
	Rachel Cassidy	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD	U. of FL	Psychology	Behavioral and Social Sciences	Cancer, Tobacco Control
	Sara Becker	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD, MA	Duke U.	Clinical Psychology	Behavioral and Social Sciences	Quality and Utilization of Behavioral Treatments for Adolescents with SUDs
	Nancy Barnett	Professor of Behavioral and Social Sciences	Research	100%	PhD, MS	U. of Washington	Clinical Psychology	Behavioral and Social Sciences	Development and Testing Interventions for Substance Use Among Adolescents and Young Adults
	Amy Nunn	Assistant Professor of	Research Scholar	100%	ScD, MS	Harvard School of	Population and International	Behavioral and Social	HIV and HCV Prevention Research

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
		Behavioral and Social Sciences				Public Health	Health	Sciences	Related to Health Disparities and Testing.
	Cynthia Rosengard	Associate Professor of Behavioral and Social Sciences	Research	100%	PhD MPH	U. of Connecticut Brown U.	Clinical Psychology	Behavioral and Social Sciences	Pregnancy, HIV/STD Interventions
	Nadine Mastroleo	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD MA	Pennsylvania State U. U. of San Diego	Counselor Education Counseling	Behavioral and Social Sciences	HIV, Alcohol Use, Interventions
	Lynn Hernandez	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD	Florida International U.	Lifespan Development Psychology	Behavioral and Social Sciences	Development and Implementation of Interventions for Adolescents of Diverse Ethnic Backgrounds/Risk Behaviors
	Brian Borsari	Associate Professor of Behavioral and Social Sciences	Research	67%	PhD, MS	Syracuse U.	Clinical Psychology	Behavioral and Social Sciences	Implementing and Evaluating Secondary Interventions with College Student Drinkers
	Nichea Spillane	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD, MS	U. of Kentucky	Clinical Psychology	Behavioral and Social Sciences	Risk and Protective Factors for Substance Abuse in North American Indigenous Populations
	Molly Magill	Assistant Professor of	Research	100%	PhD, MSW	Boston College	Clinical Social Work	Behavioral and Social	Mechanisms of Behavior Change in

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
		Behavioral and Social Sciences						Sciences	Psychosocial Treatment for Addictive Disorders
	Kristina Jackson	Associate Professor of Behavioral and Social Sciences	Research	100%	PhD, MA	Arizona State U.	Social Psychology	Behavioral and Social Sciences	Alcohol and Tobacco, Comorbidity
	Rochelle Rosen	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD	Brown U.	Anthropology	Behavioral and Social Sciences	HIV Prevention, Preventive Healthcare, Translational Health Research
	Caroline Kuo	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD MS	Oxford	Social Policy International Development	Global Health	HIV prevention family based interventions
	Tara White	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD	Cornell U.	Developmental Psychology	Behavioral and Social Sciences	MR Spectroscopy, Substance Abuse, Emotion, Behavior and Cognition
	Daniel Squires	Assistant Professor of Behavioral and Social Sciences	Research	100%	PhD, MS, MPH	U. of New Mexico	Clinical Psychology	Behavioral and Social Sciences	Addiction, Evidence-Based/Guided Practice, Substance Abuse
	Jane Metrik	Assistant Professor of Behavioral and Social	Research	100%	PhD, MS	San Diego State/U. of California, SD	Clinical Psychology	Behavioral and Social Sciences	Substance Abuse, Behavioral Mechanisms, Marijuana

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
		Sciences							
	David Williams	Assistant Professor of Behavioral and Social Sciences	Tenure Track	100%	PhD, MS	Virginia Tech	Clinical Psychology	Behavioral and Social Sciences	Health Behavior Interventions, Exercise Promotion and Smoking Cessation
	Akilah Dulin Keita	Assistant Professor of Behavioral and Social Sciences	Tenure Track	100%	PhD MA	U. of Alabama, Birmingham	Medical Sociology Sociology	Behavioral and Social Sciences	Diet, Physical Activity, Obesity, Interventions
	Don Operario	Associate Professor of Behavioral and Social Sciences	Tenure Track	100%	PhD, MS	U. of MA, Amherst	Social Psychology	Behavioral and Social Sciences	HIV/AIDS, Social Psychological Determinants of Health Inequalities
	William Rakowski	Professor of Behavioral and Social Sciences	Tenure Track	100%	PhD MA	Penn State U. of Notre Dame	Human Development, Family Studies Psychology	Behavioral and Social Sciences	Cancer control
	Kate Carey	Professor of Behavioral and Social Sciences	Tenure Track	100%	PhD MA	Vanderbilt U.	Clinical Psychology Cognitive Psychology	Behavioral and Social Sciences	Causes and Consequences of Risky Drinking
D4: Health Services, Policy & Practice	Vincent Mor	Professor of Health Services, Policy and Practice	Tenure Track	100%	PhD MEd	Brandeis U. Northeastern U.	Sociology Rehab. Administration	Health Services Policy and Practice	Health Care Delivery Systems, Health Policy, Nursing Homes

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
	Amal Trivedi	Assistant Professor of Health Services, Policy and Practice	Tenure Track	80%	MD MPH	U. of California, LA Harvard U.	Medicine, Health Policy & Management	Health Services Policy and Practice	Quality of Care, Disparities
	Linda Resnik	Assistant Professor of Health Services, Policy and Practice	Research	100%	PhD MS	Nova Southeastern U. Boston U.	Physical Therapy	Health Services, Policy and Practice	Assistive Technology, Physical Therapy, Health Services
	Ethan Balk	Assistant Professor of Health Services, Policy and Practice	Research	100%	PhD	Sackler School of Medicine	Medicine, Biostatistics, Epidemiology	Health Services, Policy and Practice	Systematic Reviews, Kidney Disease, Evidence-Based Medicine
	Momotazur Rahman	Assistant Professor of Health Services, Policy and Practice	Research	100%	PhD	Brown U.	Economics	Health Services, Policy and Practice	Economics, Health Policy and Healthcare Disparities
	Kali Thomas	Assistant Professor of Health Services, Policy and Practice	Research	100%	PhD, MA	U. of South FL	Gerontology	Health Services, Policy and Practice	Disaster, Gerontology, Nursing Home Regulation, Long Term Care
	Becky Genberg	Assistant Professor of	Research	100%	PhD, MPH	John Hopkins U.	Epidemiology	Health Services,	HIV, Substance Abuse, Global Health,

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
		Health Services, Policy and Practice						Policy and Practice	Social Epidemiology
	Joseph Lau	Professor of Health Services, Policy and Practice	Research Scholar	67%	MD	Tufts U.	Medicine	Health Services, Policy and Practice	Clinical Practice Guidelines, Evidence-Based Medicine
	Issa Dahabreh	Assistant Professor of Health Services, Policy and Practice	Research	100%	MD MS	National and Kapodistrian U. of Athens Tufts U.	Medicine Clinical and Translational Science	Health Services, Policy and Practice	Cost-Design Synthesis, Evidence Mapping, Evidence-Based Medicine
	Thomas Trikalinos	Associate Professor of Health Services, Policy and Practice	Tenure Track	100%	MD PhD	U. of Ioannina (Greece)	Medicine Molecular Epidemiology	Health Services, Policy and Practice	Cost-Effectiveness Analysis, Data Mining, Meta-Analysis
	Pedro Gozalo	Associate Professor of Health Services, Policy and Practice	Research	100%	PhD MS	U. of CA, San Diego London School of Economics, U.K.	Economics Econometrics and Mathematical Economics	Health Services, Policy and Practice	Nursing Homes, End of Life
	Denise Tyler	Assistant Professor of Health Services,	Research	100%	PhD, MA MA	Brandeis U. U. of Kansas, Lawrence, KS	Social Policy Religious Studies	Health Services, Policy and Practice	Cultural Competence, Nursing Homes, Long-Term Care

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
		Policy and Practice							
	Shailender Swaminathan	Assistant Professor of Health Services, Policy and Practice	Research	100%	PhD	U. of Southern California	Economics	Health Services, Policy and Practice	Medical Research, Medicare, Preventive Care
	Renee Shield	Clinical Professor of Health Services, Policy and Practice	Clinical	100%	PhD MA	Brown U. U. of Texas, Austen	Anthropology	Health Services, Policy and Practice	Nursing Homes, Ethnics and Decision Making, Geriatrics Education
	Susan Miller	Professor of Health Services, Policy and Practice	Research	80%	PhD MBA	U of Illinois Golden Gate U.	Public Health, Gerontology Health Services Management	Health Services, Policy and Practice	Nursing Homes, End of Life Care, Dementia, Hospice
	Michael Barton Laws	Assistant Professor of Health Services, Policy and Practice	Research	100%	PhD, MA	Tufts U, Brandeis U.	Medical Sociology	Health Services, Policy and Practice	Chronic Disease Care, Clinical Practice, Health Behavior
	Ira Wilson	Professor of Health Services, Policy and Practice, Professor of Medicine	Tenure Track	100%	MD MS	Harvard U.	Medicine Epidemiology	Health Services, Policy and Practice	HIV, Chronic Disease, Quality of Healthcare, Medication Adherence

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
	Joan Teno	Professor of Health Services, Policy and Practice	Research Scholar	100%	MD MS	Hahnemann Medical U. Brown U.	Medicine Community Health	Health Services, Policy and Practice	End of Life Care, Hospice, Quality of Care
	Terrie Fox Wetle	Professor of Health Services Policy and Practice	Tenure Track	100%	PhD MS	Portland State U.	Urban Studies Psychology	Health Services Policy and Practice	Gerontology Qualitative Methods, Ethical Issues
	Patrick Vivier	Associate Professor of Health Services Policy and Practice	Research Scholar	80%	MD PhD	Brown U. Johns Hopkins U.	Medicine Health Policy	Health Services Policy and Practice	Pediatrics, Health Services Research
	Omar Gallaraga	Assistant Professor of Health Services, Policy and Practice	Tenure Track	100%	PhD, MA	Johns Hopkins U.	Health Economics	Health Services Policy and Practice	Health Economics, Health Services Research, International Health, HIV
	Angela Sherwin	Assistant Professor of Health Services, Policy and Practice	Adjunct	10%	MPH	Brown U.	Health Services Research	Health Services, Policy and Practice	Healthcare Policy

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification *	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
S1: Environmental Health	Joseph Braun	Assistant Professor of Epidemiology	Tenure Track	100%	PhD, MSPH	U. of NC, Chapel Hill	Epidemiology	Epidemiology	Environmental Determinants of Children's Health, ADHD, Autism
	Karl Kelsey	Professor of Epidemiology	Tenure Track	100%	MD MoH	U. of Minnesota Harvard U.	Environmental Health	Epidemiology	Environmental Disease, Tumor Biology
	Greg Wellenius	Assistant Professor of Epidemiology	Tenure Track	100%	ScD MS	Harvard U., McGill U.	Environmental Health, Epidemiology Physiology	Environmental Health	Environmental Determinants of Cardiovascular Disease
	David Savitz	Professor of Epidemiology	Tenure Track	100%	PhD MS	U. of Pittsburgh Ohio State U.	Epidemiology Preventative Medicine	Environmental Health	Reproductive Health, Environmental Health, Epidemiology
	Tongzhang Zheng	Professor of Epidemiology	Tenure Track	100%	ScD	Harvard U.	Global Health	Epidemiology	Environmental Exposures; Gene Polymorphisms; Gene-environment Interaction and Human Health; Cancer Epidemiology and Etiology

- 4.1b** If the school uses other faculty (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the school, e) highest degree earned (optional: schools may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the school. See CEPH Data Template 4.1.2.

Table 4.1.2 presents a chart summarizing pertinent academic, research and demographic characteristics of additional faculty in the School of Public Health

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
MPH	Amanullah, Siraj	Assistant Professor of Emergency Medicine	Brown U.	5%	MD	Medicine	Emergency Medicine
HSPP	Baier, Rosa	Associate Professor of the Practice	Senior Scientist, HealthCentric Advisors	20%	MPH	Public Health	Nursing Home Quality
HSPP	Bentkover, Judith	Associate Professor of the Practice	Brown U.	30%	PhD	Health Economics	Health Economics
BSS	Bock, Beth	Professor of Psychiatry and Human Behavior (Research), Professor of Behavioral and Social Sciences (Research)	Rhode Island Hospital	5%	MS, PhD	Psychology	Health behavior change
MPH	Bouslough, David	Clinical Assistant Professor of Emergency Medicine	Brown U.	5%	MD, MPH	Medicine	Emergency Medicine
EPI	Eaton, Charles	Professor of Family Medicine, Professor of Epidemiology, Director of Primary Care and Prevention, (Teaching Scholar)	Memorial Hospital of Rhode Island	5%	MD	Medicine	Clinical Epidemiology
HSPP	Flanigan, Timothy	Professor of Medicine, Professor of Health Services, Policy and Practice, (Research Scholar)	Miriam Hospital	5%	MD	Medicine	HIV/AIDS
EPI	Friedman, Jennifer	Associate Professor of Pediatrics	Lifespan, Inc.	10%	MD, PhD	Medicine	Pediatrics
BSS	Fulton, John	Clinical Associate Professor in Behavioral and Social Sciences, ClinVol	RI Department of Health	5%	PhD	Sociology	Cancer Epidemiology
MPH	Harrison, Douglas	Assistant Professor of Pediatrics	Brown U.	5%	MD	Medicine	Pediatrics
EPI	Jiang, Yongwen	Clinical Assistant Professor of Epidemiology	RI Department of Health	10%	PhD	Epidemiology	Epidemiology

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
BSS	Johnson, Jennifer	Associate Professor of Psychiatry and Human Behavior (Research)	Brown U.	5%	PhD	Clinical Psychology	Psychiatry
MPH	Kantor, Rami	Associate Professor of Medicine	Brown U.	5%	MD	Medicine	International Medicine
EPI	Kim, Hyun (Hannah)	Clinical Assistant Professor in Epidemiology	RI Department of Health	10%	PhD	Sociology	Epidemiology
MPH	Kohn, Robert	Professor of Psychiatry & Human Behavior	Brown U.	5%	MD	Psychiatry	Geriatric Psychology
HSPP	Koller, Christopher	Teaching Associate	President, Milbank Memorial Fund	25%	MPPM	Health Administration	Health Insurance
MPH	Kwara, Awewura	Associate Professor of Medicine	Brown U.	5%	MBchB, MPH	Medicine	Infectious Disease
Biostatistics	Linkletter, Crystal	Adjunct Assistant Professor of Biostatistics	Content Specialist (Senior Team Lead), MathWorks, Inc.; Brown U.	50%	PhD, MSc	Statistics	Biostatistics
HSPP	Marshall, Robert	Clinical Associate Professor in Health Services, Policy and Practice (ClinVol)	Assistant Director of Health (Retired)	40%	PhD	Medical Sociology	Health Communication
HSPP	David Dore	Adjunct Assistant Professor of Health Services, Policy and Practice	Pfizer	5%	PhD Pharm D	Epidemiology Pharmacy	Pharmaco-epidemiology
HSPP	Mello, Michael	Associate Professor of Health Services, Policy and Practice (Teaching Scholar)	Associate Professor of Emergency Medicine, Brown U.; Director, Injury Prevention Center at Rhode Island Hospital	15%	MD	Medicine	Injury Prevention
HSPP	Montague, Brian	Assistant Professor of Health Services, Policy and Practice, PreTrk	Physician Staff, Miriam Hospital; Brown U.	5%	DO, MPH	Osteopathic Medicine	Infectious Disease

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
Biostatistics	Mwangi, Ann	Adjunct Assistant Professor of Biostatistics	Senior Lecturer School of Medicine, Moi U., Eldoret	3%	PhD	Biostatistics	Biostatistics
BSS	Gwaltney, Chad	Assistant Professor of Behavioral and Social Sciences (Research)	Center for Alcohol and Addiction Studies, Department of Community Health, Brown U.	3%	PhD	Clinical and Health Psychology	Addiction Studies
BSS	Glasser, Irene	Adjunct Lecturer in Anthropology, Research Associate in Behavioral and Social Sciences	Brown U., Center for Alcohol and Addiction Studies	3%	PhD	Anthropology	Homelessness and Addiction
BSS	Jacobs, Suzanne	Teaching Associate in Behavioral and Social Sciences	School Social Worker Kehillah Schechter Academy, Norwood, MA.	3%	MSW	Social Work	Medical humanities
BSS	Becker, Bruce	Professor of Emergency Medicine, Professor of Behavioral and Social Sciences	Emergency Medical Foundation	25%	MD	Medicine	Emergency Medicine
BSS	Dube, Catherine	Adjunct Associate Professor of Behavioral and Social Sciences	Centers for Behavioral and Preventative Medicine	25%	Ed.D	Educational Media and Technology	Health Education
BSS	Hustad, John	Adjunct Assistant Professor of Behavioral and Social Sciences	Assistant Professor of Medicine and Public Health Sciences at Penn State College of Medicine	3%	PhD	Clinical Psychology	Alcohol and Addiction Studies
BSS	Minugh, Patricia	Clinical Assistant Professor of Behavioral and Social Sciences	Assistant Professor Brown U.	3%	PhD	Experimental Psychology	Substance Use
BSS	Hoepfner, Bettina	Adjunct Assistant Professor of Behavioral and Social Sciences	Instructor Harvard Medical School Department of Psychiatry	3%	PhD	Experimental Psychology	Substance Use

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
BSS	Kelly, John	Adjunct Associate Professor of Behavioral and Social Sciences	Center for Addiction Medicine Boston, MA	3%	PhD	Clinical Psychology	Substance Use
BSS	Knopik, Valerie	Associate Professor of Psychiatry and Human Behavior (Research), Associate Professor of Behavioral and Social Sciences (Research)	Lifespan	3%	PhD	Psychology	Behavioral Genetics
BSS	Leite-Morris, Kimberly	Adjunct Assistant Professor of Behavioral and Social Sciences	Assistant Professor Boston U. School of Medicine	3%	PhD	Neuropharmacology	Neurochemistry
BSS	Marcus, Bess	Adjunct Professor of Behavioral and Social Sciences, Adjunct Professor of Psychiatry and Human Behavior	Chair U. of California San Diego	3%	PhD	Clinical Psychology	Physical Activity Interventions
BSS	Carey, Michael	Professor of Psychiatry and Human Behavior, Professor of Behavioral and Social Sciences, Director of Centers for Behavioral and Preventive Medicine	The Miriam Hospital	10%	PhD	Clinical Psychology	Behavioral Medicine
BSS	Lee, Christina	Adjunct Associate Professor of Behavioral and Social Sciences	Institute on Urban Health Research Northeastern U.	3%	PhD	Counseling Psychology	Alcohol and Addiction
BSS	Kiene, Susan	Adjunct Assistant Professor of Behavioral and Social Sciences	U. of Connecticut School of Medicine	3%	PhD	Social Psychology	HIV/AIDS
BSS	SKeer, Margie	Adjunct Assistant Professor of Behavioral and Social Sciences	Assistant Professor Tufts U. School of Medicine	3%	Sc.D	Social Epidemiology	Community Medicine

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
BSS	Apodaca, Timothy	Adjunct Associate Professor of Behavioral and Social Sciences	Department of Pediatrics U. of Missouri-Kansas City School of Medicine	3%	PhD	Clinical Psychology	Motivational Interviewing
BSS	Dunsiger, Shira	Assistant Professor of Behavioral and Social Sciences (Research)	The Miriam Hospital	3%	PhD	Biostatistics	Behavioral Medicine
BSS	Wool, Margaret	Clinical Associate Professor of Family Medicine, Clinical Associate Professor of Behavioral and Social Sciences	Brown U. Alpert Medical School	3%	PhD	Social Work	Communication with cancer patients
BSS	Tovar, Alison	Adjunct Assistant Professor of Behavioral and Social Sciences	Instructor Freidman School of Nutrition Science and Policy	3%	PhD	Nutritional Biochemistry	Nutrition
BSS	Gaskins, Ronnesia	Adjunct Assistant Professor of Behavioral and Social Sciences	Assistant Professor of Pediatrics Brown U. Alpert Medical School	3%	PhD	Clinical Psychology	Community Health
BSS	Tzilos, Golfo	Assistant Professor of Psychiatry and Human Behavior (Research), Assistant Professor of Behavioral and Social Sciences (Research)	Research Psychologist, Butler Hospital	3%	PhD	Clinical Psychology	Addiction Studies
BSS	Braciszewski, Jordan	Assistant Professor of Psychiatry and Human Behavior (Research), Assistant Professor of Behavioral and Social Sciences (Research)	Associate Research Scientist Decision Sciences Institute/PIRE	3%	PhD	Clinical Psychology	Child and young adult health

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
BSS	Leggio, Lorenzo	Adjunct Assistant Professor of Behavioral and Social Sciences	Clinical Investigator NIDA & NIAAA, NIH	3%	PhD	Nutrition	Substance use
BSS	Reid, Allecia	Adjunct Assistant Professor of Behavioral and Social Sciences	Assistant Professor, Colby College	3%	PhD	Social Psychology	Alcohol
BSS	Vandenberg, Jacob	Assistant Professor of Medicine (Research), Assistant Professor of Behavioral and Social Sciences	Division of Infectious Diseases at The Warren Alpert Medical School of Brown U.	3%	PhD	Counseling Psychology	HIV/AIDS
BSS	Ghee, Medeva	Assistant Professor of the Practice in Behavioral and Social Sciences	Brown U. Leadership Alliance	25%	PhD	Microbiology	HIV/AIDS
BSS	Borrelli, Belinda	Adjunct Professor of Behavioral and Social Sciences, Adjunct Professor of Psychiatry and Human Behavior	Professor, Boston U.	3%	PhD	Clinical Psychology	Behavior change
BSS	Cioe, Patricia	Assistant Professor of Behavioral and Social Sciences (Research)	Brown U.	3%	PhD	Nursing	HIV/AIDS
BSS	Gans, Kim	Adjunct Professor of Behavioral and Social Sciences	Professor, U. of Connecticut	25%	PhD	Biological Sciences (Nutrition)	Nutrition, obesity
EPI	Marsit, Carmen	Adjunct Assistant Professor of Epidemiology	Assistant Professor of Medical Science, Department of Pathology and Laboratory Medicine, Brown U.	3%	PhD	Biological Sciences in Public Health	Cancer Epidemiology

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
EPI	Hollinshead, William	Clinical Assistant Professor of Epidemiology	Consultant Staff Rhode Island Hospital	3%	MD	Medicine	Primary Care
EPI	Vanderslice, Robert	Clinical Assistant Professor of Epidemiology	RI Department of Health	3%	PhD	Toxicology	Environmental Health
EPI	Florin, Paul	Adjunct Professor of Epidemiology	Professor Department of Psychology U. of RI	3%	PhD	Clinical-Community Psychology	Community Psychology
EPI	Tinajero, Alvaro	Clinical Assistant Professor of Epidemiology	RI Department of Health	3%	MD	Medicine and Surgery	Epidemiology
EPI	Caron, Colleen	Clinical Assistant Professor of Epidemiology	RI Department of Children, Youth, and Families	3%	PhD	Public Health	Community Health
EPI	Weinstock, Martin	Professor of Dermatology, Professor of Epidemiology	Providence Veterans Affairs Medical Center	3%	MD, PhD	Medicine, Epidemiology	Dermatology
EPI	Goldberg, Robert	Adjunct Professor of Epidemiology	U. of MA	3%	MD	Medicine	Cardiovascular Epidemiology
EPI	Shenassa, Edmond	Adjunct Associate Professor of Epidemiology	Maternal and Child Health Program, Department of Family Science, Maryland	3%	Sc.D	Epidemiology and Maternal & Child Health	Maternal and Child Health
EPI	Donatelli, JoAnn	Investigator of Epidemiology	Private Practice	3%	PhD	Clinical Psychology	Child Health
EPI	Green, Traci	Assistant Professor of Emergency Medicine (Research), Assistant Professor of Epidemiology (Research)	Brown U.	5%	PhD	Chronic Disease Epidemiology	Drug Overdose Interventions

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
EPI	Merchant, Roland	Associate Professor of Emergency Medicine, Associate Professor of Epidemiology	Attending Physician in the Emergency Departments at Rhode Island Hospital and Hasbro Children's Hospital	5%	MD	Medicine	Epidemiology
EPI	Verhoek-Oftedahl, Wendy	Adjunct Assistant Professor of Epidemiology	Professor Department of Community Health Brown U.	3%	PhD	Community Medicine	Cancer Epidemiology
EPI	Keil, Douglas	Adjunct Professor of Epidemiology	Professor of Medicine Harvard U.	3%	MD	Medicine	Geriatrics
EPI	Parker, Donna	Associate Professor of Family Medicine (Research), Associate Professor of Epidemiology (Research)	Center for Primary Care and Prevention, Memorial Hospital of RI	3%	ScD	Maternal & Child Health	Smoking Cessation
EPI	Lo, Albert	Associate Professor of Neurology, Associate Professor of Epidemiology	Providence Veteran's Affairs	5%	MD PhD	Neuroscience Epidemiology	Rehabilitation
EPI	Houseman, Andres	Adjunct Associate Professor of Epidemiology	Assistant Professor of Community Health (Research) Center for Environmental Health and Technology The Warren Alpert Medical School of Brown U.	3%	ScD	Biostatistics	Biostatistics
EPI	Mayer, Kenneth	Adjunct Professor of Medicine, Adjunct Professor of Epidemiology	Harvard University	3%	MD	Medicine	HIV/AIDS

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
EPI	Wen-Chih, Wu	Associate Professor of Medicine, Associate Professor of Epidemiology	Department of Medicine at Brown U. Medical School	3%	MD	Medicine	Cardiovascular Epidemiology
EPI	Phipps, Maureen	Chace-Joukowsky Professor of Obstetrics and Gynecology, Professor of Epidemiology, Assistant Dean for Teaching and Research on Women's Health, Chair of Obstetrics and Gynecology	Women & Infants Hospital	5%	MD, MPH	OB/GYN	Women's Health
EPI	Margolis, David	Research Associate in Epidemiology	Brown University	3%	MA	Urban Education Policy	Mindfulness and Meditation
EPI	Burdzovic Andreas, Jasmina	Adjunct Associate Professor of Epidemiology	Associate Professor Norwegian Institute for Alcohol and Drug Research	3%	PhD	Developmental and Social Psychology	Epidemiology
EPI	Carabin, Helene	Adjunct Professor of Epidemiology	Professor U. of Oklahoma Health Sciences Center	3%	PhD	Epidemiology and Biostatistics	Infectious Disease
EPI	Salmoirago-Blotcher, Elena	Assistant Professor of Medicine (Research), Assistant Professor of Epidemiology (Research)	Research Scientist The Miriam Hospital	3%	MD, PhD	Clinical Epidemiology	Behavioral and Preventative Medicine
EPI	Friedman, Jennifer	Associate Professor of Pediatrics, Associate Professor of Epidemiology	Lifespan's Center for International Health Research	3%	MD, PhD, MPH	Medicine	Global Health
EPI	Rouse, Dwight	Professor of Obstetrics and Gynecology, Professor of Epidemiology	Maternal-fetal Medicine Specialist Women and Infants Hospital of RI	3%	MD, MPH	Medicine	Maternal and Child Health

Table 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc)							
Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
HSPP	Griffin, Jane	Teaching Associate in Health Services, Policy and Practice	President MCH Evaluation, Inc.	3%	MPH	Chronic Disease Epi	Survey Research
Biostatistics	Chrysanthopoulou, Stavroula	Investigator	Brown University	3%	PhD	Biostatistics	Biostatistics
HSPP	Besdine, Richard	David S. Greer, M.D., Professor of Geriatric Medicine, Professor of Health Services, Policy and Practice, Director, Center for Gerontology and Health Care Research, Director, Division of Geriatrics and Palliative Medicine	Brown University, Lifespan	10%	MD	Medicine	Gerontology
HSPP	Follick, Michael	Clinical Professor of Health Services, Policy and Practice	President Abacus Management Technologies, Inc.	3%	PhD	Psychology	Occupational Health
HSPP	Ferri, Fred	Clinical Professor of Health Services, Policy and Practice	Active Staff Department of Medicine RI Hospital	3%	MD	Medicine	Doctoring
HSPP	Stein, Michael	Professor of Medicine, Professor of Health Services, Policy and Practice	General Internal Medicine Butler Hospital	25%	MD	Medicine	Internal Medicine
HSPP	Leddy, Patricia	Teaching Associate in Health Services, Policy and Practice	Senior Policy Advisor RI Health Insurance Exchange Team	3%	MS	Nutrition	Health Administration

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
HSPP	Schwartz, Rachel	Teaching Associate in Health Services, Policy and Practice	Vice President for Strategic Planning and Analysis Lifespan	3%	MPH	Public Health	Perinatal Epidemiology
HSPP	Friedmann, Peter	Professor of Medicine, Professor of Health Services, Policy and Practice	Rhode Island Hospital, Providence Veterans Affairs Medical Center	3%	MD, MPH	Medicine	Health Administration
HSPP	Assaf, Annlouise	Adjunct Professor of Health Services, Policy and Practice	Pfizer, Inc.	3%	PhD	Epidemiology	Pharmaco-Epidemiology
HSPP	Miller, Edward	Adjunct Associate Professor of Health Services, Policy and Practice	U. of Massachusetts Boston McCormack Graduate School of Policy and Global Studies	3%	PhD	Political Science	Health Services
HSPP	Rose, Gary	Adjunct Professor of Health Services, Policy and Practice	Professor, Massachusetts School of Professional Psychology	3%	PhD	Clinical Psychology	Health behavior change counselling
HSPP	Rogers, William	Adjunct Professor of Health Services, Policy and Practice	Senior Scientist Tufts Medical Center	3%	PhD	Statistics	Statistics
HSPP	Cu-Uvin, Susan	Professor of Obstetrics and Gynecology, Professor of Health Services, Policy and Practice, Professor of Medicine, Director of Global Health Initiative	Professor of Obstetrics and Gynecology and Medicine at the Alpert School of Medicine, Brown University	5%	MD	Medicine	HIV/AIDS Global Health
HSPP	Dosa, David	Associate Professor of Medicine, Associate Professor of Health Services, Policy and Practice	Providence Veteran's Administration	3%	MD	Medicine	Geriatrics, Health Services

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
HSPP	Leland, Natalie	Adjunct Assistant Professor of Health Services, Policy and Practice	Assistant Professor U. of Southern California	3%	PhD	Occupational Therapy, Health Services	Health Services LTC
HSPP	Lally, Michelle	Associate Professor of Medicine, Associate Professor of Health Services, Policy and Practice, Director of Brown AIDS Center (CFAR), Director of Brown University AIDS Program (BRUNAP)	Miriam Hospital	10%	MD	Medicine	HIV/AIDS
Biostatistics	Cappelleri, Joseph	Adjunct Professor of Biostatistics	Senior Director, Biostatistics Pfizer, Inc.	3%	PhD	Psychometrics	Biostatistics
HSPP	Nolan, Patricia	Adjunct Associate Professor of Health Services, Policy and Practice	Brown University	55%	MD, MPH	Medicine	Elective, Field Experience Mentor, Thesis Reader
HSPP	Epstein-Lubow, Gary	Assistant Professor of Psychiatry and Human Behavior, Assistant Professor of Health Services, Policy and Practice	Butler Hospital	3%	MD	Psychiatric Medicine	Geriatrics
HSPP	Case, Brady	Assistant Professor of Psychiatry and Human Behavior (Research), Assistant Professor of Health Services, Policy and Practice (Research)	Director, Health Services Research Program Bradley Hospital	3%	MD	Medicine	Psychiatry
HSPP	Daiello, Lori	Assistant Professor of Neurology (Research), Assistant Professor of Health	Assistant Professor of Neurology (Research) at The Warren Alpert Medical	3%	Dr. of Pharmacy	Pharmacology	Neurology

Table 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc)							
Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
		Services, Policy and Practice (Research)	School of Brown University				
HSPP	Ventetuolo, Corey	Assistant Professor of Medicine, Assistant Professor of Health Services, Policy and Practice	Alpert Medical School of Brown University	3%	MD	Medicine	Genetics
HSPP	Zhanlian, Feng	Adjunct Assistant Professor of Health Services, Policy and Practice	Senior Research Analyst RTI International	3%	PhD	Sociology/ Demography	Health Disparities
HSPP	Lepore, Michael	Adjunct Assistant Professor of Health Services, Policy and Practice	Aging, Disability, and Long-Term Care at RTI International	3%	PhD	Sociology	Long term health care
HSPP	Wright, David	Adjunct Assistant Professor of Health Services, Policy and Practice	Assistant Professor Public Policy U. of Iowa	3%	PhD	Health Policy and Management	Health Policy
HSSP	Gravenstein, Stefan	Adjunct Professor of Medicine, Adjunct Professor of Health Services, Policy and Practice	Clinical Director, Quality Improvement Lifespan	3%	MD	Geriatric Medicine	Geriatrics, Health Services Research
HSPP	Carroll, Brion	Clinical Assistant Professor of Health Services, Policy and Practice	Director Lifespan Learning Institute	3%	PhD	Counseling Psychology	Psychology
HSPP	Kurose, Alan	Clinical Assistant Professor of Health Services, Policy and Practice	President and CEO Coastal Medical of RI	3%	MD	Medicine	Health Policy
HSPP	Leviss, Jonathan	Clinical Assistant Professor of Health Services, Policy and Practice	Chief Medical Officer RI Quality Institute	3%	MD	Medicine	Medicine
HSPP	Artenstein, Andrew	Adjunct Professor of Medicine, Adjunct Professor of Health Services, Policy and Practice	Physician-in-Chief Department of Medicine Director, Center for Biodefense and Emerging	3%	MD, MPH	Medicine Infectious Disease	Infectious Disease

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
			Pathogens Memorial Hospital of RI				
HSPP	Gifford, David	Clinical Associate Professor of Medicine, Clinical Associate Professor of Health Services, Policy and Practice	American Health Care Association	3%	MD, MPH	Medicine Public Health	Health Administration
HSPP	Cai, Shubing	Adjunct Assistant Professor of Health Services, Policy and Practice	Assistant Professor U. of Rochester	3%	PhD	Health Services Research	Nursing Home Quality
HSPP	Ndumele, Chima	Adjunct Assistant Professor of Health Services, Policy and Practice	Yale U. School of Public Health	3%	PhD, MPH	Health Services Research	Health Services Research
HSPP	Trivedi, Nisha	Adjunct Lecturer in Health Services, Policy and Practice	Adjunct Lecturer Brown University	3%	MD	Anesthesia	Pain Management
HSPP	Intrator, Orna	Adjunct Professor of Health Services, Policy and Practice	U. of Rochester	3%	PhD	Mathematics	Data Analysis
HSPP	Chay, Kenneth	Professor of Economics, Professor of Health Services, Policy and Practice	Brown University	3%	PhD	Economics	Economics
HSPP	Tobin-Tyler, Elizabeth	Assistant Professor of Family Medicine, Assistant Professor of Health Services, Policy and Practice	Brown University	25%	JD, MPH	Law, Public Health	Legal and Ethical Issues
HSPP	Feller, Ed	Clinical Professor of Health Services, Policy and Practice, Clinical Professor of Medicine	Warren Alpert Medical School	3%	MD	Medicine	Clinical Research
HSPP	Wallace, Bryon	Adjunct Assistant Professor of Health Services, Policy and Practice	Brown University	3%	PhD	Computer Science	Evidence-based Medicine
MPH	Papas, Rebecca	Assistant Professor of Psychiatry and Human Behavior (Research)	Brown University	5%	PhD	Clinical Health Psychology	Global Health

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
EPI	Quilliam, Daniela	Teaching Associate, Epidemiology	Chief of the Acute Infectious Disease Program, (in the Division of Infectious Disease and Epidemiology); RI Department of Health	25%	MPH	Public Health	Environmental Health
HSP	Ranney, Megan	Assistant Professor of Health Services, Policy and Practice, PreTrk	Assistant Professor, Injury Prevention Center, Department of Emergency Medicine; Alpert School of Medicine, Brown University	45%	MD, MPH	Medicine, Public Health	Injury Prevention
MPH	Rich, Josiah	Professor of Medicine, Professor of Epidemiology (Research Scholar)	Brown University.	30%	MD, MPH	Medicine, Public Health	Prisoner Health, HIV Prevention
MPH	Scott-Sheldon, Lori	Assistant Professor of Psychiatry & Human Behavior(Research)	Miriam Hospital	5%	PhD	Social Psychology	Health psychology
BSS	Skeels, Sarah	Teaching Associate, Behavioral and Social Sciences	Brown University	25%	MPH	Public Health	Disability
MPH	Taylor, Lynn	Assistant Professor of Medicine	Brown University	5%	MD	Medicine	HIV, Hep C
MPH	Williams, Kenneth	Associate Professor of Emergency Medicine (Clinical)	Brown University	5%	MD, FACEP	Medicine	Emergency medicine
MPH	Zaller, Nick	Assistant Professor of Medicine (Research)	Brown U.; Research Associate, Miriam Hospital	25%	PhD	Public Health	Drug Abuse
MPH	Zlotnick, Caron	Professor of Psychiatry and Human Behavior	Brown University	5%	MA, PhD	Clinical Psychology	Health disparities

4.1c Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the school. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The School's faculty integrate public health practice into their research and teaching in numerous ways both as individual faculty members and structurally as an organizational entity.

Several of our faculty in the School are or were employed by the Rhode Island Department of Health or Rhode Island state government. These individuals lecture in undergraduate and graduate courses, host internship students, collaborate in the supervision of theses and supervise students' use of public health data. Christopher Koller, the inaugural Health Insurance Commissioner for the State of Rhode Island, and now President of the Milbank Memorial Fund, teaches one of the MPH electives in the Health Services area (PHP2400: The U.S. Health Care System: Case Studies in Financing, Delivery, Regulation and Public Health). Robert Marshall, a former Deputy Director of the RI Department of Health, and Patricia Nolan, a former Director of the RI Department of Health, teach an undergraduate-oriented course (PHP1530: Case Studies in Public Health). Dr. Nolan also teaches a course on the practice of public health (PHP2425: Doing Public Health: Getting It Right in the Real World).

As noted above (section 3.2b), we now have a Professor of Practice track. Faculty who hold Public Health Practice titles typically are professionals having applied experience with activities to improve the health of communities and defined populations. Judith Bentcover, a healthcare professional and consultant, teaches a course taken by graduates and undergraduates (PHP2350: Economics of Medical Therapies: Health Policy and Practice). Rosa Baier, a graduate of our MPH program and health services professional with a local quality control organization, has been hired as the Associate Director of a new Center for Long-Term Care Quality and Innovation, housed within the Center for Gerontology and Health Care Research. She has also served on the MPH Admission Committee for several years.

Elizabeth Tobin-Tyler, an attorney by training, teaches PHP2080 (Ethical and Legal Issues in Public Health) and PHP2429 (Prevention: Medicine, Public Health, Law and Policy), an interdisciplinary, multi-institutional course that was developed with support from the Robert Wood Johnson Foundation. Medeva Ghee, the Director of the Leadership Alliance, teaches PHP1400 (HIV/AIDS in Africa: A Multidisciplinary Approach to Support HIV/AIDS Care and Treatment Programs). Sarah Skeels, a professional with a condition that requires assistance with mobility, teaches PHP1680I (1680I: Pathology to Power: Disability, Health, and Community). Three persons from the Department of Health are regular small-group leaders for our PHP2507/2508 statistics and applied data analysis sequence (J. Fulton, H. Kim, Y. Jiang).

In the online course described in section 2.11b, Elizabeth Tobin-Tyler (mentioned above) is presenting the module on Health Law, Policy and Ethics; Megan Ranney, an emergency room physician and graduate of our MPH program, is presenting the module on Injuries; Alysia Mihalakos, head of emergency preparedness at the RI Department of Health, is presenting the module on Emergency Preparedness; Robert Marshall, a former Deputy Director of the RI Department of Health has the module on The Role of Systems Thinking in Public Health; and Patricia Nolan, a former Director of the RI Department of Health, has the module on Public Health Institutions and Systems.

As mentioned in 3.3e, the Community Health Policy Group, affiliated with the Rhode Island Department of Health, fosters collaboration among voluntary and teaching faculty from Brown and other Rhode Island educational institutions, and faculty employed by the Department of Health. They discuss public health policy as applied to initiatives in Rhode Island and nationally, including their relationship to educational and practice issues. This committee also serves as a forum for networking among public health researchers, practitioners and administrators for demonstration programs and public health program evaluations.

4.1d Identification of measurable objectives by which the school assesses the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years. See CEPH Outcome Measures Template.

Table 4.1d. Outcome Measures for Tenure Track and Term Faculty members				
Outcome Measure	Target	2012/13	2013/14	2014/15
Faculty resources (Obj 4.a)	Maintain a minimum of 32 faculty in the School of Public Health in the tenure track or term appointment faculty lines, all of whom are available to meet the needs of MPH students as potential course instructors, field experience mentors and or thesis mentors within their areas of expertise.	43	43	42
Faculty – professional meetings (Obj 4.c)	90% of primary faculty attend a professional meeting, Brown initiated faculty development seminar or workshop, and/or session at the Sheridan Center for Teaching and Learning each year.	100%	92%	To be calculated
Faculty – External funding (Obj 5.a)	80% of primary faculty have external funding for research and/or training.	81.2%	84.1%	83.1%
Faculty- Publications (Obj 5.b)	95% of primary faculty have at least one peer reviewed publication each year	96%	100%	To be calculated
Faculty- Publications (Obj 5.b)	At least 75% have 2 or more peer reviewed publications.	91%	97%	To be calculated

4.1e Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

The criterion is met.

Strengths: We are fortunate to have a large, talented and accessible faculty to meet the needs of our students. We have had substantial growth specifically in our tenure track faculty over the past decade. We also benefit from the fact that Brown University is located in Providence, RI as is the RI Department of Health, and the two office buildings are within walking distance.

Plans: As we continue to develop as a School of Public Health, we will continue to assure that our students have access to a highly talented faculty.

4.2 Faculty Policies and Procedures. The school shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

4.2a A faculty handbook or other written document that outlines faculty rules and regulations.

The Departments within the School of Public Health adhere to the Brown University faculty recruitment, review and promotion criteria established by the Office of the Dean of the Faculty. The University rules governing recruitment, appointment, reappointment, promotion and tenure (for tenure track lines) are provided in the Faculty Rules and Regulations (Electronic Resource File, X.X.X, and http://www.brown.edu/Faculty/Faculty_Governance/rules.html). Additional procedural guidelines are found in the Handbook of Academic Administration (see Resource File, and <http://www.brown.edu/about/administration/dean-of-faculty/policies>). In addition, each of the four Departments within the School of Public Health has its respective handbook for appointments and promotions (Electronic Resource File, X.X.X), and the School's Office of Faculty Affairs maintains a set of template checklists that specify the materials to be included in faculty-related actions. Effective July 1, 2013 the School has established a Public Health Faculty Appointments committee (PHFA) that reviews senior-level appointments and promotions of non-tenure track faculty (section 1.5a). Our PHFA is a parallel to the Division of Biology and Medicine's Committee on Faculty Appointments (CMFA), which is the committee we used until separating in July 2013 to become a free-standing School of Public Health. Faculty actions for tenure-track faculty are handled by the Tenure, Promotions and Appointments Committee (TPAC) which has university-wide membership and is coordinated by the university's Dean of the Faculty Office.

4.2b Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

Faculty Development Policies and Procedures.

- In Public Health, the Centers and Institutes are an important vehicle for junior faculty development. These units make an investment in new faculty when they are hired and have established mechanisms for monitoring junior faculty productivity, performance and plans for research proposal development. Center Directors or their designees meet with junior faculty to review publications, progress in grant preparation, collaborations with other faculty and units and to determine whether additional infrastructure resources are required to achieve academic goals. Centers/Institutes often contribute start-up resources for new faculty in the form of research infrastructure (e.g., computers, research assistants, funds for pilot studies, etc.) and can invest reserve funds to provide bridge funding for faculty if needed. Is it worth noting that our tenure-track, (Research), and Teacher/Research Scholar faculty are located at our 121 South Main Street building. We are not dispersed across multiple locations, so that faculty are geographically proximate to their Chairs, Center/Institute Directors, and the School Administration.
- The Chairs of the Departments within the School meet annually with each faculty member of all ranks (early Spring) to review their respective "activity reports" for the prior calendar year (Electronic Resource File, X.X.X), as part of the annual salary determination process.

During this same period, junior faculty are also reviewed by the full senior faculty of their Department, who meet as a group. Their deliberations inform the feedback given to the faculty member by the Chair in their individual meetings. Junior faculty receive a letter summarizing these reviews and discussions. These meetings always address faculty development issues and not just issues related to courses, thesis supervision or other teaching. In particular, the Chair is able to suggest potential research collaborators for the faculty member, as well as other faculty with similar teaching or research interests. The Chair also reviews service activities.

- For untenured, tenure-track faculty the university requires that in early Fall, each receives a review of their performance during the prior academic year, conducted by the tenured faculty of their Department. These reviews are also read by the Associate Dean for Faculty Affairs and the Dean of Public Health, with discussion held with the Department Chair as considered appropriate by the Deans. After these reviews and discussion, a letter is provided to the faculty member, that becomes a part of their permanent file and accompanies any reappointment or promotion dossier considered by TPAC.
- Individual departments have developed mentoring programs. For example, the Department of Health Services, Policy and Practice formally assigns two senior faculty mentors to each junior faculty member, and they meet together at least once each term. At its May 2015 faculty meeting, the Department of Behavioral and Social Sciences reviewed a policy document outlining mentoring for tenure-track and non-tenure-track faculty.
- For tenure track faculty there is a “grant incentive program” (GIP) which deposits up to 50% of faculty members’ salary and fringe (above the 40% expected coverage of academic year salary) that is offset by external funds into the GIP account which can be used to support research and faculty development activities for that faculty member and their students. This is an individual account that rolls over from year to year. A similar incentive programs exist for “term/contract” faculty.
- In addition to mentoring opportunities within the School of Public Health for teaching effectiveness, faculty also have access to the Sheridan Center for Teaching and Learning, which offers a range of programs for enhancing teaching. This includes events, workshops and teaching observations with feedback.

4.2c Description of formal procedures for evaluating faculty competence and performance.

Formal Faculty Evaluation Procedures for Promotion and Reappointment. The formal criteria for faculty reappointment and advancement are provided in the Standards and Criteria documents for each Department, Electronic Resource File (X.X.X), as referenced above. Because non-tenure-track faculty have fewer or no teaching obligations, the evaluation procedures differ somewhat for tenure-track and non-tenure track faculty. It should be noted that Centers and Institutes at Brown cannot provide faculty appointments on their own; all faculty are hired through a Department-based search, even those in totally research-funded positions with no teaching obligations. Therefore, evaluations for all faculty occur with review by the Department Chair and senior faculty in the Department, not only by Center/Institute Directors.

Tenure track: Newly hired, junior tenure-track faculty are under a system of an 8-year “up or out” timeframe. These 8 years are divided into two, 4-year appointment periods so that the initial hiring commitment is for 4 years. As noted above, the university requires an annual evaluation of the untenured tenure-track faculty by the tenured faculty of the person’s Department in the early Fall (timing is adjusted for mid-year hires). The time period of the review is the prior July-June academic year. The results of that review, vetted through the Associate Dean for Faculty Affairs and the Dean of Public Health, is relayed to the faculty member by the Department Chair and placed in their permanent file. Content of the annual review covers research, teaching, and service. In year three of the initial appointment period, a dossier is assembled for purposes of reappointment review. That dossier is submitted to The University Tenure and Promotions Committee (TPAC), with the Chair of the Department present to answer questions when it is being considered. Reappointment can be granted for four years remaining, for two years with another review needed before consideration for tenure, or for a 1 year ‘terminal’ appointment if tenure is denied. Assuming reappointment, these annual reviews continue.

Early in year seven, the tenured faculty of the Department make a decision to recommend going forward for promotion or not. All negative recommendations are reviewed at the university level by TPAC and by the university Committee on Faculty Equity and Diversity, which is chaired by a faculty member. Assuming a positive recommendation for tenure, the Faculty Rules and Regulations and the Handbook of Academic Administration specify the steps for preparing a dossier, including external letters of reference using names provided by the candidate and by the Department. The process of selecting external referees includes review and recommendation by the relevant department and the Public Health Dean, with the objective of assembling a pool of reviewers who will be seen optimally credibly by TPAC. The dossier is then reviewed by the University Tenure and Promotion Committee that then makes a recommendation to the Provost and to the President. The Brown University Corporation gives the final approval.

In addition, all faculty paid by the School, in whole or part, submit an “activity report” early in the calendar year (January/February) for the prior calendar year. This is a computer-based, online report (Electronic Resource File, X.X.X) covering multiple topics within the domains of teaching, research, and service. These reports are reviewed by the respective Department Chair and also by the tenured faculty (for junior faculty) and by tenured Full Professors (for Associate Professors). All faculty, regardless of rank, meet with the Chair to discuss the prior calendar year’s activity, and plans for the coming year. Therefore, junior untenured, tenure-track faculty receive two reviews a year.

Non-Tenure Track: Non-tenure-track faculty can have appointments of various types: Teacher Scholar, Research Scholar, (Research), Professor of Public Health Practice, Clinical, and Adjunct. For our School, “Clinical” has often designated a faculty member with experience, and even current employment, with the Rhode Island Department of Health or other community-based organizations. The “Clinical” track was the only track available for professionals in public health when we were administratively located within the Division of Biology and Medicine. Now that we are free-standing School, and a Practice track has been approved by the University in April 2014, we are making new appointments in the Practice track and offering the option for current clinical faculty to switch into that track.

Each faculty track has evaluation criteria pertinent to expected activities, and these criteria are specified in the respective Departmental faculty handbooks (Electronic Resource File, X.X.X). The Teacher Scholar track has lesser expectations for empirical research, but an expectation for substantial instructional roles and related publications. The (Research) track is similar to the Research Scholar track in its emphasis on externally funded research, but the Research Scholar track also has an expectation for teaching activity. The Clinical track and the Practice track have expectations for applied health-related activity and recognition in one's field as a leader in community health promotion and/or professional service.

Reappointments differ across tracks. Junior faculty in the (Research) and Clinical tracks are on 3-year renewable appointments, with no requirement that they go up for promotion review after a specified period of time. Junior-rank Teacher Scholars and Research Scholars do have a mandatory promotion up-or-out review from Assistant to Associate Professor. After promotion to a senior rank, reappointments can be indefinite, with up to a 5-year term of reappointment (that is renewable), as determined by discussion between the Department Chair and the faculty member, with the approval of the Dean of Public Health.

These non-tenure-track faculty also submit the annual activity report in January/February. Their reports are reviewed by their Center/Institute Director and senior faculty, and by their Department Chair.

Promotion for these non-tenure-tracks very closely mirrors the process for tenure-track faculty, in that a dossier is prepared that includes external letters of recommendation drawn from names provided by the candidate and by the Department, as well as a promotion review by an internal Departmental committee before being forwarded to the next level. Prior to our becoming a freestanding School of Public Health, our non-tenure-track promotions were handled through the Division of Biology and Medicine's Committee on Medical Faculty Appointments (CMFA). Our non-tenure-track promotions are now handled through our Public Health Faculty Appointments committee (PHFA). The charge of the PHFA can be found in the Electronic Resource File (X.X.X).

Promotion recommendations from TPAC are forwarded to the Provost of the University for a final decision, and recommendations from PHFA are reviewed/approved by the Public Health Dean and forwarded to the Provost of the university for a final decision. Appointments and promotions from the Division of Biology and Medicine (via the CMFA process) are approved by the Dean of Biology and Medicine, and then forwarded to the Provost. Our public health faculty actions are therefore treated comparably with other Schools within the University. [Note: Brown University has three reporting units in regard to faculty hiring, reappointment and promotion. The large majority of Departments report through the Dean of the Faculty, who in turn reports to the Provost. The Departments within the School of Public Health report through the Dean of Public Health, who in turn reports to the Provost. The Departments within Biology and Medicine (encompassing the School of Medicine) report through the Dean of Biology and Medicine, who in turn reports to the Provost].

4.2d Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

Student Course Evaluations. Brown has an online system for course evaluations. For Public Health, our Academic Program Manager (Elizabeth Malone) applies the standard university evaluation template (Electronic Resource File, X.X.X) to each course in a specific semester, including an option to evaluate co-instructors and graduate student Teaching Assistants. In order to access their final course grade, students must either complete the course evaluation or enter an “I prefer not to provide an evaluation” response to opt-out. In the eight semesters that this system has been in effect, our completion rates have ranged from 74% - 89%. Since evaluation participation is voluntary, we believe these percentages of providing evaluations give good “denominators” for the evaluations.

Each instructor has access to the evaluations for their course (quantitative summaries and qualitative comments), and the Associate Dean for Academic Affairs, the Associate Dean for Faculty Affairs, the Dean of Public Health, and the Department Chairs have access to all course evaluations. Course evaluations become part of the faculty member’s permanent record. The Academic Program Manager also sends course evaluations to the appropriate Department Chair and to the Director of the MPH program (for MPH-relevant courses).

The Associate Dean for Academic Affairs reviews the evaluations and discusses evaluations with the respective Chair and the Dean of Public Health. Beginning in Fall 2015, the entire MPH Curriculum Committee sees the summary course evaluations for “course effectiveness” and “instructor effectiveness.”

Course evaluations are used to improve academic offerings. For example, review of course evaluations resulted in the restructuring of our introductory MPH Biostatistics course (formerly PHP2500) and our course in applied data analysis (PHP2075). Rather than having two distinct one-semester courses, we now have an integrated, two-semester sequence (PHP2507, PHP2508) that better meets the needs of MPH students to have a guided experience in more abstract statistical concepts and practical application of those principles. We also changed the timing and content of our undergraduate Senior Seminar (PHP1910) based on student evaluations. Department Chairs may encourage instructors to participate in training offered by the Sheridan Center for Teaching and Learning to improve on concerns noted by students. Senior faculty also will sit in on courses to review instructor performance and make suggestions. These reviews are included in the faculty dossier.

4.2e Assessment of the extent to which this criterion is met and an analysis of the school’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: Criteria for faculty advancement and resources for faculty development are clearly defined and available to the faculty. There are clear, operational policies and procedures for recruitment, appointment and promotion of tenure-track, tenured, and non-tenure-track faculty. Our School’s procedures are consistent with procedures across the rest of the university. Evaluations of faculty, their teaching, as well as advising, supervising internships, mentoring

research and other functions are systematically evaluated and feedback is provided both to their Department Chairs and to the faculty members as directed by university policy for annual faculty evaluation.

Challenges: As a School that includes a professional mission, within a university that has always had a traditional liberal arts, humanities and sciences foundation, we are breaking new ground for the university and for ourselves. Our multi-year developmental process to become a School, which required separation from our longstanding organizational placement within the Division of Biology and Medicine, was also a process of educating our university colleagues about a School of Public Health and how it could fit within the academic fabric of Brown University.

Plans: To assure that mentoring of junior faculty is consistent and appropriate across Departments. To continue to refine policies and procedures, and integrate those policies/procedures into the university, as we continue developing as a School of Public Health.

4.3 Student Recruitment and Admissions. The school shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the school's various learning activities, which will enable each of them to develop competence for a career in public health.

4.3a Description of the school's recruitment policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

We use a range of activities to recruit our applicant pool. These include regularly expanding the content of our School and Department websites, attending national meetings and recruitment fairs, as well as engaging in personal contact with interested candidates. A new School of Public Health website format was developed and launched in Fall 2014 to make it easier to navigate among the School's degree programs. The School of Public Health has a booth and hosts a reception at the annual meeting of the American Public Health Association. School staff attend a number of annual recruitment fairs at colleges, including Colby College, Bates College, Bowdoin College, Providence College, the University of Rhode Island, and the University of Massachusetts at Amherst. School staff also attend a number of Idealist Fairs, which are organized by Idealist, and hosted at colleges. School of Public Health faculty also outreach to Brown affiliated hospitals to make clinical faculty aware of the academic programs in clinical and translational research. The School also has a booth at the APHA annual meeting/exposition. We hope to expand our enrollment to 200 Masters students by FY 2020.

Locally, we hold several events, which are either annual or planned to be annual:

Graduate Students:

- Recruitment Day in February (doctoral event)

An annual event, held on the first or second Monday in February, is a collaboration among the doctoral programs we have traditionally called "Recruitment Day." The School makes a financial contribution to the event, allocated equally across the doctoral degrees.

Reservations are made at a hotel within eyesight and easy walking distance of the School, and travel allotments are provided for air/ground transport. Invitations are sent to PhD program applicants who are rated highly by the respective admissions committees, and 8-10 applicants per degree program is typical. Applicants arrive on Sunday, have an informal evening social event, and a more structured program on Monday, to provide an orientation to the School and its respective degree programs. See the Electronic Resource File (X.X.X) for an agenda of events.

- February 2015 Information Day (masters event)

For the first time, in February 2015, the School held an "Information Day" for potential applicants to our Master's degree programs. One pool of solicited persons came from a selected group of students who took GREs, and who received a targeted mailing using a mailing list purchased through the GRE Search Service. We also advertised widely to Brown University undergraduate students and medical students. A total of 35 students attended a program with presentations about our various masters degrees. See the website

<http://www.brown.edu/academics/public-health/education-training/information-session>, and the Electronic Resource File (X.X.X). for an agenda of events

- Masters Recruitment Day, as well as visiting classes in session
The School has, for several years, sponsored a Recruitment Day for students who have already applied to our Master's degree programs. This year (2015), there have been two events. The first was for the Biostatistics Master's degree, and was held on March 6th. The second event, held on March 20th was specific to the MPH, and has been an annual event for several years. Each event has group presentations integrated with degree-specific sessions and some time devoted to meeting with individual faculty. See the Electronic Resource File (X.X.X) for an agenda of events.
- Throughout the year, students with interests in various graduate programs are scheduled for individual meetings with relevant faculty and program directors.

Undergraduate:

- Undergraduate "Activities Night" on Labor Day
Brown University holds an "Activities Night" during late afternoon on Labor Day. The event is directed to newly arrived first-year students, and undergraduate concentrators are asked to staff tables. Students circulate around the tables. Public Health and Statistics concentration advisors attend this event and interact with the newly arrived students. The range of questions is quite broad, and we distribute materials about the concentrations and the AB/MPH, field questions about study abroad and possible double-majoring, and talk about career options in public health.
- Undergraduate Concentration Fair in October
In later October, the University sponsors a Concentration Fair, which is directed at sophomores, although first-years can attend. University rules are that undergraduates are not allowed to register for Semester 5 coursework (the first semester of junior year) until they have formally declared a concentration which most often occurs in Semester 4 (second semester, sophomore year), though a few students declare in their third semester. The structure of the Concentration Fair is the same as for Activities Night. Each concentration has a table, and students circulate among them, asking questions and receiving information. At the Concentration Fair, the concentration advisor is accompanied by students from the Public Health DUG (Department Undergraduate Group). Interested students can therefore talk with faculty and with fellow students. Again, we distribute materials about the concentrations and the AB/MPH, field questions about study abroad and possible double-majoring, and talk about career options in public health.
- Undergraduate "Service/Feeder" Courses":
The undergraduate Public Health concentration has two introductory-level, undergraduate courses that act as "service courses" to the university for public health content, and as "feeder courses" to the undergraduate Public Health concentration. One is PHP0310 (Health Care in the United States), the other is PHP0320 (Introduction to Public Health). Neither course currently has a cap on size, and each has grown from slightly over 100 per

semester as recently as 5 years ago, to over 300 per semester (PHP0310) and over 250 per semester (PHP0320).

The concentration in Statistics is expanding its visibility. In Fall 2014, the Department of Biostatistics offered what Brown calls a “First-Year Seminar” and will offer it again in Fall 2015. This is a size-capped course for entering students. The course is titled “Statistics is Everywhere” (PHP0100), and is the first statistically-oriented course at Brown designed for incoming, first-year students. The syllabus is in the Electronic Resource File (X.X.X). In addition, The Department of Biostatistics now offers an undergraduate course (PHP1501: Essentials of Data Analysis) that is required in the Public Health concentration, and is also available to students in the university as a whole.

4.3b Statement of admissions policies and procedures. If these differ by degree (eg, bachelor’s vs. graduate degrees), a description should be provided for each.

Each graduate degree program has a separate Admissions Committee. As noted below, the undergraduate degrees do not have a formal admissions committee, but contact with and approval by a concentration advisor is required.

Graduate Degrees:

Applications to all graduate degree programs at Brown originate via the website for the Graduate School, using the CollegeNet system (<http://gradschool.brown.edu/go/admissions>). The applications are then accessible to the respective degree programs’ administrative staffs and Admissions Committees. Each Admissions Committee has access to multiple pieces of information:

- The online application
- Official transcripts for all undergraduate and graduate academic work (if applicable)
- GRE scores
- Three letters of recommendation
- Personal statement
- Resume
- TOEFL or IELTS scores for international applicants, unless they are from English speaking countries or completed an undergraduate degree in an English speaking country.

The application portal opens in early September. The four doctoral degree programs follow the University practice of closing applications as of January 5th. Applications are reviewed, and invitations are sent to highly-ranked applicants to attend a largely School-funded (travel, lodging, meals) “Recruitment Day” at the end of January-early February. Typically, 8-10 students are invited per degree program.

Doctoral degree programs now have the opportunity to nominate highest quality applicants for a recently initiated Presidential Fellowship, which carries larger benefits than the guarantee for all admitted students. (The HSR and Epidemiology doctoral programs each have a Presidential Fellow starting with the 2015-2016 academic year.) Letters of offer are officially sent under the signature of the Dean of the Graduate School, so that doctoral programs university-wide inform

the Graduate School of their recommendations for admission, the Graduate School sends the generic letter, and the degree programs follow-up with any specifics that want to provide about their programs.

Our Masters degree programs review applications from January and continue as long as the end of May, if space in the class is available. Each Masters degree program has its own admissions committee.

Decisions about admissions for the doctoral and masters programs are made by the full Admissions Committee memberships. Some programs use assignment to a pair of reviewers who present the application to the full committee, and other programs function as a committee-of-the-whole for the initial review. Even when a pair of reviewers is employed, all committee members have access to the applications. Rating systems are typically used in order to rank applicants. Telephone and internet/WWW options are used in some circumstances, such as for international applicants who cannot come to recruitment events. Admission decisions are discussed with the appropriate Department Chair, or in the case of the MPH and CTR degrees, with the Director of Interdisciplinary Programs.

Undergraduate Public Health and Statistics Concentrations:

Primary concentration. The concentrations are not capped in regard to size. There is a well-specified process to enroll in (i.e., “declare”) a concentration. Undergraduates across the university are not allowed to register for their 5th semester until a concentration course plan has been approved, thereby enrolling them into the concentration. Concentrations are therefore “declared” most often in March and April of Spring semester. Concentrations are declared in an online system called Advising SideKick (ASK).

For the concentration declaration process, prospective students meet with the Academic Program Manager and/or a concentration advisor and discuss their interests, the concentration’s required courses, course selections from among the areas that have elective options, and the semesters when courses would be taken. Study abroad is also often a topic of discussion. Importantly, students are required to provide, in the ASK online system, a complete list of courses that meet the requirements of the concentration. Students do not simply check-off a box that automatically enrolls them in the concentration, so the concentration declaration process is interactive.

We have the option of returning a concentration declaration for revision if there are questions about course selection or if the proposed concentration plan is incomplete. Therefore, students do have a screening process before being approved to enter a concentration, but it does not involve a non-interactive “rejection” option as exists for offers of admission to the graduate degrees.

Second concentration. Undergraduates also have the option of designating a second concentration (i.e., “double majoring”). This declaration does not have to happen by the end of the 4th semester, so such declarations can occur as late as the last semester of the student’s junior year. However, the procedure to declare a second concentration is identical to that used for declaring a primary concentration.

5-Year AB/MPH

Information about the AB/MPH is provided at every event we attend that involves undergraduates. Undergraduates contact either the undergraduate concentration advisors or the MPH to inquire about eligibility and course planning. Application to the MPH part of the AB/MPH is a separate application, and is made in the student's sophomore or junior year via the Graduate School website, and the application is then reviewed by the MPH Admissions Committee. An undergraduate concentration advisor and the Academic Program Manager can review AB/MPH requirements with students, but there is eventually a joint meeting of the student, an undergraduate degree representative, and an MPH program representative to officially discuss the student's course plan prior to applying.

- 4.3c Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the school. If a school does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the school. In addition, references to website addresses may be included.**

(A.) Academic Calendar, Grading, and Course Catalog

The School of Public Health adheres to the university's academic calendar as posted on the website of the Registrar: <http://www.brown.edu/about/administration/registrar/academic-calendar>. There is a Fall semester that runs from early September to mid-December, a Spring semester that runs from later January to mid-May, and a Summer session that runs from June to August. Commencement is held the Sunday before Memorial Day. To date, Public Health courses have been almost exclusively offered in Fall and Spring semesters.

The School also adheres to the university's grading system. Brown assigns letter grades of A/B/C/NC. There are no "pluses" or "minuses" (<http://www.brown.edu/about/administration/registrar/course-enrollment/grades>). Degree programs have requirements based on the accumulation of "tuition units" rather than "credit hours." For example, undergraduates must successfully pass 30 tuition units, but pay for 32 in a standard four-year, eight-semester program of study. Typically, each course taken counts as 1 tuition unit, but Brown does have .5 tuition unit and 2.0 tuition unit course options. Grades of A/B/C carry academic "tuition unit" credit toward degree requirements; a grade of NC (No Credit) carries no credit. An option also exists to take a course S/NC (Satisfactory/No Credit).

The Academic Offerings of Brown University, as well as information about degree programs and many other elements of resources at Brown are contained in the University Bulletin (<http://bulletin.brown.edu/>). The School of Public Health has a link within this document (<http://bulletin.brown.edu/public-health/#text>). Within the Public Health link is a listing of courses (<http://bulletin.brown.edu/public-health/#courseinventory>). There are also links to the undergraduate and graduate degree programs (<http://bulletin.brown.edu/public-health/#graduate>; <http://bulletin.brown.edu/public-health/#undergraduate>). Printed webpages can be found in the Electronic Resource File (X.X.X). Links to degree requirements for undergraduate concentrations can also be found at Focal Point, a service of the Dean of the College that links back to the University Bulletin (<http://www.brown.edu/academics/college/concentrations/>).

(B.) Recruitment and Advertising

The School of Public Health website has several locations that provide information for inquiries by potential students:

One site (<http://www.brown.edu/academics/public-health/education-training>) provides links to all degree and certificate programs offered through the School. These sites in turn link to the individual programs and their respective requirements.

Another link (<http://www.brown.edu/academics/public-health/education-training/apply>) provides application deadlines, links to our degree programs, and application portals to the undergraduate College, the Graduate School, and the Executive Master of Healthcare Leadership.

Another link on the School website (<http://www.brown.edu/academics/public-health/education-training/student-stories>) highlights students and their experiences, including a link to the Public Health Graduate Student Council. (<http://www.brown.edu/academics/public-health/education-training/graduate-student-council>).

4.3d Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 2012 to 2015				
		2012-13	2013-14	2014-15
Behavioral and Social Health Sciences PhD	Applied	N/A	N/A	33
	Accepted			5
	Enrolled			3
Behavioral and Social Health Sciences (ScM; AM)	Applied	21	25	39
	Accepted	9	13	19
	Enrolled	6	7	14
Biostatistics PhD	Applied	72	113	122
	Accepted	8	11	11
	Enrolled	3	3	6
Biostatistics ScM	Applied	42	80	110
	Accepted	23	47	37
	Enrolled	6	12	8
Biostatistics AM	Applied	12	13	24
	Accepted	12	6	11
	Enrolled	6	1	4
Clinical and Translational Research ScM	Applied	8	2	8
	Accepted	7	2	6
	Enrolled	6	1	5
Epidemiology PhD	Applied	71	76	81
	Accepted	6	6	8*

	Enrolled	4	4	5 ⁺
Epidemiology ScM [§]	Applied	22	17	23
	Accepted	5	13	9
	Enrolled	1	5 ^{**}	1 ⁺⁺
Health Services Research PhD	Applied	34	52	57
	Accepted	7	5	11
	Enrolled	4	4	3
MPH	Applied	111	140	137
	Accepted	84	113	103
	Enrolled	39	47	38
Undergraduate: Community/Public Health ^{\$\$}	Applied/Enrolled	53	38	66
Undergraduate: Statistics	Applied/Enrolled	3	2	3

Specialty area is defined as each degree and area of specialization contained in the instructional matrix (Template 2.1.1)

Applied = number of completed applications

Accepted = number to whom the school/program offered admissions in the designated year

Enrolled = number of first-time enrollees in the designated year

* includes admitting one student in the ScM program

+ includes enrolling one student who had been in ScM program and transferred

§ While the ScM in Epidemiology was an approved degree program prior to 2007, it was reactivated with a revised proposal for a 2-year degree and approved in June 2011. Recruitment into this revamped program began the following year, with five students beginning in Fall 2013

** 1 student deferred to AY14-15, did not enroll

++ 2 students deferred to AY15-16

\$\$ Undergraduate students do not apply to concentrations in the way that graduate students apply to degree programs. Undergraduates submit a "concentration plan" that lists the courses the student intends to take. This course plan is reviewed by an advisor; in-person meetings also occur. Interaction takes place as needed until the concentration course-plan meets the requirements, and can therefore be approved. As long as the concentration course-plan meets the concentration requirements, it will be approved. Also, there is no "cap" on the number of accepted concentrators.

4.3e Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, by concentration, for each degree, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.

Table 4.3.2 Total Enrollment Data: Students Enrolled in each Area of Specialization Identified in Instructional Matrix for each of the last 3 years

Table 4.3.2 Student Enrollment Data from 2012 to 2015						
Degree & Specialization	2012-13		2013-14		2014-15*	
	HC	FTE	HC	FTE	HC	FTE
BSHS PhD	-	-	-	-	3	3
BSHS ScM/AM	12	8	16	11	16	12.5
Biostatistics PhD	13	13	11	11	14	14
Biostatistics ScM/AM	18	16.5	24	21	25	19

Clinical and Translational Program ScM	6	3	6	3	9	4.5
Epidemiology PhD	15	15	17	17	21	21
Epidemiology ScM	2	2	6	6	5	5
Health Services Research PhD	15	15	15	15	16	16
MPH Program/Generalist Track*	77		68	66	68	62.5
MPH Behavioral & Social Sciences Track	-		2	2	2	2
MPH Biostatistics Track	-		2	2	3	3
MPH Environmental Health Track	-		2	2	1	1
MPH Epidemiology Track	-		2	2	2	2
MPH Global Health Track	-		3	3	5	5
MPH Health Services Track	-		4	4	3	3
Undergraduate Community/Public Health	96	96	91	91	104	104
Undergraduate Statistics	4	4	5	5	6	6

*The MPH Program was a generalist program until 2013/14. Starting in 2013/14, students were given the option of choosing one of the above tracks. The total Program headcounts are on the first line and, in addition, the breakdown by track is listed for 2013/14.

Brown does not calculate credits, as mentioned in 2.2a. Full-time students in the MPH Program take 13 courses over 2 years. Full-time equivalent is based on the total number of courses taken (full-time = 6.5). Numbers include AB/MPH students.

4.3.f. Identification of measurable objectives by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures for each of the last three years. See CEPH Outcome Measures Template.

At present we are using two indicators of success recruiting a qualified student body, that were also included in the Outcome Measures table 1.2.c

Outcome Measure	Target	2012/13	2013/14	2014/15
Student performance (Obj 2.c)	Fewer than 5% of students leave for academic reasons, across all enrolled students in graduate programs in an academic year.	2%	1.2%	0.5%
Employment rate (Obj 2.d)	90% of students are employed or either accepted or enrolled in a graduate program within a year of graduation.	94.6%	91.3%	To be calculated

4.3g Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criteria is met.

Strengths: We have avenues for recruitment, and are fortunate to attract a highly qualified pool of applicants and have a sufficiently high yield of accepted students who choose to join our degree programs.

Challenges: We continue to search for ways to expand our sources of degree applicants, and to provide financial aid to make our degree programs financially accessible.

Plans: We plan to take advantage of our development as a School to help expand our respective degree applicant pools and continue to assure that we admit a highly qualified classes.

- 4.4 Advising and Career Counseling.** There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.
- 4.4a Description of the school’s advising services for students in all degree programs, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.**

Undergraduate

Brown University does not have separate undergraduate and graduate faculties. All faculty are expected to be available for undergraduate and graduate students. The School of Public Health follows this policy of faculty availability and responsibility. All faculty with explicitly stated teaching expectations in the description of their faculty track (tenure-track, Teacher Scholar, Research Scholar) can be assigned roles in graduate and/or undergraduate teaching and advising. Brown University encourages students to approach any faculty member regardless of track, and ask for informal, short-term advising, or a longer-term advising relationship.

Undergraduate Concentrations

The Dean of Public Health consults with the Associate Dean for Academic Affairs, the Associate Dean for Faculty Affairs, and the School’s Executive Committee to identify Directors for the undergraduate, cross-disciplinary Public Health concentration. The Chair of the Department of Biostatistics designates the Director of the undergraduate Statistics concentration, with the consent of the Dean of Public Health.

The university offers annual orientation sessions for new and continuing concentration Directors, and gives information about university-level policies and resources (<http://brown.edu/academics/college/advising/sites/brown.edu/academics/college/advising/files/uploads/2014-Concentration%20Advisor%20Handbook.pdf>). There is an Associate Dean of the College for Upperclass Studies (i.e., juniors and seniors), and that Office offers a range of resources (<http://brown.edu/academics/college/advising/concentrations>).

Graduate Programs

All of our graduate degree programs review their students at least annually, in accordance with Graduate School regulations, to assess progress. Some programs have an evaluation meeting at the end of each semester. These are meetings attended by the designated academic advisors, so that discussion about each student can occur with benefit of comments from relevant faculty. Our individual departments are not especially large, so these degree-specific meetings typically have more than one faculty member who has had the student in class. These meetings are therefore especially helpful for getting information and observations that supplement grades. Our degree programs are of modest size, so that students do not get lost or slip between the cracks. Progress of graduate students is also tracked in GSIM (the Graduate Student Information System), which includes tracking of benchmarks toward graduation. Staff of the individual graduate degree programs update GSIM, and the School’s Academic Program Manager also has access in order to assist as needed. This information is fed back into the advising network.

In addition, as of academic year 2014-2015, we implemented the “Individual Development Plan” (IDP) procedure across all of our graduate degree programs, not only for doctoral programs. The IDP is a federal requirement for doctoral students funded through specific external sources, and we also use it with Masters students as well. Degree-specific IDPs are available on our School of Public Health website (<http://www.brown.edu/academics/public-health/education-training/student-funding/idp>). Academic advisors develop IDPs in conjunction with students, and use them in discussions of academic progress and course planning.

Degree program examples:

Behavioral and Social Sciences

BSHS: ScM & AM. All entering Master’s students are assigned an Academic Advisor from the BSS faculty. The role of the academic advisor is to meet regularly with the student, provide guidance on the student’s academic and career goals, help with the selection of courses, identify and discuss any challenges in the Graduate Program, help with the identification of a thesis topic (ScM) or capstone project (AM), and serve as a resource to the student for general professional development advice, mentorship, and academic advocacy. Students meet with their academic advisors at least twice per semester. The Graduate Program Director is in contact with advisors and students so that any issues can be resolved.

A Thesis Advisor (ScM) is determined based on match between student and faculty interests. The Thesis Advisor is selected by the beginning of the second semester and provides ongoing supervision and consultation for conceptualization, design, conduct, analysis, and interpretation of the student’s thesis project, as well as regular feedback to the student regarding progress of the project.

A Capstone Advisor(AM) is determined based on match between student and faculty interests, and based on the student-faculty advising ratio. The Capstone Advisor is selected by the beginning of the second semester and provides ongoing supervision and consultation for conceptualization, design, conduct, and interpretation of the student’s Capstone project, as well as regular feedback to the student regarding progress of the project.

BSHS: PhD. Doctoral students are admitted to work with a primary advisor determined during the admissions process based on match between student and faculty interests and availability of faculty. The primary advisor provides funding for the student, and serves as instructor for independent studies and as dissertation/thesis advisor. Primary advisors are usually faculty with primary appointments in the Department of Behavioral and Social Sciences, but may be faculty holding a secondary appointment. Primary advisors act as professional mentors, engaging students in scientific activities beyond the thesis, such as presenting talks at university seminars and scientific meetings, assisting with manuscript reviews, and collaborating on other research projects. Each student is also assigned a secondary advisor. The secondary advisor’s role is as an additional source of input and guidance on timely completion of program milestones, general professional development, mentorship, and academic advocacy.

Biostatistics: PhD

At the time of admission into the program, each student is assigned a faculty academic advisor. The assignment of an academic advisor is made by the Graduate Program Director. During the first two years of study, the academic advisor assists the student in planning for meeting degree requirements and objectives and in the process of course selection. Students are expected to meet with their academic advisor two to three times per semester. In the initial meetings with the academic advisor, students should plan a curricular program for up to two years. It is not necessary that this initial plan be adhered to throughout the two year period, but it provides an outline of courses to be taken and milestones to be met.

Master's in Clinical and Translational Research

Due to the small size of the program, the Director of Interdisciplinary Education, Dr. Patrick Vivier, is the academic advisor for all CTR students. In addition, Dr. Ira Wilson and Dr. Amal Trivedi provide structured advising on research planning in the required seminars that are part of PHP2470: Topics in Clinical and Translational Research. Each student selects a thesis advisor and reader for their thesis project. Students formulate the thesis topic during the first year of study. Drs. Vivier, Wilson and Trivedi are available to assist students with selecting an appropriate thesis topic, thesis advisor and thesis reader.

Epidemiology: PhD

At the time of admission into the program, each student is assigned an academic faculty advisor. During the first two years of study, the academic advisor assists the student in planning for meeting degree requirements and objectives. The process of selecting a dissertation advisor takes place after the first two years, once a student has passed the written qualifying exams. The academic advisor and research mentor serve during the first two years, while the dissertation advisor oversees the student's thesis research. Either the academic advisor or the initial research mentor may eventually serve in the role of dissertation advisor, but this is not always the case.

Recently, the Department of Epidemiology created formalized best practices regarding advising of Epidemiology graduate students: (1) Doctoral students should aim to meet with their advisors every month and at least every other month for a minimum of twice per semester. (2) Academic advisors will provide the Graduate Program Director (GPD) and Academic Program Coordinator with end-of-semester updates. In the fall and spring semesters, we expect advisors to officially inform (i.e., written note by email or letter) the GPD of any potential issues or concerns about the student, as well as their progress in the program.

Health Services Research: PhD

The cornerstone of the health services research doctoral training program is the advising/mentoring program. The traditional sole-mentor model that typifies most graduate training programs does not suffice. Upon matriculation, students are assigned a faculty academic advisor to begin their mentoring team and a research mentor. The student and academic advisor complete a mentoring expectations contract as well as an Individual Development Plan (IDP) that is to be updated annually. The academic advisor not only assists in the selection of courses, but also in shaping academic, career and personal goals. As the student's research trajectory becomes clear, the academic advisor is formally replaced by the

dissertation advisor. In addition to the faculty advisors, students have access to peer mentors, as well as alumni if requested (through the Graduate Program Director).

The primary roles of the research mentor are to: 1) integrate students into the research enterprise at Brown University; and 2) identify potential learning experiences beyond the classroom. The Graduate Program Director assigns each incoming student a research mentor. In the first year of study, the research mentor is separate from the academic advisor to increase students' exposure to faculty. The research mentor connects students to ongoing research meetings and studies on substantive research topics. In the first year of study, students are expected to attend meetings monthly to begin observing the research process, networking with researchers interested in their field of inquiry, and hearing what the latest research questions, issues, and funding streams are. The research mentor helps the student develop a list of "shadowing" experiences, to help students gain insight into how the various stakeholders in health care view the issues discussed in the academic context and to accumulate experiences that should help stimulate more useful, practical research questions.

The graduate student peer mentoring program provides a supportive environment for health services research graduate students, links new students with successful role models, and assists students in tapping into appropriate resources available on campus. The Alumni Connections Program taps into the experiences of graduates of the academic programs in public health by providing 'distant' mentoring by alumni. The goal of the Alumni Connections Program is three fold. First, to take advantage of the potential networking opportunities for our students. Second, sometimes students have challenging experiences as they progress through various stages of their training, and it is often useful to get advice from persons who have successfully survived similar experiences. Lastly, the program helps to keep alumni interested and connected to happenings on campus.

Master of Public Health

Before MPH students arrive for a week-long orientation, which is held the week prior to the start of the fall semester, each MPH student is assigned to an academic advisor. The MPH Program Director reviews application materials from the incoming students, and may also meet with individual students, to identify an academic advisor who can best address respective public health interests.

Beginning with the 2012-2013 academic year, the advising arrangement was changed to provide more frequent advisor meetings and sustained continuity of the student/advisor relationship to better accommodate the interests and needs of the MPH students. The academic advising role was incorporated formally into the Public Health/Community Service Internship course, PHP2070 (section 2.4a), a year-long course in which all first year MPH students are required to enroll, with the main advantage being required regularly scheduled meetings with the academic advisor. Students are assigned in groups of five or six students to one Core Advisor. The students meet in small groups with their respective Core Advisor in regularly scheduled sessions that include two meetings during the orientation week, five meetings during the fall semester, and four meetings during the spring semester. During the small group Core Advisor sessions, the students learn, research and present core concepts of public health, under the guidance of the Core Advisor. In addition, the students also explore public health internship opportunities, consider strategies for formulating thesis projects and connecting with appropriate thesis advisors and readers, and discuss course selection aligned with specific individual career goals.

Students are encouraged to meet individually with their Core Advisor in addition to the scheduled small group meetings.

All MPH students also have ready access to the MPH Program Director, the MPH Program Manager, the Coordinator for Applied Learning Experiences & Professional Development, and the Dean of Public Health for advice and guidance on course selection, field experience opportunities, and thesis topics. MPH students also receive advising and counseling from their field experience mentors as part of the PHP2070 course.

4.4b Description of the school's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to specific needs in the school's student population.

All students at Brown, including Public Health undergraduate and graduate students, have access to the resources of the Brown University Center for Careers and Life after Brown (CareerLAB) - <http://brown.edu/campus-life/support/careerlab/>. It is possible to arrange individual appointments with one of the professional career advisors to learn about job seeking strategies, customizing their resumes/CVs, and participating in mock interviews. Through the CareerLAB, students can join BRUnet, a network of Brown University alumni, to connect with career planning tools including networking, job searching, webinars, and coaching/mentoring. The CareerLAB regularly advertises events for students to explore career opportunities and job searching skills, such as workshops focused on resume/CV building, interviewing, and networking; on-campus visits from businesses, organizations, and agencies; and career fairs.

In Spring semester 2015, CareerLAB offered several seminars:

- Effective Interviewing for Internships
- Interviewing for Jobs and Internships
- Masters Students Job Search Kick-off
- Alumni Career Pathways in Data Science
- Spring Career Fair
- Effective Resumes and Cover Letters for the Masters Job Search
- Using Social Media for the Job Search for Graduate Students
- Successful Job Interviewing for the Masters Job Search
- Alumni Career Pathways in Public Health
- Public Health Alumni Career Panel

Each Department in the School of Public Health sponsors a monthly seminar, and students often meet one-on-one or in small groups with speakers, who can also provide a model for career options, or be a networking opportunity. The individual Departments and degree programs circulate career opportunities to their students via email announcements, and outside speakers from the professional sector are invited to make presentations. Dissertation committees are a prime source of career advising, given their extended time of association with the student and the fact that they are selected due to expertise relevant for the student's dissertation topic. The Department of Biostatistics has a Google site dedicated to career opportunities for doctoral students, Masters students, and alumni. A Biostatistics faculty member (Christopher Schmid)

has taped a series of four career-related presentations in our “smart classroom,” directed toward Masters students, and those videos are available on the School’s YouTube site (<https://www.youtube.com/channel/UCfkekavZNLjRYDgmyYqZ3Vg>). The Department of Biostatistics also maintains a Google site for students, that has links to a variety of resources located within the Department and across the university, including internship and job announcements (<https://sites.google.com/site/brownbiostatmaster/home>).

Academic and career advising is heavily based in the advisor-student relationship. Because we are a research-intensive School of Public Health, and based on the funding model we have with the Graduate School that requires the bulk of doctoral student support to come through the degree programs, doctoral students serve the majority of their semesters as fully supported research assistants (stipend, tuition, health fees). Match between doctoral applicants and research areas of degree program faculty is a consideration in the application review process. Because of substantial external funding, our faculty have extensive connections in their respective disciplinary networks. These connections are a valuable resource for career advising and identifying opportunities for submitting applications.

Career advising and preparation also occur in the context of Research Assistantships, for both doctoral and Masters students. Degree program directors participate in helping students find such placements, both as full RA-ships with formal stipends and tuition coverage, as well as hourly-paid. Students typically look for assistantship opportunities in areas of their career interests, and our research Centers/Institutes are a deep resource of opportunities. There are also research centers such as The Center for Prisoner Health and Human Rights, housed at The Miriam Hospital (a Brown-affiliated hospital) that have activities and research directly relevant for public health. Bradley Brockmann, Director of that Center, has a teaching appointment in the School, has taught 2 courses, and will oversee a forthcoming TRI-Lab course, as noted elsewhere in the Self-Study. Our doctoral students are selected with a view to match with faculty expertise, and they typically have externally-funded RA-ships. For other students, graduate and undergraduate, we encourage finding the best match for their interests, and make referrals as necessary; we do not “populate” our research assistant needs as the first priority.

Our undergraduate concentrations typically serve a pre-graduate-school function. Our Public Health coursework is not designed to prepare students for entry-level, front-line positions in public health upon graduation. The concentration advisors are therefore resources for talking with students about post-baccalaureate planning. Brown offers career advising through the Dean of the College for students considering medical school, law school, dental school, and allied health professions (<https://www.brown.edu/academics/college/advising/health-careers/> <http://www.brown.edu/academics/college/advising/law-school/>). There are no academic concentrations at Brown that are “pre-med’ or “pre-law.” Any student interested in those career paths must declare a standard concentration, and take the necessary coursework as part of their general curriculum. Concentration advisors therefore talk with students about long-term career plans, as well as short-term “bridge” positions in the public and private sectors between baccalaureate graduation and advanced degrees.

4.4c Information about student satisfaction with advising and career counseling services.

Departments and Degree Programs

Biostatistics (AM, ScM, PhD)

As noted in section 2.b, the Department's exit interview process is constantly evolving. With that being said, when given an opportunity, through our exit interview survey, for anonymous feedback on "missed opportunities" within the current degree programs' schematic, graduating students did identify their desire to learn more about career opportunities for Biostatisticians. As a result of this input, the Department organized an Advanced Topics in Biostatistics course entitled "Statistics in Interdisciplinary Research" which involved the invitation of professional Biostatisticians from various industries to share their experiences. This course was so successful, feedback also tracked through course evaluations and our exit survey process, that ongoing career-oriented seminars and invitations to corporate hiring personnel have been continued. In addition to the efforts the Department has made internally, we have also made greater effort to share university-based career counseling opportunities available to students, primarily through the advocacy of the university's CareerLab and The Sheridan Center for Teaching and Learning. The Department's 2014-15 Student Exit Interview survey has been updated to include a specific question in the anonymous section "Did you get sufficient advice and support for development of job skills and for job placement?" in addition to questions about faculty advising. We have also adopted the IDP requirement for our Master's students, making available opportunity to identify career goals.

Behavioral and Social Sciences

Given the small number of BSHS Master's graduates, BSS has so far relied largely upon alumni surveys and personal contact to track our graduates' progress and success. In Fall 2013, BSS faculty and BSHS Master's students met to discuss career counseling needs and expectations. This meeting resulted in the creation of a "Student Resources" page on the BSS website that includes a Career Pathways document, sample cover letters and resumes, and other professional development materials. As the program continues to grow, BSS will implement exit interviews with graduating students and use the information collected to better tailor advising and career counseling.

The BSHS doctoral program admitted only its second cohort of students in Fall 2015. There are small-group meetings held by the Graduate Program Director, so there is ample opportunity for students to provide feedback to faculty. As the program grows, BSS will implement more formal mechanisms similar to those employed in BSHS Master's Program.

Clinical and Translational Research

The program has only a few students, with the frequent small-group meetings in the Topics of Clinical and Translational research, there is ample opportunity for students to provide feedback to faculty.

Epidemiology (PhD, ScM)

While student feedback is generally very positive, the Epidemiology Department recognizes that there is always room for improvement in terms of guidelines for student mentoring, additional opportunities for interactions between graduate students and faculty, and communicating a uniform set of guidelines, procedures and policies for graduate students.

The Epidemiology Department recently instituted two end-of-year procedures: (1) A mandatory end-of-year discussion and survey completed by all advisee-advisor pairs; (2) An open discussion section attended by all doctoral students and two junior faculty members.

Health Services Research (PhD)

We track doctoral student satisfaction with advising and career counseling through a structured survey administered by Brown's Climate Survey. Advisers conduct regular meetings with students to gauge satisfaction and we have exit interviews with all graduating students.

Master of Public Health (MPH)

Overall, students report satisfaction with the advising and career counseling services provided by the MPH Program and the Brown University CareerLAB. As the class size for each cohort in the MPH Program has increased, the diversity of career interests among the students has expanded. To better meet the career planning needs of students and to address the range of career interests, the MPH Program started to incorporate career exploration and job searching strategies into the core sessions that are part of the PHP2070 Public Health/Community Service Internship course.

In the year-end focus group sessions that included the first-year MPH students, who provided feedback on the PHP2070 course, the students reported that they found the career planning seminars very helpful expressed interest in having more of the career oriented seminars offered as part of the MPH Program. In response to this request, additional career planning seminars have been included in the PHP2070 course, beginning with the career planning overview seminar in the first semester and continuing with student interest specific seminars and workshops in the spring semester.

School-wide Alumni Survey

The 2015 Alumni Survey was described in Section 2.7e. Included in the survey was a question about the helpfulness of faculty advising/mentoring. Across all respondents, on a 4-point scale, 70.7% said that faculty advising/mentoring was Very or Extremely Helpful. Only 5.4% said it was not useful. When examined by type of degree, 63% of bachelor's degree graduates (n=100), 75.6% of MPH graduates (n=78), 81.8% of non-MPH Masters degree graduates (n=11), and 87.5% of doctoral graduates (n=16) replied Very or Extremely Useful.

This was the first comprehensive Alumni Survey we have done. We have no benchmarks yet for setting targets, but the survey can be a significant resource for degree program review as we go forward. However, the response for bachelors graduates is a source of concern, even though only 8% (n=8) replied that advising was not useful. Our undergraduate Public Health concentration has increased in size quite substantially in the past 5 years, and is now over 110 junior/seniors. Independently of the Alumni Survey, our Undergraduate Working Group is

preparing a report for consideration by the Dean, with advising resources for the students as one of the major foci.

University-Sponsored Climate Survey

Brown University conducts a periodic “Climate Survey” of current doctoral and master’s degree students, with data available at the level of the degree program (if more than 5 responses per program are obtained). The survey is done by an independent contractor, through the Office of Institutional Research, so participation is anonymous and not associated with the Graduate School. Several questions asked in the 2013 doctoral survey were about the quality of academic advising, development as a scholar, and preparation for career goals. Brown University’s departments and degree programs are divided into 4 Divisions: Humanities, Physical Sciences, Social Sciences, and Life Sciences. The degree programs in the School of Public Health are classified in the Life Sciences. The Health Services Research doctoral program was rated highest among the 13 Life Sciences doctoral programs on quality of academic advising, Biostatistics was ranked highest for the question on promoting professional development, Epidemiology was ranked highest on fostering development as a scholar. In addition, all three doctoral programs were rated higher than the Life Sciences and university-wide results for providing assistance/support for academic career planning and non-academic career planning.

For the Masters programs, Behavioral and Social Health Sciences was rated notably higher (4.40) than the university (3.57) and Life Sciences (3.81) for quality of academic advising, and for promoting professional development (4.30 vs. 3.83 and 3.90). The Biostatistics and MPH masters degrees were also rated higher than or comparable to the University and Life Sciences averages. (Note: The Epidemiology master’s program did not have a sufficient number of respondents [n<5] for 2013 to be reported)

Copies of the 2013 Climate Survey reports are included in the Electronic Resource File (X.X.X).

Comments. Our recent Alumni Survey and the university’s Climate Surveys are new sources of information to supplement existing information-gathering activities that are degree-program-specific. Each source of information has its own “numerator and denominator,” and we are at the point of examining this information to distill themes relevant for current operation, as well as setting benchmarks to evaluate progress. The individual degree programs will consider this combination of information, but it also important that the School as a whole does a more comprehensive examination of the reports. In this 2015-2016 academic year, the School’s Executive Committee will act as a forum to initiate such an examination, which may entail the creation of one or more subcommittees.

4.4d Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

The Graduate School Handbook defines the most important policies, procedures and practices that guide graduate education at Brown University. It includes information on the Graduate School rules, grading standards, graduate credit, conference travel funds, student loans, leaves

of absence, codes of conduct, and grievance procedures. Graduate students must abide by the rules of the Graduate School. The Graduate School Handbook can be found at: <http://www.brown.edu/academics/gradschool/academics/rules-regulations/graduate-school-handbook>.

The Graduate School Handbook outlines the grievance procedures as follows:

“Grievance Procedures”

“The Graduate School expects that each student will have the best possible relationship with colleagues and faculty during the course of their graduate work at Brown. It is possible, however, that difficulties will arise. Should a student have a grievance, it is important to know how it can best be handled. It is university policy that each and every graduate student is entitled to a fair and prompt hearing of grievances. It is also policy that all other avenues of resolution are to be exhausted before a formal grievance procedure can begin. According to Section 10 of the official Faculty Rules and Regulations, the student must attempt to resolve the issue directly with the person or persons involved.

“In the event that the attempt is unsuccessful, the next step is to take the issue either to the departmental director of graduate study (DGS), or to the chair. It is the responsibility of the chair or DGS to have an informal discussion with all involved parties, in order to achieve a resolution via mediation. It is also the chair or DGS’s obligation to prepare a memorandum outlining the problem, steps taken, and the proposed solution; copies of this memorandum are given to all concerned parties.

“If this step does not result in a mutually satisfactory outcome, the next step is to ask the DGS or chair to determine whether or not the question at issue is departmental in nature. If it is, a written request for a review with the chair of the department should be filed. If it is not determined to be a departmental issue, no further action can be taken at the departmental level. Instead, the issue must be taken to the Dean of the Graduate School, where the aggrieved can seek advice and direction in the matter. If there is disagreement with the determination of whether the issues are departmental in nature, an appeal concerning that decision may be made to the Dean of the Graduate School, whose decision is final.

“If the issue at hand is indeed departmental in nature, a written appeal must be filed with the chair of the department. This appeal must ask for a review of the question and must specify the alleged injury, the reasons for the student’s belief that he or she is aggrieved, and the remedy sought. The chair may either refer the appeal to a committee of review or to the departmental Faculty. For more on the difference between these two bodies and the procedures regarding disputes please refer to the Faculty Rules and Regulations.

“As expeditiously as possible the committee of review will hear the student, consider the evidence, confer with other persons concerned, and prepare a comprehensive report of findings and a response to the appeal. Committee decisions are made by a simple majority vote of the

members. It is the chair's duty to carry out the directions of the committee. Once a decision has been made, a memorandum of the resolution is prepared and a copy is given to the student."

The university's faculty handbook also has a detailed description of grievance procedures, and students are referred to that document:

http://www.brown.edu/Faculty/Faculty_Governance/rules.html.

Procedures exist for the resolution of non-academic grievances, such as complaints of harassment involving sexually or racially offensive behavior, and discrimination as cited in the university's Non-Discrimination Policy. There are also established procedures for reviewing the cases of students whose actions may require disciplinary measures

During the past three years, we have had no formal grievance; there has been one complaint in the MPH program (related to progress through the program) that was brought to the Dean of the School of Public Health and the MPH Executive Committee, after discussion between the student and the Director of the MPH program (Electronic Resource File, X.X.X).

4.4e Assessment of the extent to which this criterion is met and an analysis of the school's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths: The School has academic advising and career counseling resources in place through its degree programs and works proactively with students, faculty advisors, and the Brown University CareerLAB to expand these services and resources further. We are also fortunate to recruit students at all degree levels who are motivated and self-directed, so that academic advisors are typically in a partnership relationship with advisees who take independent initiative, rather than needing to provide step-by-step direction at a very basic level.

Challenges: It is likely that our Master's degree programs will grow in size over the coming years, as we develop as a School. Increased numbers of students may increase demands on faculty to give academic counseling and career advice.

Plans: As we develop as a School of Public Health we want to maintain the strengths of our advising resources and activities, while taking advantage of new opportunities presented by being a School. We will need to remain vigilant to demands placed on faculty and staff, and consider organizational strategies that minimize duplication of efforts (e.g., centrally maintained career/job site; meetings to determine "best practices" for academic and career advising).