

New Program Code **Modify Program Code** Date: _____

REQUESTOR CONTACT INFORMATION

Name Stuart Lau Campus Mnoa, UH
 Title Registrar Email stuartl@hawaii.edu
 Office/Dept Office of the Registrar Phone 956-5322

NEW PROGRAM CODE TO CREATE

Institution MAN - University of Hawaii at Manoa Campus MAN - University of Hawaii at Manoa
 Level GR - Graduate Effective Term Fall 2018

	Code (Max. Characters)	Description	Check if requesting new code:
College	(2) <u>50</u>	<u>Graduate Division</u>	<input type="checkbox"/> See Banner form STVCOLL
Department	(4) <u>PHSE</u>	<u>Public Health Sci/Epidemiology</u>	<input type="checkbox"/> See Banner form STVDEPT
Degree/Certificate	(6) <u>PHD</u>	<u>Doctor of Philosophy</u>	<input type="checkbox"/> See Banner form STVDEGC
Major	(4) <u>PH</u>	<u>Public Health</u>	<input type="checkbox"/> See Banner form STVMAJR
Concentration	(4) _____	_____	<input type="checkbox"/> See Banner form STVMAJR
Minor	(4) _____	_____	<input type="checkbox"/> See Banner form STVMAJR

If a similar major/concentration code exists in Banner, please list the code: _____

Justification to warrant a new major/concentration code similar to an existing major/concentration code: _____

Is this major/concentration code being used the same way at the other UH campuses? Yes No
 Should this program be available for applicants to select as their planned course of study on the online application? *If yes, student may select the code as their only program of study.* Yes No

RULES PERTAINING TO FINANCIAL AID AND 150% DIRECT SUBSIDIZED LOAN LIMIT LEGISLATION

Is 50% or greater of the classes in this program offered at a location other than the Home Campus? Yes No
 Is this program/major/certificate financial aid eligible? Yes No
 Does this certificate qualify as a Gainful Employment Program (Title IV-eligible certificate program)? Yes No

See <http://www.ifap.ed.gov/GainfulEmploymentInfo/index.html>

Program Length
In academic years; decimals are acceptable. The length of the program should match what is published by the campus in any online and/or written publication. 4 Years

Special Program Designations A B N P T U

See *Special Program Designations Code Definitions on IRAO Program Code Request webpage*

Required Terms of Enrollment: Fall Spring Summer Extended

IRAO USE ONLY: DATE RECEIVED

ADDITIONAL COMMENTS

ATTACHMENTS

BOR Approved: Sole-credential Certificates, Associate (excluding ATS), Bachelor and Graduate Degrees, and sole credential certificates

- BOR Meeting Minutes & Supporting Documents *pending* Curriculum

Chancellor Approved: Concentrations, Certificates and Associate in Technical Studies (ATS) Degree

- Memo from Chancellor to notify Vice President for Academic Planning and Policy regarding program action.
 Curriculum

CERTIFICATES ONLY: Please check one (1) statement. This certificate is a...

- BOR approved certificate. BOR Meeting/Approval Date: _____
 Chancellor approved within an authorized BOR program. BOR Program: _____
 Chancellor approved CO in accordance with UHCCP 5.203, Section IV.B.10.

VERIFICATIONS

By signing below, I verify that I have reviewed and confirm the above information that is pertinent to my position.

Registrar
(Print Name)

Stuart Lau

Stuart Lau

Signature

10/19/17

Date

Financial Aid Officer
(Print Name)

Jodie Kuba

Jodie Kuba

Signature

10/24/17

Date

For Community Colleges,
verification of consultation with
OVPC Academic Affairs:

Suzette Robinson

Signature


Date



November 15, 2017

MEMORANDUM

TO: Roxie Shabazz
Assistant Vice Chancellor for Enrollment Management and
Director of Admissions

FROM: Michael Bruno 
Interim Vice Chancellor for Academic Affairs

SUBJECT: Approved as Established the Doctor of Philosophy in Public Health
at the University of Hawai'i at Mānoa

This memo is to inform your office that the Board of Regents approved the establishment of the Doctor of Philosophy in Public Health. The effective term is upon Board approval. The approved proposal is attached for your information.

If you have any questions concerning this new degree program, please contact Wendy Pearson, Program Officer, at 956-6146. Thank you for your attention to this matter.

Attachments

C: Vice President Straney
Dean Mokuau
Director Braun
Dean Aune
Director Iboshi
Registrar Lau



UNIVERSITY
of HAWAII
MĀNOA

UNIVERSITY OF HAWAII
BOARD OF REGENTS

17 SEP 25 11:09

September 8, 2017

ST APPROVED DT 7841
Vice Chancellor for Academic Affairs
10/19/2017
DATE
M. M.
BOARD SECRETARY
UNIVERSITY OF HAWAII
BOARD OF REGENTS

RECEIVED

MEMORANDUM

TO: Jan Naoe Sullivan 17 SEP 25 11:01
Chair, Board of Regents

VIA: David Lassner *David Lassner* UNIVERSITY OF HAWAII
President *Donald Straney* PRESIDENT'S OFFICE

VIA: Donald Straney
Vice President for Academic Planning and Policy

VIA: David Lassner *David Lassner*
Interim Chancellor

FROM: Michael Bruno *for Ben G. M. H.*
Interim Vice Chancellor for Academic Affairs
and Vice Chancellor for Research

SUBJECT: REQUEST TO APPROVE AS ESTABLISHED THE DOCTOR OF
PHILOSOPHY IN PUBLIC HEALTH AT THE UNIVERSITY OF HAWAII
AT MĀNOA

SPECIFIC ACTION REQUESTED:

It is requested that the Board of Regents approve as established the PhD in Public Health in the Office of Public Health Studies, Myron B. Thompson School of Social Work at the University of Hawai'i at Mānoa (UHM).

RECOMMENDED EFFECTIVE DATE:

Effective upon Board approval.

ADDITIONAL COST:

None at this time. The curriculum currently in place for the Doctorate in Public Health (DrPH) will be used. The DrPH was stopped out in August 2017. The DrPH stop out was required because of 2016 changes to the Council on Public Health Education (CEPH) accreditation standards for DrPH programs nationwide.

PURPOSE:

The purpose of this proposal is to convert the existing DrPH program at UHM to a PhD in Public Health. The conversion will allow the Office of Public Health Studies to offer a CEPH-accredited, research-based, doctoral degree focusing on Community-Based and Translational Research.

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Honolulu, Hawai'i 96822
Telephone: (808) 956-8447
Fax: (808) 956-7115

An Equal Opportunity/Affirmative Action Institution

BACKGROUND:

Board of Regents' Policy 5-1a (1) states that "The Board shall approve the establishment of all new instructional programs granting academic credit leading to a degree or credential."

In October 2016, CEPH instituted new standards for DrPH programs across the United States, which would require the Office of Public Health Studies to completely re-design the program for reaccreditation. The new standards require a practice-focused curriculum, which would necessitate new resources in order to be in compliance. The curriculum for the current DrPH is research-focused. Thus, the OPHS seeks to stop-out the DrPH program and utilize the current DrPH curriculum to culminate in a PhD in Public Health.

Significance/Contribution of this Degree: UH Mānoa is the only institution of higher education in the state to offer doctoral training for students who wish to conduct community-based and translational research in public health. The PhD in Public Health, which utilizes the same curriculum as the very successful, but stopped out, DrPH, is designed to meet the 2016 CEPH accreditation standards.

Cost and resource allocation/reallocation implications: We do not anticipate any changes in cost or resource allocation. The costs and resources expended for the PhD will be identical to the costs and resources expended for the DrPH, which was stopped out in August 2017.

Demand projections: Upon approval of the PhD in Public Health, we expect the 18 students currently enrolled in DrPH program to join the PhD in Public Health program. This is based on a poll of current DrPH students conducted in Summer 2017, which demonstrated that 100% of DrPH students would elect to transfer to the new program. They are worried, as are faculty, that the new CEPH DrPH standards (which do not require a dissertation) will reduce their employment opportunities post-graduation. We expect to maintain our track record of 4 graduates and 4 new admits each academic year.

Accreditation impact (if any): Discussions with CEPH suggest that it would take less than 6 weeks to receive an accreditation decision for the PhD in Public Health. As we have described the PhD in Public Health to CEPH, they foresee no problems with a swift and positive accreditation decision. We have learned that a number of other DrPH programs across the country are taking a similar action (transferring their research-based DrPH to a PhD) in response to the new CEPH standards.

Jan Naoe Sullivan
September 8, 2017
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Examples (2-3) of similar models from peer institutions:

Oregon State University, PhD in Public Health

http://healthhttp://publichealth.uncc.edu/sites/publichealth.uncc.edu/files/media/PhD_2016-2017.pdf

University of North Carolina at Charlotte, PhD in Public Health

http://publichealth.uncc.edu/sites/publichealth.uncc.edu/files/media/PhD_2016-2017.pdf

University of Connecticut, PhD in Public Health

<https://health.uconn.edu/community-medicine/ph-d-in-public-health/>

University of Nevada at Reno, PhD in Public Health

<https://dhs.unr.edu/chs/academics/phd/phd-handbook/sbh-degree-requirements>

Similar Programs at other UH campuses (if there is duplication, why is this program necessary): There is no program duplication within the UH System.

Statement from campus administration of the program's strategic value within UH priorities. As a research university, UH Mānoa has a crucial responsibility to address the pressing problems of our society through research and education. Although Hawai'i has been deemed one of the healthiest places to live in the country, there are considerable disparities in health across the diverse populations in our state. Our PhD in Public Health develops researchers equipped to work in partnership with communities to identify public health problems, translate and tailor evidence-based interventions, and assure widespread availability and uptake of beneficial, culturally relevant interventions to improve the state's health.

Impact of program change request on campus budget allocations and mission priority. Creating a PhD in Public Health (while stopping out the DrPH) will be cost-neutral for the campus. We believe it also will increase the attractiveness and prestige of our program, because PhD training assures strong research preparation, culminating in a dissertation, whereas the DrPH as defined under the new CEPH standards focuses on leadership training.

ACTION RECOMMENDED:

It is recommended that the Board of Regents approve as established the PhD in Public Health in the Office of Public Health Studies, Myron B. Thompson School of Social Work at the University of Hawai'i at Mānoa (UHM).

Attachments

c: Executive Assistant to the Board of Regents Melissa Matsuura
Dean Krystyna Aune
Dean Noreen Mokuau

NEW PROGRAM RESOURCE TEMPLATE

This template identifies new resources needed to implement the proposed program and its relationship to the existing departmental/division resources. Please include an explanation of this analysis in your program proposal narrative.

Part I: Program Overview

Campus: UH Manoa
 Proposed degree/certificate: PhD in Public Health
 Expected first term to offer new program: Fall 2017

College/Department/Division: Myron B. Thompson School of Social Work/Office of Public Health Studies
 Programs currently offered by the Division: BA in Public Health, Master of Public Health (MPH), MS in Public Health (MS), Doctor of Public Health (DrPH)*

	Previous Year 2016-16	Previous Year 2016-17	Current Year 2017-18	Projected Year 1 2018-19	Projected Year 2 2019-20	Projected Year 3 2020-21	Projected Year 4 2021-22	Comments
A. ENROLLMENT (Fall Headcount)								
Projected: PhD in Public Health			18	18	18	18	20	**all 19 current DrPH students want to move to the PhD program
Undergraduate: BA in Public Health	116	144	145	160	170	180	190	
Graduate: MS, MPH, DrPH*	110	100	80	80	80	80	77	*DrPH stopped out effective F18
B. COMPLETION (Annual)								
Projected: PhD in Public Health			4	4	4	4	4	
Undergraduate: BA in Public Health	32	35	35	35	40	45	50	
Graduate: MS, MPH, DrPH*	39	40	40	40	35	34	32	
C. COURSES, SECTIONS, SSH (Annual)								
Projected New Courses			0	0	0	0	0	
Projected New Sections			0	0	0	0	0	
Projected New Course SSH			0	0	0	0	0	
Current Courses Offered	84	82	82	82	82	82	82	
Current Sections Offered	67	80	80	80	80	80	80	
Current Annual SSH	4,235	3,970	3,970	4,000	4,100	4,200	4,300	

Part II: Program Resources

D. CURRENT RESOURCES/FUNDING	2017-18
Tuition/Special Fund Allocation	\$874,242
General Fund Allocation	\$1,249,228
Summer Session Allocation	\$18,000
Program/Course Fee Allocation	0

E. CURRENT ACADEMIC PERSONNEL	2017-18
Current Faculty FTE	17.5
Current Faculty Salaries (\$)	\$1,653,654
Current Lecturers (\$)	\$28,413
Current Graduate TAs	4

	Current Year	Projected Years				Comments
	2017-18	2018-19	2019-20	2020-21	2021-22	
F. PROJECTED ACADEMIC PERSONNEL (Faculty)						
Projected New Faculty FTE	0	0	0	0	0	We want to replace vacant positions if allowed
Projected New Faculty Salaries (\$)	0	0	0	0	0	No additional funds needed
Projected New Lecturers (\$)	0	0	0	0	0	
Projected New Graduate TAs	0	0	0	0	0	

G. TOTAL NEW PROGRAM RESOURCES (e.g., new positions, lecturers, equipment or software for labs, accreditation fees, insurance, compliance costs, reporting, vendor contracts, etc.)	2017-18	2018-19	2019-20	2020-21	2021-22	TOTAL: 0
Additional lecturers	0	0	50	50	50	50
Accreditation application						
Total New Resources Needed						

H. Indicate if new facilities are needed to support the proposed program (include any off-campus facilities)

None

I. Explain how new program resources will be funded (e.g., reallocation, grants, contracts)

Funded by the program.

J. Indicate if there are other significant resources anticipated beyond the projected years

None

K. ADDITIONAL COMMENTS:

Part III: Approvals

By signing below, I have reviewed and approve the New Program Resource Template. (printed name, signature and date)

Department/Division Chair: *Kathryn Pollock*
College/Department/Administrative Officer: *Jana Ramirez*

Dean: *[Signature]*

Vice Chancellor for Academic Affairs:

[Signature]
Vice Chancellor for Administration: *[Signature]* SEP-8 2017

New Program Resource Template Details

- A. Headcount Enrollment. Headcount enrollment of majors each Fall semester. Located at URL: <https://www.hawaii.edu/institutionalresearch/enrReport.action?reportId=ENRT00> Campus data may be used when majors are a subset of enrollment reported in IRAO reports.
- B. Completion. Provide counts of the number of degrees/certificates awarded annual (fall, spring, summer). Located at URL: https://www.hawaii.edu/institutionalresearch/degreeReport.action?reportId=MAPS_DEG_TOC
- C. Courses, Sections, SSH. Provide annual count (fall, spring, summer) or courses offered, number of sections offered and SSH. <https://www.hawaii.edu/rodr/login.do>
- D. Current Resources/Funding. Data should come from the College/Department's Administrative Officer using the most current information available.
- E. Current Academic Personnel. Instructional costs without fringe. Direct salary cost for all current faculty and lecturers teaching in the program.
- F. Projected Academic Personnel. Instructional costs without fringe. Projected direct salary cost for all new faculty and lecturers teaching in the program.
- G. Total New Program Resources. Summarize new cost that will be incurred due to the new program and provide a grand total. Should include additional instructional cost, special equipment/software, fees, etc.
- H. Facilities. Indicate if any new facilities (classrooms, labs, buildings, etc.), including off-campus facilities, are needed to support the proposed program.
- I. Funding for New Program Resources. Explain how the department will fund the new program cost. If reallocating resources, indicate the source and impact of the reallocation.
- J. Additional Anticipated Cost. Indicate if there are other significant resources anticipated beyond the years listed in the New Program Resource Template.

Reviewed by: Vice Chancellor of Administration: 1/25/17
Reviewed by: Vice Chancellors of Academic Affairs: 2/14/17

PROPOSAL FOR NEW ACADEMIC PROGRAM – PhD In PUBLIC HEALTH

Background

In October 2016, the Council on Education for Public Health (CEPH) instituted new standards for DrPH programs across the United States (US), which would require the Office of Public Health Studies (OPHS) to completely re-design the program for reaccreditation. The new standards require a practice-focused (non-dissertation) curriculum, which would necessitate new resources in order to be in compliance. The curriculum for the current DrPH is research-focused and culminates in a 3-paper dissertation (Appendix). Thus, the OPHS seeks to stop-out the DrPH program and utilize the current DrPH curriculum to culminate in a PhD in Public Health.

1. Program Purpose and Outcomes of the PhD in Public Health

Purpose of Proposed Program in Terms of Meeting Student, Community, or State Need

The purpose of the PhD in Public Health is to meet state and community needs for individuals prepared to lead health programs, train health professionals, and conduct independent investigations addressing health topics relevant to culturally diverse groups, with a special focus on those in the State of Hawai'i and the Asia-Pacific region. The program focuses on building competency in translational research¹, and it emphasizes community-based participatory research² methodologies, reflecting our commitment to working in partnership with people and communities to recognize, quantify, and reduce health disparities.³ A major objective of the program is to train students to recognize and quantify public health issues within indigenous, minority, and immigrant populations and low-income communities and to develop and test interventions to alleviate them.

Program Outcomes. Upon successful completion of the program, PhD in Public Health graduates will be able to:

- Conduct independent research
- Present and publish research findings
- Advocate for public health improvements
- Teach
- Be an expert in the following areas:
 - Health disparities
 - Cultural competence
 - Evidence-based public health practice
 - Community-based participatory research
 - At least one other area of public health

¹ Translational research is the investigation of how to successfully transform scientific discoveries arising from laboratory, clinical, or population studies into community applications to reduce incidence, morbidity, and mortality.

² Community-based participatory research (CBPR) in health is a collaborative approach to research that equitably involves community members and investigators in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action to achieve social change to improve health outcomes and reduce health disparities.

³ Health disparities refer to significant differences in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions or outcomes that exist among specific population groups. For example, in the U.S., many immigrant and minority groups have higher prevalence of chronic diseases, less access to health care, and lower life expectancy than Caucasian Americans.

More specifically, students graduating from the PhD in Public Health program will demonstrate mastery of 16 competencies in 4 areas. As instructed by CEPH requirements for PhD programs in public health, the program develops its own competencies, and these competencies were developed by the DrPH Committee. If this proposal is approved, this committee will take leadership of the PhD in Public Health program.

Research, Data, & Ethics

1. Apply data management, analysis, interpretation, and visualization techniques in: intervention development, evaluation, and monitoring of public health problems and interventions.
2. Select appropriate research designs and methods to address public health questions of importance to diverse communities.
3. Critique research appropriateness, including the ethical aspects of research designs, subject recruitment, and data collection that involve communities.
4. Critically analyze, use, and synthesize data from multiple sources to address public health problems/issues.
5. Promote co-learning between researchers, public health professionals, and communities.
6. Demonstrate and apply high ethical standards to all activities, including research conduct and the handling of information and data.

Leadership

7. Engage stakeholders and manage teams, groups, and organizations to identify issues of concern and develop and translate public health solutions to diverse communities.
8. Analyze and evaluate the impact of local, national, and global trends and interdependencies on public health related problems and systems.

Policy & Program

9. Integrate evidence and community experience to describe, anticipate, and mediate public health needs and problems.
10. Identify and apply appropriate theory and evidence-based approaches to inform the design and evaluation of public health interventions for diverse communities.
11. Apply monitoring and evaluation frameworks to assess global and domestic programs, policies, and systems.
12. Analyze and translate the impact of current and proposed policy on public health.

Teaching & Communication

13. Identify, develop, implement, and evaluate teaching methods that are appropriate to diverse audiences.
14. Demonstrate effective written and oral skills for communicating with persons across the lifespan from diverse cultural, lifestyle, socioeconomic, educational, racial, ethnic and professional backgrounds.
15. Facilitate and expand collaborative relationships with a variety of entities (e.g. government, non-profit, community, and academia).
16. Utilize the integrating concepts and skills involved in culturally appropriate community engagement, empowerment, and intervention translation with diverse communities.

The PhD in Public Health prepares students to: 1) lead health programs at the local, national, and international levels; 2) enter academia to teach in programs in public health and other health-related fields; and 3) conduct independent research using both quantitative and qualitative methods to address health topics relevant to culturally diverse groups, with a focus on those in the state of Hawai'i and the Asia-Pacific region.

Fit of Proposed Program. The PhD in Public Health aligns with 3 of the 4 University of Hawai'i Strategic Directions, 2015–2021 <http://blog.hawaii.edu/strategicdirections/files/2015/01/StrategicDirectionsFINAL-013015.pdf>.

Hawai'i Graduation Initiative (HG1): *Increase the educational capital of the state by increasing the participation and completion of students, particularly Native Hawaiians, low-income students and those from underserved regions and populations and preparing them for success in the workforce and their communities.*

- The PhD in Public Health will be attractive to students from indigenous, minority, and immigrant populations and low-income students because of its focus on community-based and participatory research to reduce health disparities experienced by these populations.
- Students entering our program indicate in their admission essay that they wish to work in concert with indigenous, immigrant, and minority communities to conduct research on issues of importance to these communities, with the goal of using research to reduce health disparities.
- We expect the PhD in Public Health to attract the same type of students as our current DrPH. Of the 43 students entering our research-focused DrPH program since 2008, 12 (28%) are Native Hawaiian or Other Pacific Islander (NHOPI), and 16 (37%) are other minority American or non-white International students. Of the 22 graduates since 2011, 4 (18%) are NHOPI, and all 4 now have jobs in academia. Currently, there are 7 NHOPI in the program, and 2 are on track to graduate in 2017.

Hawai'i Innovation Initiative (HI2): *Create more high-quality jobs and diversify Hawai'i's economy by leading the development of a \$1 billion innovation, research, education and training enterprise that addresses the challenges and opportunities faced by Hawai'i and the world.*

- The PhD in Public Health students will be engaged in designing and conducting research through this degree program and through jobs or assistantships they may hold during the degree program. OPHS faculty members bring in at least \$2 million/year in extramural funds. Of 22 graduates of our DrPH program, 8 (36%) have been supported by an OPHS research project. This presents a win-win situation as doctoral students gain research experience and mentoring from faculty members, while faculty members gain assistance on their projects.
- The PhD in Public Health students will be employable in academic and research institutions. Of the 22 graduates of the current DrPH program, 100% have presented research findings at scientific meetings prior to graduation, and 82% have submitted manuscripts or have scientific publications prior to graduation. 100% secured positions within 12 months of graduation, 17 (77%) of which are working in academia/research (including 2 at UH Hilo, 11 at UHM, and 1 at NIH). Those in the UH system are conducting research on health disparities in Hawai'i and winning grants that increase the availability of jobs in Hawai'i.

High Performance Mission-Driven System (HPMS): *Through cost-effective, transparent and accountable practices, ensure financial viability and sustainability to ensure UH's ability to provide a diverse student body throughout Hawai'i with affordable access to a superb higher education experience, which includes commitments to being a foremost indigenous-serving university and advancing sustainability.*

- The PhD in Public Health program will be cost-effective because it can offer the existing DrPH curriculum and requires no additional resources. The current DrPH program will be stopped out (as it must be completely redesigned prior to reaccreditation). If we were required to meet the new CEPH standards for DrPH programs across the US, at least 3 new courses in leadership and a leadership practicum would be necessary. This would require hiring at least 2 new faculty members with expertise in leadership, organizational change and development, strategic planning, and human resources, per new CEPH accreditation requirements for a DrPH. Thus, stopping out the

DrPH and opening the PhD in Public Health preserves an excellent research-focused doctorate for no additional resources.

- The current curriculum is efficient, as well as effective.
 - Our completion rate is 90%. Only 4 of the 43 admitted students have left the program, 3 for family-related issues and one to transfer to other program closer to her Florida home.
 - The program is designed to be completed in 4 years, and 19 (86%) graduates have done so.
- The PhD in Public Health will hold itself to strict process and outcome standards, which will be reported to the UHM Assessment Office annually.

Evidence of Continued Need. The PhD in Public Health will fill a critical niche in the UH System. No other doctoral program specifically focuses broadly on public health research methods or provides extensive training in community-based and translational research approaches to reducing health disparities. Thus, the PhD in Public Health is an attractive option for students from many fields interested in conducting research, teaching, and leading programs in any area of health and social welfare.

There are 3 other health-related PhD programs on the UH Mānoa campus. These include the PhD programs in Nursing, Social Welfare, and Epidemiology. While complementary, these programs do not supplant the need for the PhD in Public Health.

The PhD in Nursing currently is stopped-out, and the School of Nursing and Dental Hygiene is in the process of redesigning its PhD curriculum. Dr. Braun consulted with Drs. Kris Qureshi and Clem Ceria-Ulep in Fall 2016. The two programs are not duplicative. The PhD in Nursing is being re-designed to develop nurse scientists and will require applicants to have a BS or MS in nursing.

Dr. Braun consulted with the PhD in Social Welfare Committee in Spring 2016. The committee members agreed that the two programs are not duplicative. The aim of the PhD in Social Welfare is to prepare students for leadership in social work education, research, practice, and policy development.

Dr. Braun consulted with Dr. Eric Hurwitz, graduate chair of the PhD in Epidemiology, in Fall 2016. He confirmed that the programs are not duplicative. The PhD in Epidemiology has interest primarily in discovery and causal inference rather than community-based and translational research. Incoming students must have a Master's in Public Health (MPH) specializing in epidemiology or must complete at least 20 credits of epidemiology-related MPH coursework after admission.

In contrast to the above programs, the PhD in Public Health does not require an MPH for admission. Individuals with a master's degree in any field may apply, and non-MPH graduates need only take 11 credits of MPH coursework concurrently with doctoral courses. Students are attracted to our program because of our focus on community-based and translational research. This focus is clearly stated in our promotional materials and handbook. Students entering our program indicate in their admission essay that they wish to work in concert with indigenous, immigrant, and minority communities to conduct research on issues of importance to these communities to reduce health disparities.

Need within the US and the State. According to the US Department of Labor, the health sciences field represents the largest single industry in the US, accounting for 14.3 million jobs across 200 different fields. Seven of the 20 fastest growing occupations are health-related, generating 3.25 million new jobs between 2008 and 2018, a 22% increase, or double the growth of all other industries combined.

The Association of Schools of Public Health (ASPH) currently estimates 250,000 more public health workers will be needed in the US by 2020. These workers are needed to replace the 110,000 public health

professionals who are retiring within the next few years. New workers also are needed to meet increasing demand for public health services in response to the rising incidence of chronic conditions, such as obesity and diabetes, along with the global spread of infectious diseases, like HIV, Ebola, MERS, and SARS. In addition to workforce needs, the Institute of Medicine (IOM) has emphasized the importance of public health knowledge among US citizens, as issues like climate change, smoking control, global aging, and Zika (to name a few) are more and more in the news.

Healthy People 2020 has four goals that set the public health agenda for the US:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Reaching Healthy People 2020 goals means improving the health of all Americans. However, reaching these goals requires that health professionals in the US and Hawai'i have access to PhD programs that increase their skills in identifying, quantifying, and understanding health disparities and in developing, testing, leading, and disseminating findings on interventions that reduce them.

Thus, the PhD in Public Health will prepare graduate in four critical areas—research, leadership, program/policy, and communication/teaching. Public Health is interdisciplinary. Thus, our program is open and applicable to health professionals from any discipline, as well as to individuals from other areas (e.g., law and business) that may have interests in social justice and health equity.

How Program Responds to National and International Need where State and UHM Have Unique or Outstanding Resources to Respond with Quality. Besides responding to national and international needs for individuals that can lead public health efforts, the PhD in Public Health responds to the need for health-related research on Asians and on Native Hawaiians and other Pacific Islanders (NHOPI). Asians remain the fastest-growing racial group in the US. According to the US Census, the nation's Asian population grew 3.4% between July 2014 and 2015, with migration responsible for the majority of the growth. The NHOPI population increased more than 3 times faster than the total U.S. population, growing by 35% from 2000 to 2010.

Hawai'i is one of the few states in the US that has large enough populations of Asian and NHOPI subgroups to allow meaningful knowledge generation and cross-group comparison. This is important because the Asian racial label encompasses more than 30 unique cultural/linguistic groups, while the NHOPI label encompasses more than 25 unique cultural/linguistic groups. Different groups experience different health disparities, and group-specific knowledge is needed for the appropriate tailoring of interventions.

UH Mānoa and OPHS have considerable ties with Asia and the Pacific. For example, OPHS has active Memoranda of Agreement with several universities in China, Korea, and Japan. OPHS also has research partnerships with individual faculty and research groups throughout the region, as well as in Canada, Europe, South America, and on the continental US.

The key to these partnerships is the OPHS faculty. All members pursue research of importance locally, nationally, regionally, and globally. For example, Drs. Braun and Pirkle are engaged in local and regional research on healthy aging. Dr. Hurwitz is engaged on pain research on the national level and with colleagues at the Karolinska Institute in Sweden. Dr. Katz is a local expert on sexually transmitted diseases (STDs), and is called upon by the Centers for Disease Control and Prevention for his opinion on emerging antibiotic-resistant STDs. Dr. Chung-Do is working with members of the Native Hawaiian community to

reduce disparities in obesity and economic status. Drs. Sugimoto-Matsuda, Dela Cruz, Buchthal, Nigg, Tomioka, Choy, and Schweitzer assist the state of Hawai'i with needs assessment, planning, and evaluation in such diverse areas as injury prevention, alcohol and tobacco control, obesity prevention, food security, cancer, oral health, and aging. These partnerships provide our students with access to rich local, regional, and international resources for research and field training.

2. Program Organization

Curriculum Organization. The curriculum is organized in 3 phases:

- **Qualifying Phase.** The purpose of the qualifying phase is to determine whether to encourage students to proceed in a doctoral program and, if encouraged, to enable their advisors to assist them in planning an appropriate program and completing the dissertation. The qualifying phase is supervised by the student's interim advisor. Students must successfully pass three milestones of this Phase—the Qualifying Paper, the Qualifying Paper Presentation, and the Qualifying Exam—before proceeding.
- **Practice Phase.** In this Phase, the student completes his/her coursework and both a teaching and a research practicum. The student works with faculty members, and especially the proposed chair and dissertation committee members, to prepare a proposal for a 3-paper dissertation in an area of interest. This phase ends when the student successfully defends the dissertation proposal and passes an oral comprehensive exam.
- **Dissertation Phase.** The doctoral dissertation is in the form of an overview and three manuscripts of publishable quality related to the central theme of the dissertation. The overview provides a brief review of the central theme, problem statement, conceptual framework, and relevant literature, and how the three chapters further our knowledge related to this central theme. At least 2 of the 3 manuscripts must be based upon empirical research conducted by the student. The 3rd manuscript may be non-empirical (e.g., a comprehensive literature review or policy analysis). In using the three-paper dissertation format, PhD in Public Health candidates are encouraged to submit to committee members (and, with approval, to journals) their 3 dissertation manuscripts as they are completed, rather than wait until after the defense.

Courses. Entering students who have not taken these MPH courses or equivalent will be required to take them prior to or concurrently with PhD in Public Health coursework:

- PH 600 Introduction to Public Health (2 credit)
- PH 663 Introduction to Epidemiology (3 credits)
- PH 655 Biostatistics I (3 credits)
- PH 623 Social Science in Public Health (3 credits)

These 6 courses would be restricted to PhD students in OPHS:

- PH 770 Doctoral Seminar (c, d, e, and f; 3 credits each; must be taken four times). This 4-seminar series presents content information on health disparities (770c), evidence-based public health (770d), health policy (770e), and leadership (770f). Labs associated with 770c and 770d help students prepare systematic literature reviews (first years) and research proposals (second years).
- PH 771 Teaching Rotation (3 credits). Each PhD in Public Health student must work with a faculty member to teach a semester-long course. The student will finalize the course syllabus, prepare and present lectures, lead discussions, and oversee and evaluate student progress. The goal of this rotation is to increase students' skills in teaching and mentoring.
- PH 772 Research Practicum (3 credits). Each PhD in Public Health student must work with a mentor on a research project. Ideally, the mentor and PhD in Public Health student will identify an independent project that is related to the mentor's program of research. The goal of this rotation

is to increase students' skills in conducting research, analyzing data, presenting findings, and writing for publication.

PhD in Public Health students also are required to take:

- PH 630 Cultural Competency (3 credits)
- PH 669 Epidemiology Study Design (2 credits)
- PH 704 Community-Based Participatory Research (3 credits)
- Any department: Evaluation
- Any department: Quantitative Methods
- Any department: Qualitative Research
- PH 800 Dissertation Research (1 credit)

Credits. Students entering with an MPH will accrue 36 or more credits prior to graduation from the PhD in Public Health program. Additional credits are required of applicants who have not completed graduate-level courses in health promotion theory and methods, biostatistics, and epidemiology. Students are expected to spend a minimum of 4 semesters, full-time, in course work. Students will be placed on probation if they have not completed the degree in 7 years, and students are subject to dismissal if they do not complete the degree within 10 years.

The required courses (not including co-requisites for non-MPH degree holders) map to the 4 competency areas as shown in Table 1.

PhD in Public Health Competency Areas	PH 630 Cult Competency	PH 669 Epi Design	PH 704 CBPR	PH 770C Hlth Disparit	PH 770D EBPH	PH 770E Policy	PH 770F Leadership	PH 771 Teaching Pract	PH 772 Research Pract	Evaluation/Cost Analysis	Quant Methods	Qual Methods	PH 800 Diss Res
Research, Data, Ethics	X	X	X	X	X				X	X	X	X	X
Leadership						X	X	X	X				X
Policy & Program	X			X	X	X							X
Teaching & Communications	X	X		X	X	X	X	X	X				X

Academic Map of Progression through the Program. Based on the DrPH curriculum, the PhD in Public Health will take 4 years to complete. Table 2 provides a map of progression through the program. For students entering with an MPH, required coursework could be completed in the first 2 years of the program, however most students (especially those without an MPH) also take courses in their third year.

Table 2. Academic Map of Progression through the Program

Fall 1	Sp 1	Qualifying Paper and Exam for those with MPH	Fall 2	Sp 2	Qualifying Exam (for those without MPH)	Fall 3	Sp 3	Comprehensive Exam and Proposal Defense	Fall 4	Sp 4	Final Exam and Dissertation Defense
Doctoral Sem (770) x2			Doctoral Sem (770) x2	Teaching Practicum (771)			Required courses not completed in Years 1 & 2			Dissertation Research (800)	
Cultural Competence (630)		Research Practicum (772)	Qualitative Methods		Additional courses to increase student mastery of competencies.		Proposal development				
Community-based Participatory Research (704)		Evaluation	Co-reqs								
Epi Study Design (669)											
Quantitative Methods											
Co-reqs											
6-9 credits	6-9 credits		6-9 credits	6-9 credits		variable		1+ credit			

Admission Policies. Applicants must: 1) have either a master's degree in public health, or a graduate degree in an allied profession; 2) demonstrate scholarly capacity to meet the academic demands of a doctoral program; and 3) have interests and career goals compatible with the stated focus of the PhD in Public Health program and its faculty. In addition to the application, transcripts, GRE scores, and letters of recommendation, applicants must submit a personal statement and writing samples. The personal statement should address: reasons for pursuing the degree (career goals); reasons for pursuing the degree at the University of Hawai'i; current knowledge about and experience with health disparities, translational research, and community-based participatory research; how their background, experience, and/or ideas will contribute to the program's diversity; and possible areas for dissertation research in health disparities, translational research, or community-based participatory research. Writing samples must demonstrate aptitude for scholarly writing, demonstrate conceptual and analytic skills, use appropriate and consistent citation and referencing format, and demonstrate writing ability.

Students without the MPH are required to complete a 2-credit overview of public health course (non-waivable), and three pre/co-requisites—one each in epidemiology, biostatistics, and social science theory—if they have not taken their equivalents prior to admission.

3. Student Demand

Profile of Students Likely to Enroll. Because OPHS will utilize the current DrPH curriculum to culminate in a PhD in Public Health, a profile of students attracted to the PhD in Public Health is informed by our experience with the DrPH program. In terms of preparation, of our 43 admits since 2008, 19 (44%) had earned their MPH at the University of Hawai'i, 16 (37%) had earned their MPH elsewhere, and 8 (19%) had master's degrees in other disciplines (e.g., health administration, communication, social work, nursing, political science, criminology, psychology, and business administration). So, while the OPHS MPH will be a pipeline for our PhD in Public Health program, the program will be attractive to other students as well. We expect the program to continue to attract indigenous, immigrant, minority, and international students.

Evidence of Student Interest. Polling of current students and graduates confirm need and preference for a research-oriented doctoral degree. Current students expressed concern about the 2016 DrPH standards mandated by CEPH, as this public health accreditation body now will only accredit a DrPH program that is practice-based, and a dissertation is not required by the standards. Students believe that a program like this will NOT prepare them for teaching and research careers. In looking at the career paths of our 22 doctorate graduates since we reopened in 2008, 17 (77%) are currently working in academia or research, including one who is a scientific program officer at the National Institutes of Health. Only 5 (23%) are working with NGOS. Of these 5, 2 are with UNICEF in positions focused on research, evaluation, and policy analysis, and 3 are with non-profits and engaged in research, training, and grants management.

Among current DrPH students, the majority stated in their application statements the goal of an academic or community-based research career. OPHS faculty members believe the PhD in Public Health, as compared to a DrPH, is a more widely recognized degree and will offer students additional opportunities that the DrPH does not, especially a DrPH that does not require a dissertation. Without completing a dissertation, DrPH students will not be competitive for academic positions at the university level or for research-related positions in government. Stopping-out the DrPH and opening a PhD in Public Health will allow us to maintain our research focus and make our students more competitive...they will be able to pursue research and teaching careers, as well as lead and provide research support to health and social welfare institutions.

Among current MPH students, the prospect of opening a PhD in Public Health has been met with enthusiasm. Three students have said that they specifically wanted a PhD in Public Health (rather than a DrPH). They were looking at programs outside of Hawai'i, but are now excited to stay at UH. Additionally, we have had 2 inquiries from past graduates of our program and 2 more from international students.

Estimated Number of Majors per Year and How Number was Determined. The PhD in Public Health is designed to be completed in 4 years. We have had 22 graduates in our DrPH program since 2011, and 4 more are on track to graduate in May 2017. Since 2008, 19 (86%) of the 22 graduates in our current DrPH program completed it within 4 years. The other 3 graduates had full-time jobs, and completed the program in 5 years. Thus, we average about 4 admits and 4 graduate per year, for 16-18 students in any given fall.

Based on faculty capacity and experience with the DrPH program, we believe we can manage 15-20 PhD in Public Health students in any given year. We have 14 regular and 7 cooperating Graduate Faculty members able to chair PhD in Public Health doctoral dissertation committees. An additional 10 regular and 20 cooperating Graduate Faculty members can serve on PhD in Public Health dissertation committees. Since 2008, we have maintained an ideal student/faculty ratio (1:1), so that students stay on track. The DrPH also has a good record of retaining students in the program. Of the 43 admits since 2008, only 4 have left the program--2 departed to attend to family-care responsibilities on the continental US, 1 transferred to a PhD program closer to her parents in Florida, and 1 left for personal reasons.

4. Program Resources and Efficiency

Resources Required. Because the PhD in Public Health will use the curriculum of the DrPH program (which will be stopped out), no new resources are required.

No additional faculty members are needed for the PhD in Public Health. This presupposes that we stop-out the DrPH, because to maintain it would require an investment for two new faculty members. Specifically, to meet new CEPH accreditation requirements for the DrPH, we would need to hire at least 2 new faculty members with expertise in leadership, organizational change and development, strategic planning, and human resources.

No additional library resources are needed. Public Health students and faculty have excellent access to a wide range of information resources, beginning with the Health Sciences Library (HSL), where nearly all of the library resources available in the state can be identified, including the Thomas Hale Hamilton Library and the rich clinical resources of the Hawai'i Medical Library. The HSL, on the Kaka'ako Campus, provides key reference materials to support the public health information requirements of the students, faculty, and staff in public health, as well as others in the College of Health Sciences and Social Welfare, the rest of the University, and the community at large. Included in this collection are more than 10,000 books, 84 journal titles, student papers, and miscellaneous documents. Hamilton Library also provides electronic access to a wide range of bibliographic and full-text databases such as PsychInfo, BIOSIS, Sociofile, Academic Search Premier, Expanded Academic Index, ABI-INFORM (business), and ERIC (education) as well as electronic journals. Library users have access to over 2,600 medical and basic science titles in electronic and print format at both HSL and Hamilton libraries. The HSL has been coordinating a statewide consortium of medical and academic libraries to acquire electronic resources at discounts for participating libraries. In addition, the HSL WEB page (<http://www.hawaii.edu/hslib>) is available as a starting point for identifying published research, health-related data, and the vast practice-oriented literature of public health. The HSL is an active participant in the National Library of Medicine's regional network headed by the Pacific Southwest Regional Medical Library at the University of California at Los Angeles. Reference service is provided in-person, by telephone, or via email. In addition, other staff received training to assist library users and refer questions that they cannot answer to the librarians. Classes covering the searching of PubMed MEDLINE and the use of other electronic resources/databases, as well as the use of EndNote, a bibliographic software program, are offered. One-on-one teaching and coaching in the use of online databases is available. Intra-System Loans between UH Mānoa and University of Hawai'i system libraries, as well as Intra-Library Loans, are provided at no charge. Computer lab/classroom and group study rooms are available for us. Wireless secure VPN access is available all campuses and libraries.

No new physical resources are needed. OPHS is located in the Biomedical Sciences Building, with offices in the C and D courtyards and Tower. This includes about 15,000 square feet used for offices, classrooms, student services, laboratory research, administration, and a computer lab. All classrooms have relatively new computers, projectors, and furniture. The three Infectious Disease Epidemiology laboratories are located both in the C and D courtyards on the first floor. These laboratories have been newly renovated as virology laboratories with the related tissue culture, immunologic, PCR, Western Blot, and molecular biological equipment.

Expected Sources of Funds. No additional funds are needed to offer the PhD in Public Health. The PhD in Public Health students will be eligible to fill jobs or assistantships with OPHS faculty members, who bring in at least \$2 million/year in extramural funds. Of 22 graduates of our DrPH program, 8 (36%) have been supported on an OPHS research project.

Anticipated Cost per SSH, Major, Class Size. The costs are similar to those for any graduate student in Public Health.

Similar Programs at Other UH Campuses. There are no similar programs at other UH campuses.

5. Program Effectiveness

Plan for Assessing Quality of Student Learning. The PhD in Public Health will use the curriculum of the DrPH program (which must be stopped-out). Thus, we will use the same assessment indicators for the program. The indicators and our progress to date are provided in Table 3.

Indicator	Progress
At least 60% are from minority groups.	Of the 43 students admitted since Fall 2008: <ul style="list-style-type: none"> • 28% (12/43) are NHOPI • 37% (16/43) other minority Americans or non-white International • 88% (38/43) are female
The size of the program appropriate to the size/skills of the faculty.	1:1 student/faculty ratio
The drop-out rate is less than 20%.	Of 43 students admitted since Fall 2008, 4 (<10%) have dropped out or transferred.
Funding will be available for at least 70% of accepted students.	Overall, 34/43 (79%) have some type of funding, either as a GA, a UH employee, or other sources (EWC, GI Bill, Prince Akihito Scholarship).
100% pass the "qualifying phase" by the end of the 4 th semester	100% (excluding those who dropped out)
At least 70% are ADB by the end of the 6 th semester.	100% (excluding those who dropped out)
100% of students are "on-track" in mastering competencies	100% are on track (excluding those who dropped out)
At least 60% of students present their work prior to graduation.	100% of 22 graduates as of Aug 2016 presented on their work at a conference or community meeting prior to graduation
At least 50% of students publish their work in peer-reviewed journals.	82% (18/22) of 22 graduates as of Aug 2016 submitted or published manuscripts from their dissertation or work completed while in the program prior to graduation
Average graduation time < 6 years	100% of 22 graduates as of Aug 2016 graduated in < 6 years. 86% have graduated within 4 years.
At least 70% of graduating students will have positions in post-docs, public health leadership, research, or faculty positions within 2 years of graduation.	Of 22 graduates as of Aug 2016: <ul style="list-style-type: none"> • 100% secured positions within 12 months of graduation • 17 (77%) in academia/research (including 1 at NIH) • 3 with NGOs • 2 with UNICEF

Relevant Program Accreditation and Plans to Meet Accreditation Requirements. When the DrPH at the University of Hawai'i at Mānoa (UHM) was reopened in 2008, the CEPH standards for DrPH programs across the US were very general. Thus, each DrPH program was unique, with no consistency across programs. For instance, some programs required 30 credits, others 72; about half were research focused, requiring a dissertation as a final product, and about half were practice focused, with no dissertation requirement. For many years, the relaxed standards for the DrPH were in sharp contrast to the Master's in Public Health (MPH), for which the number of credits, competencies, and products were standardized by CEPH for all MPH programs across the country.

In October 2016, CEPH published new standards for the DrPH. After several years of work and debate, the decision was made to define the DrPH solely as a public health leadership-focused degree, with no

requirement for a dissertation. Schools, like UHM, that have offered a research-based DrPH that requires a dissertation must restructure their program or change the name of their DrPH program to a PhD.

Meanwhile, CEPH has not changed its requirements for a PhD in Public Health. The DrPH, as currently offered by the Office of Public Health Studies (OPHS), meets the current CEPH PhD standards, which require a research-focused curriculum and dissertation.

When our DrPH was reopened in 2008, it focused on community-based and translational research to reduce health disparities. In alignment with the strength of our faculty, the curriculum is very research focused. For example, we train students in systematic literature review, research design, community-based participatory research, proposal writing, quantitative methods, qualitative methods, evaluation, and health economics, as well as program and policy development, leadership, and cultural competence. We require a 3-paper dissertation, though which students must demonstrate competency with both qualitative and quantitative inquiry. (See attachment for dissertation and three-paper titles of graduates since 2008).

The DrPH Program Committee in OPHS has polled faculty and students to assess the capacity of OPHS to meet the new standards required by CEPH. The consensus is that OPHS has the capacity to continue offering a strong research-focused degree (e.g., PhD), but does not have the faculty or resources to restructure and change the DrPH into the leadership-focused degree program CEPH now requires. Thus, changing the current DrPH curriculum to meet CEPH's new standards would require an investment of new resources. At the recommendation of the DrPH Program Committee, OPHS faculty voted unanimously at its December 7, 2016 meeting to pursue a degree change from DrPH to PhD.

Conclusion

To meet need and demand, as well as the 2016 CEPH accreditation standards, the OPHS seeks to stop-out the DrPH program and utilize the current DrPH curriculum to culminate in a PhD in Public Health.

Appendix - Three-Paper Dissertation Proposal

The PhD in Public Health program requires the three-manuscript-ready approach, meaning that the dissertation includes an overview and three manuscripts of publishable quality related to the central theme of the dissertation. At least two of the three manuscripts must be based upon empirical research conducted by the student, one using quantitative and the other qualitative methods. The third manuscript may be non-empirical (e.g., a comprehensive literature review or policy analysis).

A proposal for the dissertation must be approved by the student's dissertation committee, and the research must be approved by the University of Hawai'i Committee on Human Studies prior to data collection. The dissertation proposal includes an overview of the central theme, a review of the literature (including gaps), and justification for and an overview of the empirical studies proposed under the theme. This should be followed by detailed methodology for the three studies. The recommended outline for the PhD in Public Health dissertation proposal is available from the PhD in Public Health chair.

If one of the three proposed chapters is a literature review, it is possible to use or build on a literature review completed in an earlier PhD in Public Health class, providing that it is relevant to the dissertation research. The doctoral committee is responsible to decide whether a previously completed review can serve as the third chapter and, if so, the extent to which the review needs to be updated or otherwise modified to qualify as a manuscript of publishable quality. The student must be the lead author of each of the three manuscripts submitted as part of the dissertation.

In using the three-paper dissertation format, PhD in Public Health candidates are encouraged to submit the three manuscripts based on their dissertation research as they are completed, rather than wait until after the defense. Once a paper is completed, the candidate, with the approval of his/her chair, sends it to his/her committee members for review. The manuscript is revised based on committee member feedback and re-sent to all committee members for final approval before the student may submit it to a peer-reviewed journal. A published paper may be included in the dissertation if these UH Office of Graduate Education rules are followed:

The thesis or dissertation may not have been published previously in its entirety. With the written approval of the committee chair, a student may include previously published material in the manuscript [dissertation]. Such material, however, must be the product of the thesis or dissertation research conducted by the student while enrolled in the graduate program, and may not have been used to obtain another degree. Publication references for the material must be included in the manuscript. Typically, it is not the actual publication but the material from the publication that is incorporated into the manuscript. If the actual publication is to be included, several conditions must be met. In general, the student should be the sole or primary author of any published material to be included. Co-authored material may be included only if the student has made a primary contribution, in terms of both research and writing, and that the nature of the contribution is clearly defined and indicated in the introduction or preface of the thesis or dissertation. Written permission shall be obtained from all copyright owners of the co-authored material and attached to the publication agreement of the thesis or dissertation as applicable.

- The publication must be logically integrated into the manuscript [dissertation] in a coherent manner. Binding reprints of the publication to the manuscript [dissertation] is unacceptable.
- The manuscript must contain an introduction or preface that clearly integrates the publication into the general theme of the manuscript [dissertation].
- The abstract for the manuscript [dissertation] must be comprehensive in the sense that it covers the manuscript [dissertation] as well as any publication to be included.

Titles of Dissertations of 22 DrPH Graduates since 2011

Title of Dissertation	Title of 3 Papers Within the Dissertation
Kevin Cassel Tailoring a Community-Based Approach to Reduce Obesity among Samoans in Hawai'i	<ol style="list-style-type: none"> 1. Using the Social-Ecological Model as a research and intervention framework to understand and mitigate obesogenic factors in Samoan populations 2. Samoan Body and Soul: Adapting an evidence-based program for use in Samoan churches in Hawai'i 3. Evaluating the modern Samoan diet: A secondary analysis of the Samoan diet and health study's food frequency questionnaire data
Jane Chung-Do Examining the Influence of School Connectedness on Interpersonal Youth Violence Prevention	<ol style="list-style-type: none"> 1. Understanding students' perceptions of a high school course designed to enhance school connectedness. 2. Psychometric properties of a comprehensive school connectedness scale. 3. The association of violence and school connectedness across Asian and Pacific Islander youth.
Kristen Mitchell Breastfeeding and the Male Partner: Association between Male Attitudes and Breastfeeding Outcomes	<ol style="list-style-type: none"> 1. Increasing breastfeeding through male partner focused interventions: A systematic review 2. What do fathers really think about breastfeeding? Implications for a theory-based intervention 3. Breastfeeding attitudes: Association between maternal and male partner attitudes and breastfeeding intent
Jodi Leslie Chronic Disease Risk Factors among Multiethnic Blue- and White-Collar Workers in Hawai'i	<ol style="list-style-type: none"> 1. What are the associations between occupational types and obesity, among adult workers in Hawai'i? 2. What are the associations between occupational types and hypertension, among adult workers in Hawai'i? 3. Do supports and barriers to healthy eating and physical activity and preferences for programming differ by occupational types, among adult workers in Hawai'i?
Nandar Aung Parent-Teen Communication and Adolescent Sexual Behavior in Hawai'i	<ol style="list-style-type: none"> 1. How does access to sources of information about sex behaviors relate to teens' sexual behaviors? What are the sex and ethnic differences in access to sources of prevention information about sex behavior? 2. How do parents perceive sex communication to teen child in multi-ethnic Hawai'i? What messages do parents convey to the teen-child regarding sexual behavior? Are there differences in communication patterns between mothers and fathers? 3. How do teens perceive parent's messages about sexual behavior? What messages do teens get from their parents?
Rebecca Schweitzer Assessing How to Increase Smokers' Motivation to Quit	<ol style="list-style-type: none"> 1. To measure the extent to which risk perceptions vary across motivational levels of quitting smoking. 2. To test the relationship between smoke-free laws and physician's advice to quit smoking as motivators of cessation in Hawaii's smokers. 3. To assess factors that motivated ex-smokers in Hawai'i to quit smoking.
Misty Pacheco An Investigation of Pelvic Inflammatory Disease Case Reporting in Hawai'i	<ol style="list-style-type: none"> 1. Which PID reporting barriers do Hawaii physicians most commonly experience? 2. What is the concordance between self-reported PID data and HDOH PID surveillance system data? 3. How do health administrators view the mandated PID reporting system?
Vanessa Buchthal The Role of Social Capital in Changing Dietary Behavior in a Low-Income Multi-ethnic Community	<ol style="list-style-type: none"> 1. How are the theoretical constructs of social capital and social networks currently being used to study health behavior in communities, and what does this suggest for further directions in research on household dietary behavior? 2. How do community connections, family structure, and community cultural norms about food affect household dietary choices? 3. What community assets, resources and organizational linkages could be involved in supporting efforts to increase fruit and vegetable consumption within a low-income mixed-ethnicity community in Hawai'i?

<p>Chris Crabtree A CBPR Approach to Assist Vulnerable Communities in Developing a Disaster Preparedness Plan to Lessen the Impact of Natural Disasters</p>	<ol style="list-style-type: none"> 1. What is the current literature on how community-based participatory research (CBPR) methods are utilized in assisting communities with the development of contextually appropriate natural disaster mitigation and reduction strategies 2. How does the community perceive its vulnerabilities and capabilities to a natural disaster, as expressed through PhotoVoice? 3. Does a CBPR-based approach to developing and delivering disaster preparedness training and exercise enhance the acceptability of the program, capacity and confidence of trainees, and sustainability of the process?
<p>Laura Hsu An Examination of Influential Factors in Diabetes Prevention Efforts</p>	<ol style="list-style-type: none"> 1. How does awareness of risk status impact lifestyle health behaviors among pre-diabetic individuals? 2. Examine if the metabolic syndrome (MetS) in conjunction with impaired fasting glucose (IFG) is a better predictor of diabetes in Native Hawaiians than IFG alone. 3. Explore which factors influence the broad dissemination of diabetes lifestyle interventions.
<p>Livia Iskandar Testing the Woman Abuse Screening Tool in Primary Health Centers in Jakarta, Indonesia</p>	<ol style="list-style-type: none"> 1. Is the translated Woman Abuse Screening Tool (WAST) a valid, reliable tool to identify women experiencing IPV at two PHC in Jakarta, Indonesia? 2. How acceptable is the WAST among women seeking services at two PHCs in South Jakarta, Indonesia? 3. What are the perceptions of Primary Health Centers (PHC) heads of supports and barriers to routine Intimate Partner Violence screening in their Centers?
<p>Claire Townsend Impacts of Hawaiian Language Loss and Promotion Via the Linguistic Landscape</p>	<ol style="list-style-type: none"> 1. How do Native Hawaiians experience the loss of their language, and what are their views on the possible impacts of a bilingual, Hawaiian-English, linguistic landscape on their communities, families and selves? 2. What key constructs need to be measured to understand peoples' preferences and attitudes toward a bilingual linguistic landscape, and does a Aotearoa New Zealand survey modified to Hawai'i accurately measure people's attitudes toward the Hawaiian language, participation in the Hawaiian culture, and support for a bilingual linguistic landscape? 3. What are the attitudes of Caucasian, Japanese, Filipino, and Native Hawaiian residents of Hawai'i toward the Hawaiian language and toward the creation of a bilingual linguistic landscape? Are socio-demographic, attitudinal, and behavioral variables associated with support a public bilingual linguistic landscape?
<p>Jeanelle Sugimoto Matsuda Translating Research to Practice: Aligning the "Three Streams" of Policymaking to Address Bullying and Youth Violence in Hawai'i</p>	<ol style="list-style-type: none"> 1. What is the extent and context of bullying and violence among youth in Hawai'i: An analysis of the Youth Risk Factor Survey. 2. What are the evidence-based policy recommendations for bullying and youth violence prevention? 3. What factors affect the experiences of constituents and legislators in the policymaking process, with respect to decision-making?
<p>Jackie Ng-Osorio Native Hawaiian Adolescents Weight Status, Physical Activity and Dietary Behaviors</p>	<ol style="list-style-type: none"> 1. Is there an association between weight status (healthy, overweight or obese) and dietary behaviors, physical activity, sedentary behaviors, smoking, and bullying victimization among Hawai'i 's public school adolescents, and are there differences in association by ethnic-sex groups? 2. Is there a difference in engagement of healthy behaviors and weight status for 9th grade Native Hawaiian students by school type (public vs. private)? 3. How do obese Native Hawaiian adolescents perceive supports and challenges to healthy eating and physical activity in their school and neighborhood environments?
<p>Hyun Hee Heo Exploring Chronic Disease Disparities in Korean Americans and Interventions to Reduce Disparities</p>	<ol style="list-style-type: none"> 1. Disparities in potentially preventable hospitalizations for chronic conditions among Korean Americans compared to whites in Hawai'i. 2. Culturally tailored Interventions of chronic disease targeting Korean Americans. 3. Perceptions of the faith-based organization leaders toward promotion and control of chronic disease targeting Korean Americans in Hawai'i.

<p>Jennifer Fitzgerald Elia An Investigation of Pregnancy Intention Disparities, Measurement, and Meanings in Hawai'i and Among Native Hawaiians</p>	<ol style="list-style-type: none"> 1. How are measures of pregnancy intention, contraceptive use, and reasons for contraceptive non-use associated with demographic factors of women giving birth in Hawai'i? Secondary analyses of PRAMS were used to answer this first RQ. 2. How does a continuous measure of pregnancy intention compare to the standard, categorical measure of pregnancy intention among a sample of pregnant women in Hawai'i? Data from a survey of pregnant women in Hawai'i were used to answer this RQ. 3. How do Native Hawaiians conceptualize and contextualize pregnancy, pregnancy planning, and contraception? This final RQ was addressed through focus groups with Native Hawaiian men and women.
<p>Lehua Choy Community Interventions to Promote Physical Activity</p>	<ol style="list-style-type: none"> 1. What are the key features of physical activity (PA) interventions that use CBPR approaches, and do the interventions result in increased levels of PA? 2. What theory of change explains how Get Fit Kaua'i, a community coalition, made policy and infrastructure changes to the built environment (BE)? 3. What is the association between community-level social and built environment factors and PA in Hawai'i adults?
<p>Tricia Usagawa An Investigation of Hula as a Culturally Appropriate Physical Activity for Health Promotion</p>	<ol style="list-style-type: none"> 1. Determine if hula reached the threshold of physical exertion to be considered moderate physical activity, vigorous physical activity, or both. 2. Ask NHOPi what they thought about an intervention to reduce hypertension that used hula as its main physical activity. 3. Evaluate if an improvement in systolic blood pressure is related to improvement in Health Related Quality of Life (HRQOL) scores.
<p>May Rose Delacruz Understanding How Parents Decide on Vaccinating Their Child with the HPV Vaccine</p>	<ol style="list-style-type: none"> 1. What are the barriers and motivators identified by parents that affect their decision to vaccinate their child with the HPV vaccine? 2. What is the prevalence of the HPV vaccine uptake by ethnicity in Hawai'i? What are the barriers and motivators towards HPV vaccine uptake? 3. How well do HPV vaccine-related brochures developed specifically for Hawai'i test locally in terms of attractiveness, comprehension, intent, and vaccination uptake?
<p>Megan Inada Hagiwara Racial Discrimination, Health, and Healthcare in Hawai'i's Chuukese Community</p>	<ol style="list-style-type: none"> 1. Identify culturally appropriate methods and items to assess racial discrimination in the Chuukese community. 2. Create a culturally appropriate measurement tool to assess racial discrimination in the Chuukese community. 3. Better understand the Chuukese experience with healthcare in Hawai'i.
<p>Matt Pearce Examining Eye Care in the South Pacific Through a Health Systems Strengthening Lens</p>	<ol style="list-style-type: none"> 1. How do Pacific Island Countries and Territories (PICT)-based, vision NGOs perceive their influence on health systems in PICTs, and how does the work of NGOs correspond with the health systems-strengthening model? 2. What expectations do PICT community members have of the non-health enhancing aspects of eye care services within the health care system, and what is their perception of the responsiveness of the health system to these expectations? 3. What do PICT-based eye health professionals believe are community expectations for eye health care, and how is their professional motivation influenced by the health system and vision NGOs?
<p>Sakiko Yasuda Understanding Multilevel Factors in Prevention of Cavities Among Japanese Children</p>	<ol style="list-style-type: none"> 1. What are the most effective school-based methods to prevent cavities of children in Japan? 2. What are the associations between child DMFT (Decayed, Missing, and Filled Teeth) and factors from the different domains of the conceptual framework in Japan? 3. What are the barriers and facilitating factors to prevent cavities in children of Japanese parents living in Hawai'i?