

APPENDICES

- A. RESOURCES**
- B. PUBLIC HEALTH COMPETENCIES FOR THE PROFESSIONAL MASTERS DEGREE**
- C. PRACTICUMS/INTERNSHIPS FOR THE PROFESSIONAL MASTERS DEGREE**
 - I. Overview**
 - II. Rules for the Practicum**
 - III. A Student's Guide to Summer Internships**
- D. EXAMPLES OF SHDH DOCTORAL DISSERTATIONS AND MASTERS PRACTICUMS/INTERNSHIPS**
- E. CAREERS**
 - I. Available Resources**
 - A) Getting Started
 - B) Career Services Office
 - C) Suggested Job Websites
 - II. Jobs Taken By Departmental Alumni/ae**
- F. LIFE AFTER PASSING THE SHDH WRITTEN EXAM**
- G. SHDH TA POLICY**

A. RESOURCES

Countway Library: The Francis A. Countway Library of Medicine combines the resources and services of the Harvard Medical Library and the Boston Medical Library. It is one of the largest medical libraries in the country serving health professional schools. In addition, all HSPH students may make use of all of the libraries on the Cambridge campus. Countway Library utilizes the “Crimson Cash” card system for photocopying and printing. Scanning services are free. Library hours are Monday – Thursday 8:00 am – 11:00 pm, Friday 8:00 am – 8:00 pm, Saturday noon – 7:00 pm, and Sunday noon – 11:00 pm. Hours vary on holidays and should be checked on their website at: <http://www.countway.harvard.edu/>.

Be sure to register for a Harvard University PIN to use the Countway Digital Library, which provides access to on-line journals, databases and literature search engines. This is accessed through Student Life on the HSPH Home page.

Instructional Computing Facility: The IT (Information Technology) Department at HSPH operates its own Instructional Computing Facility to support the course work and thesis computing needs of its students and faculty. It is located on the Lower Level and 2nd Floor of the Kresge Building and at the Landmark Center. Resources include IBM personal computers, printers, a wide array of statistical packages, and Microsoft Office. Some rooms in the facility are open 24 hours a day, 7 days a week throughout the entire year. During the academic year, a knowledgeable staff of user assistants is available from 9 a.m. to 5:00 p.m. to advise and assist with questions and problems related to statistical and academic software provided in the computer lab. Other IT services include e-mail accounts, computer accounts with 500mb of disk space, Internet access and Wireless access points.

Meeting Rooms and Workspace: Space is our most limited resource. Advanced doctoral students working on their dissertation can check with Michele Brooks regarding the availability and assignment of study carrels. (See 2.2.10.) The small glass enclosed meeting room on the 7th floor can be used by students; a computer and phone are available. Since it is a meeting room and is used by other faculty and staff, it will be necessary for students to reserve the room. You can come by and reserve time to use the room with the sign-up sheet posted on the door. You can come by anytime and, if the room is not reserved, you can certainly use it immediately by filling in the time slot. Further, there are conference rooms on the 6th and 7th floors that can be reserved by contacting Noreen Loughran (617-432-1135; nloughra@hsph.harvard.edu). Kresge Room 611 and 723 are available as open shared spaces for all SHDH students. The rooms have wireless internet connection and the computers in each room are connected to the HSPH network. Please note that overnight storage is not available in these open shared student spaces.

Photocopying: Self-service copying allows you to do your own copying utilizing the “Crimson Cash” system. Self-service copiers are available in the Kresge Building and Countway Library as well as throughout the Cambridge campus.

Departmental Student Mailboxes: In addition to the student mailboxes on the ground floor of the Kresge Building, SHDH students have mailboxes in the department. SM students have mailboxes on the 6th floor, and doctoral students have theirs on the 7th floor. **Please make a point of checking them at least once a week.**

Faxing: The department's fax machine is available for **incoming** faxes only. Faxes will be put in each student's mailbox. The fax numbers are **(617) 432-3123** (7th floor) and **(617) 432-3755** (6th floor).

International SOS Service: Harvard has contracted with International SOS to provide 24/7 worldwide advice and assistance, including medical and security information, medical referrals and emergency medical and security evacuation services to Harvard faculty, students and staff traveling outside the U.S. on a University-related activity. All registered Harvard students and benefits-eligible employees traveling abroad for a University activity or for University-related business are eligible to use International SOS' services. Note that International SOS does not replace health insurance. For more information, see <http://vpf-web.harvard.edu/rmas/isos.html>.

Before you travel, register your trip so that Harvard can reach you in an emergency. To register, visit www.internationalsos.com (enter Harvard's membership number: 11BSGC000038) and click on Personal Travel Record. (Watch for the new Harvard Travel Registry in fall 2011.)

We encourage you to keep an International SOS card with you while you travel. To print a card and to obtain additional information about the International SOS program, please visit the Harvard-SOS website at <http://vpf-web.harvard.edu/rmas/isos.html>. Alternatively, you may pick up a wallet-sized card in the Office of Financial Services (90 Smith St., Rm. 320).

If you need help while overseas:

1. In a life-threatening emergency, first call local police, fire, or medical authorities.
2. Call International SOS at +1 215 942 8226 (24/7 worldwide) for additional help, including non-emergency help.

Books and Supplies: Most books and supplies can be found at the Harvard Medical Coop, located on Longwood Avenue.

Note:

- We encourage you to comparison price shop book suppliers on the web.

Child Care Resources:

- www.childcare.harvard.edu/childcare/options.shtml
Contact: Nina Dickerman, Work/Life Liaison; 617-432-7448;
ndickerm@hsph.harvard.edu

B. PUBLIC HEALTH COMPETENCIES FOR THE PROFESSIONAL MASTERS DEGREE

I. COMPETENCIES FOR THE PROFESSIONAL MASTERS DEGREE

The Public Health Faculty/Agency Forum (sponsored by the DHHS, PHS, HRSA, and the Bureau of Health Professions and CDC) identified "universal competencies" in public health. The initial report was prepared by Johns Hopkins University School of Hygiene and Public Health in collaboration with the Association of the Schools of Public Health. Key sections are included below:

Universal Competencies have been identified in each of the following areas:

- Analytic Skills
- Communication Skills
- Policy Development/Program Planning Skills
- Cultural Skills
- Basic Public Health Sciences Skills
- Financial Planning and Management Skills

Public Health Practice Skills include the following categories and skills:

- **Analytic Skills:**
 - Be familiar with quantitative and qualitative methods and their most appropriate applications
 - Be able to identify and prepare a situation and context analysis
 - Work with community groups to define a public health problem
 - Determine appropriate use of data and methods for problem analysis, program planning, implementation and evaluation
 - Know research design options and applications
 - Make relevant inferences from data
- **Basic Public Health Sciences Skills**
 - Define, assess and understand determinants of health and illness
 - Define, assess and understand factors influencing use of health services (including political, social and organizational behaviors)
 - Understand and apply research methods basic to public health sciences
 - Understand the historical development and structure of federal, state and local health agencies and services
- **Communication Skills**
 - Communicate effectively both verbally and in writing to diverse populations (scientific and lay groups)
 - Establish dialogue (welcoming and soliciting input)
 - Advocate for programs and resources
 - Lead and participate in teams
 - Interact with media to communicate important public health information
 - Support dissemination of information

- Negotiate and mediate
- **Cultural Competency Skills**
 - Understand the role of cultural, social and behavioral factors in determining health and the form and delivery of health and medical services
 - Understand the linkages between inequalities and health
 - Understand and respect cultural, socioeconomic and educational diversity
 - Collaborate and build partnerships with various population groups
 - Develop and adapt strategies for various population groups
- **Fiscal Management Skills**
 - Develop, present and monitor a budget
 - Develop strategies for determining budget priorities
 - Understand cost containment issues
 - Understand information systems and new technologies
- **Management Skills**
 - Monitor program process and performance
 - Understand organizational behavior and apply basic human relations skills
 - Communicate effectively with colleagues and staff
 - Manage and supervise personnel
 - Prepare proposals for funding from external sources
- **Policy Development Skills**
 - Apply relevant data and research findings to a defined problem
 - Articulate implications and policy options
 - Write clear and concise policy statements
 - Develop structural analyses including an understanding of laws and regulations
- **Program Planning Skills**
 - Collect and summarize data relevant to an issue
 - Incorporate participatory methods for assessment and planning
 - Incorporate social marketing methods
 - Articulate and implement appropriate processes for decision making
 - Develop implementation plans with delineated goals, objectives and measurable outcomes
 - Design theory based plans and programs
 - Develop mechanisms to monitor and evaluate quality and effectiveness of programs (formative, process and outcome measures)

II. SHDH MASTERS PROGRAM – ACADEMIC PLANNING

Consider planning a program of study that will help you develop depth in a particular area of interest (a defined public health problem such as HIV/AIDS, environmental exposure, cancer; or a population group such as African-American women, urban adolescents, the elderly poor) and concentrate on honing specific skills (such as program design, marketing, fiscal management, program evaluation, for example).

Area of Interest: An in-depth understanding of a defined problem or population group may be developed in a variety of ways. You may choose to take courses here at HSPH or within the various Graduate Schools on the Cambridge campus. You might be able to supplement course work with focused reading independent studies. You might also consider developing a deeper understanding of an area by directing your required papers to your topic of interest. For example, if you were primarily interested in adolescent health, you would be able to focus on the adolescent perspective in a course on addictive behavior, in a course on HIV/AIDS, in a course on nutrition . . . even though none of the courses themselves highlighted adolescents.

Skills: While you will hone a variety of skills through many of your courses here, consider developing expertise in a particular area of interest. For example, you may want to learn to design and evaluate programs but need to remember that you will probably also need management skills so that you can oversee such work in the future. Some students have focused on the design and implementation of health education/behavioral change programs. Others have chosen to focus on data analysis and policy. The lists of elective courses in Section 3 of this guide provide some suggestions of where to start. Many SHDH students augment course work with part-time jobs and/or with practicum or internships related to their areas of interest.

III. SKILLS CHECK LIST

The Public Health Practice Program here at HSPH, the Association of Schools of Public Health, the Society of Public Health Educators, and various public health graduate programs have listed needed skills for practice.

The following checklist may serve as a guide for your study plan. Consider your experience, your previous course work, and your career goals as you examine this list and check off those areas within which you need to develop a stronger skill base.

You might want to copy this check list for your advisor folder and/or review the list with your advisor.

SKILLS CHECK LIST

Name: _____

Advisor: _____

Substantive Area of Interest: _____

Skill Focus: _____

1. Analytic Skills

Interest: _____ Strong _____ Peripheral

Skills base: _____ Strong _____ Adequate _____ Weak

Gaps: _____

Planned Course Work:

2. Basic Public Health Sciences Skills

Interest: _____ Strong _____ Peripheral

Skills base: _____ Strong _____ Adequate _____ Weak

Gaps: _____

Planned Course Work:

3. Methods in Research and Evaluation

[Quantitative and Qualitative]

Interest: _____ Strong _____ Peripheral

Skills base: _____ Strong _____ Adequate _____ Weak

Gaps: _____

Planned Course Work:

4. Communication Skills

Interest: ___ Strong ___ Peripheral
Skills base: ___ Strong ___ Adequate ___ Weak

Gaps: _____

Planned Course Work:

5. Cultural Competency Skills

Interest: ___ Strong ___ Peripheral
Skills base: ___ Strong ___ Adequate ___ Weak

Gaps: _____

Planned Course Work:

6. Fiscal Management Skills

Interest: ___ Strong ___ Peripheral
Skills base: ___ Strong ___ Adequate ___ Weak

Gaps: _____

Planned Course Work:

7. Management Skills

Interest: ___ Strong ___ Peripheral
Skills base: ___ Strong ___ Adequate ___ Weak

Gaps: _____

Planned Course Work:

8. Policy Development Skills

Interest: ___ Strong ___ Peripheral

Skills base: ___ Strong ___ Adequate ___ Weak

Gaps: _____

Planned Course Work:

9. Program Planning Skills

Interest: ___ Strong ___ Peripheral

Skills base: ___ Strong ___ Adequate ___ Weak

Gaps: _____

Planned Course Work:

C. PRACTICUMS/INTERNSHIPS FOR THE PROFESSIONAL MASTERS DEGREE

I. OVERVIEW

Students are required to complete a supervised summer or term-time internship as part of their training. While faculty cannot always arrange for internships, many do provide leads to help students and will work with students to develop a work contract so that learning is maximized. Please see the Student Internship Guide that follows. In previous years, students have worked at the CDC, for state and city health departments, in academic settings, and in a variety of agencies in the US and overseas.

You are advised to seek faculty sponsorship in advance of the internship. As already noted, faculty are not compensated for their independent study/tutorial teaching time and their availability varies.

Some sources of internships

The Harvard School of Public Health Practice Experience Website has a wealth of information related to finding and getting the most out of your practicum - <http://www.hsph.harvard.edu/academics/public-health-practice-resources/index.html>.

The Maternal and Child Health Information Resource Center Graduate Student Internship Program (GSIP) offers a limited number of paid summer internships at state and local health departments. Applications to this program are usually due early February. For additional information contact Trish Lavoie: 617-432-0964 or tlavoie@hsph.harvard.edu.

The Centers for Disease Control (CDC), as part of a cooperative agreement with the Association of Schools of Public Health, offer competitive 12-week internship assignments during the spring/summer. Full or part-time students enrolled in a masters or doctoral level degree program in an ASPH member school of public health in the United States are eligible. Students selected for the program work with leading experts in all areas of public health. Contact: Internship/Fellow Coordinator, Association of Schools of Public Health <http://www.asph.org>. Applications for the spring/summer cycle are due in January.

In addition, internship opportunity announcements are posted on the SHDH Bulletin Board on the 7th Floor and in the Job Opportunity Notebook at the 7th Floor Receptionist's desk. E-mail messages with information on available internships will also be sent out periodically to students.

II. RULES FOR THE PRACTICUM

Practicum/Internship Component of SM Studies Department of Society, Human Development, and Health

Graduate students enrolled in the SHDH MPH, SM2, and SHDH SM1-dual degree with Simmons are considered to be in preparation for public health practice.

This practice track carries a number of requirements, many of which are set by the accreditation body for schools of public health. The mandate that students in public health practice programs engage in an in-depth practice experience during the time of their training is based on the assumption that such work will offer students out-of class learning which includes observations, hands-on experience, and opportunities to work with those in practice. In addition, the practicum enables students to augment and apply their skills in the core public health competencies:

- Analytic Skills
- Communication Skills
- Policy development/Program planning skills
- Cultural skills
- Basic Public Health science skills
- Financial planning and management skills

What is the expected commitment of time for the practice experience?

The minimum time commitment for the practice experience should meet the requirements of a 2.5 credit course. This translates to approximately 12 to 16 hours of work per week for 8 weeks. Most paid work opportunities, however are framed in terms of half or full time jobs.

What kinds of practice are expected?

Public health practice encompasses a wide variety of roles [such as administrator, advocate, data manager, director, evaluator, program planner, research assistant/associate] within a variety of settings [government and community based agencies, public and private institutions, schools and research centers]. Practice experiences are varied, reflecting the diverse nature of public health practice.

Section 2.5.6. of this curriculum and advising guide notes that the practicum ought to provide opportunities to apply quantitative and qualitative analytic skills and to enable students to gain experience with public health activities such as needs assessments, policy development, program design and evaluation, research methods, etc. In addition, two critical components of the practicum experience are highlighted:

- Opportunities to develop leadership skills
- Opportunities to work in team environment

Students in the dual degree program with Simmons, please see Section 2.4. of this guide.

How do I frame my goals and objectives?

A practicum is often framed by the needs of the employer and will generally involve a ‘deliverable’ or piece of work that represents your independent contribution or your work as a member of a team.

However, because you are in training, you will also need to consider your own learning based ‘deliverables’. It will often be your responsibility to work with your advisor to frame your work in terms of your own learning goals and objectives. Consider what the work/internship has to offer you. Your learning objectives ought to include some aspect of most if not all of the public health competencies listed above.

What supervision or mentoring is expected?

The ideal practice experience will be in a site that offers a structured internship under the supervision of a mentor.

However, if you work with a program or agency that does not offer a formal internship with a designated preceptor or mentor, then you will be in a position to identify a mentor or co-analyst within the work environment and with whom you can engage in reflective dialogue.

You might also consider keeping a journal of your observations related to the various areas of core competencies. You will then be able to examine your journal, consider your experiences and observations, and provide your own analysis. In addition, you might consider posing some questions that are of interest to you and that could shape your journal observations.

- For example, consider who among the staff has responsibility for designing assessment or evaluation instruments, for collecting and entering data, for analyzing data, for developing reports based on data. To what extent is this work integral or peripheral to the main activities of the program or agency?
- For example, consider the extent to which issues of culture are addressed in the program and/or in the agency. To what extent are staff afforded opportunities to interact with the cultural groups they are serving or to be engaged in discussion groups or training programs to develop cultural awareness and skills related to cultural competence?

Or, consider keeping a record of lessons learned or skills developed related to the various areas of core competencies.

- For example, if your work involves presentations to those in policy positions or to community members, make note of how these opportunities enabled you to further develop your communication skills.

How do students find practice experience and with what assistance?

Current opportunities do not reflect a level playing field. Public health has been experiencing multiple budget cuts and subsequent cuts in staffing and in programs. Students in some areas of study are entering a field within public health that has long established paid internship opportunities – some in the private sector. Others, often those focused on program work with public institutions or community-based agencies, may find limited opportunities for closely supervised or paid work.

Advisors are available to help you in your search and are available to discuss logical parameters for your work. Some members of faculty may themselves be in a position to offer you a practicum experience by inviting you to participate in a funded research program. If you are most interested in working within the school, you might prepare a letter to members of the faculty who are engaged in work that matches your needs and ask about opportunities. The Division of Public Health Practice can also provide you with information about local opportunities. In addition, Trish Lavoie has assembled a list of former students and their practicum experience. Many former students have indicated a willingness to share their search strategies and/or to provide you with contact information for possible work.

How do I document my work?

Please be prepared to submit answers to the following questions:

1. Where did you work?
 - Name of agency, institution
 - Division
 - Address and contact numbers
2. What was the focus of your work?
 - Name of program or project
 - Goal/object of program/project
 - Your learning goals and objectives
 - Your work assignment
 - Your role within the agency, program, or project
 - Your work 'deliverable'
3. With whom did you work? [Indicate by position or title and not by name]
 - To whom did you report?
 - Who was your preceptor/mentor?
 - With whom did you engage in analysis of the experience?
4. To what extent did this work engage you in activities that reflect each of the public health competencies?

Dr. Rima Rudd
Ms. Trish Lavoie
March 2005

III. EXCERPTS FROM “A STUDENT’S GUIDE TO SUMMER INTERNSHIP”

(NOTE: Please refer also to Section 2.5.6. re
the Field Practicum Project or Internship and SHDH 259)

Joyce J. Lee
Department of Health and Social Behavior
Harvard School of Public Health
Spring 2001

Introduction

So, you’re interested in finding out more about summer internships? Well, hopefully this guide will prove a useful place to start. My aim in creating this handbook was to give fellow Health and Social Behavior* masters students a user-friendly tool for thinking about the internship-hunting process. Rather than trying to be an authoritative resource (which this handbook can’t be, since I’ve only ever done one summer internship!), I’ve instead focused on helping other students think generally about how to approach internships, and how to help find the “best fit” internship for them.

While written mostly for those with little job-search experience in mind, my hope is that this guide will give you a fresh take on the process even if you do have prior work experience. That being said, understand that you can feel free to take the suggestions here to heart only as you see fit, since advice is seldom one-size-fits all.

Topics addressed in the guidebook fall under broad question headings, based on the kinds of questions I myself had when I went through the internship search process. So, you should feel free to skip from section to section as well, since it is likely that some sections will be more relevant to your situation than others.

Good luck, and happy internship hunting!

Why Do an Internship?

Ah, good question. Perhaps you’re thinking your time would be better spent taking summer courses to get ahead on requirements. Or maybe you’re thinking that after a hard year of graduate work, you might want to kick back and take that lifeguarding job you had the summer before.

These are legitimate options, of course. But there are several distinct advantages to taking part in a summer internship that make the experience worth considering:

1. An internship allows you to gain bona fide, hands-on experience that you just can't get from your classes. Sure, it's one thing to learn about the importance of community and social networks in your HSB 201** class, but it's another thing entirely to think about them when you are offering a real intervention to real people.

*Note: renamed the Society, Human Development and Health Department.

**Note: course renamed SHDH 201.

2. An internship offers you the opportunity to “test drive” a particular organization or type of job, before you begin a full-blown job search for post-graduation employment. For example, you can see if an organization that you think would be a great place to work truly suits you. Or you can see if you really are interested in program design, rather than program evaluation. Likewise, if you decide to take an internship in an unfamiliar area or a new city, you can figure out whether that might be a good place for you to be after graduation as well.
3. An internship gives you the opportunity to build professional relationships. Of course, you are already doing so in the school setting, through your interactions with faculty and peers who will someday become your work associates in one fashion or another. But by engaging with new people in a work environment, you get the chance to go beyond academic relationships, and know people who are doing work related to your field, practicing their craft “on the ground,” so to speak.

Of course, there are some final added perks too. If your internship is paid—well, it's always a good thing to get some extra money! Add to that the fact that a good internship experience can pave the way to a job offer for a permanent position after graduation, and the internship can look mighty appealing!

How Do Students at Other Schools Approach Internships?

Well, just as is the case at HSPH, approaches to internships vary by department and degree program. As you can see from the table in the appendix (Internship Requirements at Other Schools of Public Health), which gives just a sampling of the internship requirements of departments at other schools of public health, there is significant variability in the guidelines and requirements of various programs. At most schools, departments are free to set their own guidelines, making internships requirements as loose or as rigorous as they deem appropriate. In addition, some programs require a written piece at the conclusion of the internship, while others do not.

The routes to internships at these schools vary by department and program as well. For some students, their departments have already established relationships, and so they need only find a host employer among several

“endorsed” by their department. For other students, a bit more initiative must be taken to find an internship, and may require contacting their school’s career services department, talking to faculty, or simply pounding the proverbial pavement on their own.

What Kinds of Work Could I Do in an Internship?

There is great variability in the kind of internships available, and what is offered at a given agency or organization is often a function of the larger projects and goals the organization has in place. But, just as a rough sketch of what’s out there, you might be involved in:

- Implementation of a health education program, in either a community or clinic setting
- Development and distribution of community health materials
- Development and delivery of a health training or workshop
- Pilot evaluation of a new or existing program
- Community organizing and outreach
- Survey design or implementation

In addition, work can take place in all sorts of settings. You may be working in a community setting, for a community-based organization (CBO) or through a local or state department of public health (DPH). You could be working in a clinical setting, either in a hospital or community-based health clinic. Or, finally, you could be working in an academic setting, conducting research at HSPH or other schools of public health, or even other academic departments within universities, such as departments of sociology, anthropology, or psychology.

What Should I Know Before I Get Started?

While I know this will sound trite, the most important thing for you to know is yourself. By that I mean you should have a clear sense of your preferences and your priorities. What are the things that are going to be most important to you in finding the right internship? And also, when it comes time to narrowing the field, what do you most want to gain from the internship? What do you think you have to offer potential employers?

Just as an exercise, you might want to take the time to ask yourself the following questions:

What are your preferences for geographic location?

Would you like to stay in Boston, or would you prefer to be out of the area for the summer? Would you like to be in a new city, which might be exciting, but would probably mean you’d have to find housing for the summer? Or would you like to stay in a city near family and friends where you could arrange for summer housing without much trouble? Given that you might end up working

wherever you do your internship, is this a place you'd be interested in trying out for post-graduation?

What is your ideal work environment?

Are you interested in working in a large organization, where a lot is happening and job responsibilities tend to be more distinct? Or would you prefer a small organization, where you may get more exposure to direct public health work but job responsibilities tend to be more fluid? What sort of organization are you most interested in? A nonprofit or non-governmental organization (NGO)? Perhaps a government agency? An academic or clinical setting? Or maybe a CBO? Do you prefer a formal or informal work setting? Strict or loose management?

What are the skills you'd like to gain?

Are you more interested in quantitative skills or qualitative skills? Would you like to be doing more people-oriented work or research-oriented work? Do you want to gain experience working in groups or independently?

What strengths do you bring to the table?

What are the types of skills you can offer an employer? What are the "hard" skills you possess, including computer skills, statistical skills, and writing skills? What are the "soft" skills you possess, including analytic ability, communication skills, or creativity?

What is your financial situation?

Do you need to only consider paid positions? Or, do you have the flexibility to take a position that is voluntary, but would give you incredible exposure to public health work?

These are just some of the types of questions you will want to ask yourself to help you gain a better sense of what type of internship will be the right "fit" for you. I mean this not only in terms of the actual job description, but also with regard to less tangible but equally important factors such as your happiness with the location, etc.

When Do I Start Looking for an Internship?

The short answer is, the sooner, the better. Remember that you need to leave yourself time not only to look for organizations and agencies to apply to, but also time to prepare application materials such as an updated resume and cover letters. In addition, you may need time to arrange interviews or to find housing if you are going to be in a city other than Boston.

Just as a suggestion, you'll find a timeline for your internship search in the Appendix (Timeline for Internship Search). The timeline is just a guide of course, and can be shifted a bit to accommodate your particular situation.

Where Do I Look for Internship Opportunities?

There are lots of places to look for internships these days, but I would suggest three primary resources:

1. **Personal and Professional Contacts.** Maybe a friend used to do work on HIV/AIDS reduction, an area you'd like to get more experience in. Or maybe you heard a professor speak about school-based health clinics, and you'd like to learn more about them over the summer. Find time to talk to these contacts, who may very well be able to put you in touch with other individuals who would love the support and assistance of a summer intern. Don't forget that family and friends of family offer contact opportunities as well.
2. **The Internet.** This resource is becoming a more and more integral part of any job search, and internships are no exception. You can approach your Internet search in a number of ways. If you know a particular agency you'd like to work for—say, for instance, the Centers for Disease Control—you could try looking at their website to get a better sense of their internal departments and projects, and find potential internship openings that way. Likewise, if you knew what city you wanted to work in, you could go to the internet to find out about hospitals, schools of public health, and community-based health organizations in the area, and figure out which ones might hold promise for summer interns.
3. **The Career Services Office.** They have binders on a variety of different organizations and jobs, and reviewing them may give you insight on some potential opportunities. In addition, they email job opportunity information to students each week; make a note of organizations that you are interested in, and contact them to see if they have internships available as well.

Regardless of the route you choose to pursue, be sure that you locate the name of a contact individual to whom you can address your inquiries. That way, your email, letters, or phone calls can be directed to a named person, rather than getting lost in cyberspace/snail mail/fiberopticland.

OK, I've Figured Out Some Places Where I Might Like to Work. What's Next?

Fabulous! You've made great headway. Now, you need to start the stepwise process toward securing an internship.

Making contact

Depending on the kind of internship you are applying for, there may be different requirements for your application. For instance, some programs that offer formal internships may require you to fill out a special application for the internships itself. Other agencies may not require an application per se, but

will request that you send a cover letter and resume. And still others, perhaps ones you are “cold contacting”—i.e., they have not advertised for interns, but they look like they might be interesting places to work—give you no guidelines whatever on how to go about applying to work there for the summer.

Most potential employers—whether for internships or otherwise—like to see a cover letter and resume before they can consider you further. Not only does this give them a chance to see why you are interested in working for their organization and what your prior experience is, it also gives them a sense of your communication skills. Because this can be a potentially make-or-break first exposure with potential employers, be sure to have other people look over your resume and cover letter for feedback and pointers. You can do this through the folks at the career services office, or you can try having friends or your advisor look them over as well.

Some Extras

In addition, you will want to go ahead and prepare a list of references, should employers require them. These might be professors who know your work well, or your advisor, or if you have work experience, past employers who can vouch for the quality of your work. Make sure you contact these folks ahead of time so they are forewarned that they may be contacted as a reference. And lastly, you may want to assemble examples of your work, such as a class paper, a published journal article, an evaluation proposal—just in case these items are requested.

OK, you’ve brushed up your resume, you’ve written cover letters for every agency you’re applying to, and everything is stamped and ready to go. Now you are ready to pop these suckers in the mail, keep your fingers crossed, and play the waiting game!

Following Up

So, a week or two has passed since you have mailed off your letters. With any luck, you will soon be receiving a phone call or email in response to your applications. You may be asked to schedule a phone or in-person interview as well. While potentially nerve-wracking, such interviews allow you to add texture to your written application materials, by providing the opportunity to explain your skills and qualifications. In addition, an interview gives you an opportunity to better learn what the nature of an internship would be, what your day-to-day responsibilities would entail, and what you can anticipate learning on the job.

Don’t be alarmed if you don’t hear back from everyone you attempted to contact. In general, the folks you are trying to reach are every bit as busy as you are! Give them a little time, and feel free to follow up with a phone call after a few weeks’ time has passed to see what the status of your inquiry is.

If and When I Do Get an Internship, What Should I Be Doing While It's Going On?

This will depend a great deal on whether you are taking part in a structured internship. You may be required, for instance, to write an occasional report or reflection as part of your internship requirement. Or you may need to be reporting to your preceptor periodically to provide feedback on your experience.

If your internship is not structured (or even if it is) and you are interested in doing something for your personal growth, my primary recommendation would be to keep a journal while you are undertaking your internship. My own advisor recommended this to me, and I found it was an invaluable tool for recording my thoughts about my summer. In addition to helping me simply log my day-to-day responsibilities and tasks, I also found it helped me to vent my occasional frustrations and to celebrate particularly good days. I also used it as a professional development reflection piece, allowing me to think about what skills I gained, what characteristics I observed in good managers, what I could have done to be more effective at my job, etc. And lastly, I found that a journal gave me a place to write down ethical considerations, cultural issues, and other thoughts that I really needed time to reflect on further, long after the summer was over.

In addition to keeping a journal, I'd recommend that you keep copies of any "products" you create over the course of the summer. If you give a PowerPoint presentation, keep a copy of the slide show. If you design an educational workshop, keep copies of the materials you developed. These serve as useful examples of your work for future employers, and will give you a tangible sense of accomplishment at the end of your summer!

Lastly, I would suggest that you arrange with your supervisor to have weekly check-in meetings, if they are not already built into your internship. By scheduling regular time to meet, you will have a consistent opportunity to trouble-shoot, to talk about what's working well or isn't, and to formulate plans and ideas. Since most internships are 2-3 months in length, time is often of the essence, and regular meetings can allow you to effectively maximize the use of your time.

What Will Happen at the End of the Internship? Will I Be Evaluated?

Again, this depends a great deal on you, the formality of your internship, and the type of expectations set up by your internship preceptor or supervisor. Your program or agency may require a written evaluation at the end of the summer. Or, you may engage in an informal conversation with your manager in which you discuss what you learned, what skills you gained, and what you felt you contributed to the agency or program as a whole.

If you are not required to complete a formal evaluation, I would suggest that you complete at least an informal self-evaluation and, depending on how comfortable you are with your supervisor, an upward evaluation as well. I have found that the self-evaluation forces me to be critical of my work, but also

allows me to realistically assess where I've made meaningful contributions. The upward evaluation—that is, the evaluation of your supervisor and/or his or her supervisors—can really be a place to offer praise of good management skills as well offer constructive criticism. Though the upward evaluation can be a little scary, I have found that most people really appreciate hearing about what they do well, and how they can improve what they don't do well. The key here, of course, is tact and professionalism! And I also recommend asking your supervisor for an evaluation of your work as well, to help you gain another perspective on how you contributed to the agency or organization, and how you could improve your efforts in the future. Keep in mind that in addition to the work you do, the internship is a professional learning opportunity, so you might as well maximize it.

In terms of the logistics of these evaluations, I found that writing my self-evaluation while my supervisor wrote her evaluation of me was the place to start. Once we both completed our evaluations, we “swapped” documents, allowing each of us to read our respective assessments of my performance over the summer. Then, afterward, I sent my supervisor my upward evaluation. Finally, a few days later, we met in person to discuss the various evaluations and clarify any questions. It sounds a little complicated, but I found it worked well, and really gave both of us an opportunity to use the evaluations as vehicles for professional growth.

OK, I Think I Know Enough to Get Started on My Internship Search. What Are the Big Take-Home Messages of This Handbook?

Overall, I'd say there are six take-home messages to keep in mind from this guidebook:

1. **The early bird gets the worm.** OK, not everyone wants to eat worms, but the point still stands that getting an early start is one of the best ways to aid your efforts in securing an internship. Not only will this allow you enough time to search thoroughly for the right organization, but also, logistical issues such as transportation, housing, funding, etc., will be easier to deal with if you have advance notice.
2. **Work your contacts.** Strangely, everyone knows more people than they think they know. Don't be afraid to ask faculty, friends, parents, FOFs (friends of friends) for leads, contacts, or phone numbers of folks who might be able to hook you up with an opportunity. I have found that people are more than happy to help, and are just as eager as you to have you gain a useful, meaningful work experience in an organization or agency that is helping improve people's health.
3. **Know thyself.** As I stressed before, it pays to clearly lay out for yourself what you want, where you want to be, and what is important to you in relation to a potential internship. It's much easier for you to search purposefully if you have a sense of what you are looking for. That being said, though...

4. **Be flexible.** Understand that while you may have the ideal internship in mind, you may not find exactly what you are hoping for, so you may have to opt for the next best thing. Also, the same applies for geographic location, agency, etc.
5. **Be realistic.** Understand that there will be constraints on the part of everyone involved. Though you might be hoping for a great stipend, the organization in which you are most interested could be cash-strapped. Or you may be hoping to have a great deal of involvement from the get-go, but you find that you have limited work responsibilities in the first few weeks. Or perhaps you thought you could be a weekend camp counselor in addition to your 40-hour per week internship responsibilities. Be realistic about the expectations you have, both of your work environment and yourself.
6. **A work/life balance is key.** It's great to use the summer as a learning experience, but it's important to carve out time for yourself as well. Feel free to work hard when your job responsibilities require, but be sure not to burn yourself out—you have another year of school just around the corner! Go hiking with friends, take a weekend road trip, lounge around and read a good novel: do whatever relaxes you most, in addition to working hard in your public health passion.

Timeline for Internship Search

October-December

- Make a list of what you are looking for in your internship (skills, location, work environment, etc.).
- Poke into career service for ideas on internships/organizations.
- Talk to contacts about internship ideas.
- Use Internet to find out more about potential programs, agencies, and organizations.
- Polish and update resume; get feedback from career services and/or others.

January

- Locate contact information for the agencies and organizations in which you are interested; agency websites may be especially useful for this.
- Request internship applications, if needed.
- Draft cover letters to agencies; take to career services for feedback.
- Follow up on suggestions of contacts.

February

- Mail out internship applications and/or cover letters and resumes.
- Follow up after a few weeks, if you have not heard back regarding your original contact.

March

- Arrange phone or personal interviews, as needed. Hopefully, get multiple internship offers!
- Narrow down field of potential internships to three. Be sure to consider your list of “good fit” characteristics, including any limitations of stipend requirements, location, etc. Also, be sure to contact those agencies in which you are no longer interested to let them know, so that they may offer the summer position to other applicants.

April

- Time to make a final decision. Be sure to contact all other agencies so that they may offer their internship to other candidates.
- Rejoice! You have an internship!!

May

- Time for securing logistical arrangements: locate housing and transportation, if necessary; fill out internship contract or employment paperwork, if necessary, etc.

D. EXAMPLES OF SHDH DOCTORAL DISSERTATIONS AND MASTERS PRACTICUMS/INTERNSHIPS

SHDH Doctoral Dissertations [Sample]

<u>Grad. Year</u>	<u>Student's Name</u>	<u>Dissertation Title</u>
1993	Albert Jovell	Society & Health: Clinical Epidemiology, Health Status Assessment & Policy Implications
1995	Yael Caspi-Yavin	The Psychiatric & Functional Impact of Refugee Trauma
1995	Dorris V. Hanna	HIV Risk Assessment and Its Relationship to Breastfeeding Advice in the WIC Program
1995	Cheryl Olson	Training Teachers About Adolescent Depression
1995	Randall Sell	Measuring Sexual Orientation for Public Health Research
1995	Gina Wingood	An HIV Risk Reduction Trial for Young African-American Women
1996	Maura Iversen	The Influence of Expectations & Attitudes on Doctor-Patient Communication & Health Outcomes in Arthritis
1996	Ellen Mara Kramer	Energy Intake, Energy Expenditure, and Body Mass Index Among Children Under Five Years and Their Parents in Rural Bangladesh
1996	Long-Yau Lin	The Prevalence of Pre-menstrual Syndrome and the Treatment Effect of Pyridoxine in Taiwanese Adolescents
1996	Ming Yang	Occupational Conditions, Alienation and Alcohol Drinking: A Study of Steel Workers in Taiwan
1997	Helen Achat	Psychosocial Determinants of Health-Related Quality of Life: Social Networks, Rotating Night Shift, & Optimism & Depression
1997	Jennifer Dacey Allen	Factors Associated with Breast Cancer Screening Practices and Intentions
1997	Patricia Case	Health and Addiction: Studies at the Intersection of Policy and Behavior
1997	Everly Macario	Family, Literacy and Diet: Nutrition Education in Social Context
1997	Jacquelynn Meeks	Health-Related Quality of Life: Using the SF-36 to Examine Effects of Rotating Shiftwork & Benign Breast Disease in the Nurses' Health Study II
1997	Liza Molina	Surgical Sterilization in the U.S.: Psychometric Psychology, Informed Consent and Bio-Ethics in Context
1997	Margaret Frances Muldoon Rodan	Food Frequency Questionnaires and Nutritional Risk Assessment in Low-Income Populations
1998	Deborah Allen	Factors Associated with HIV Identification and Care During Pregnancy
1998	Katharine Atwood	The Social, Behavioral & Network Features of First Injection

1998	Richard Bell	The Impact of Foods Eaten Repeatedly on Rheumatic Disease Activity
1998	Deanna Byck	The Media's Role in Shaping Public Health Policy
1998	Carolyn Cannuscio	Is Care-giving Hazardous to Women's Health? Associations Between Informal Care Provisions and Mental Health in the Nurses' Health Study
1998	Lisa Waslenko Deal	Early Postpartum Hospital Discharge Among Low Income Women in the United States
1998	Jennifer Fine	Weight change & Obesity: Implications for the Individual & Society
1998	Katherine Flaherty	Access to Tertiary Care Maternity Hospitals and Neonatal Mortality among High-Risk Infants in Massachusetts
1998	Bernardo Hernandez	Diet, Physical Activity & Obesity in Mexican Children
1998	Lois Chandler Howland	Quality of life, Stress and Immune Function in Children with HIV-1 Infection
1998	Linda Langford	Homicides Related to Intimate Partner Violence in Massachusetts, 1991 – 1995
1998	Ana Cristina Terra de Souza	Determinants of Infant Mortality and Inadequate Weight Gain in Children Among Municipalities in the State of Ceara, Northeast Brazil
1999	Sydney Austin	Dieting in Adolescents: Smoking, Disordered Eating, and Strategies for Prevention
1999	Gillian Barclay	Factors Influencing Preventative Care Counseling By Physicians in Urban Clinical Settings
1999	Blythe Ann Berger	Residential Mobility: Implications for Cognition, Behavior, and Health in Young Children
1999	Hideki Hashimoto	Communication Between Patients with Chronic Illness & Their Physicians: Quantitative & Qualitative Analysis of What Shared Conversation Can Do
1999	Laura Linnan	Applied Worksite Health Promotion Research: Addressing Gaps in Knowledge, Theory and Practice.
1999	Kimberly Lochner	Income Inequality, Residential Segregation & Mortality Differentials By SES & Race
1999	Beth Molnar	Child Sexual Abuse: Links to Subsequent Psychopathology and High Risk Behavior
1999	Julie Pulerwitz	Effects of Gender and Power Dynamics on Sexual Decision-making and HIV/STD Risk
1999	John Paul SanGiovanni	Visual Resolution Acuity in Infancy
1999	Elissa Weitzman	Risk and Resistance: Family Vulnerabilities and Community Strengths in a National Survey of College Alcohol use
2000	Constance Bacon	Quality of Life for Localized Prostate Cancer Patients: The Role of Symptoms, Treatments and Networks

2000	Mary Jean Brown	Long Term Implications of Lead Exposure and Evaluation of Strategies to Reduce Risk
2000	Urmi Bhaumik	Changes in Sex Difference in Infant Mortality in Massachusetts
2000	Edmond D. Shenassa	Individual and social-level determinants of health: A model and its application to adolescent smoking
2001	Marla Eisenberg	Social Influences on Health Behaviors of College Students with Same-Sex Experience
2001	Emily Feinberg	Enrollment, Crowd Out and Unmet Health Need Among Children in Publicly Funded Health Insurance Programs
2001	Stephen Gilman	Socioeconomic Disparities in Depression Throughout the Life Course
2001	Sunmin Lee	Prospective Studies of Work and Caregiving Stress and Coronary Heart Disease
2001	Cary Perry	Depressive Symptoms in Postpartum Women: Theories Psychosocial Correlates and Measurement in Multi-Ethnic Populations
2002	Lorien Abroms	Social Ties and Health in Adolescence and Young Adulthood
2002	Jarvis Chen	Socioeconomic Position, Allergic Disease and Cancer Risk: A Prospective Study
2002	Laurie Thayer Martin	Disparities in Cognitive Performance on Health: the Influence of Childhood IQ and Stressful Life on Adult Illness
2002	Jocelyn Pan	Smoking in Adolescence: An Exploration of Social and Contextual Risk Factors
2003	Theresa Stichick Betancourt	Social Supports, Exposure to Violence and the Mental Health of Adolescents: Findings from War-Affected and Urban Populations
2003	Cheryl Clark	Community Violence as a Determinant of Health
2003	Lisa Conboy	The Use of Complementary and Alternative Medicine in the United States
2003	Hannah Cooper	Police Drug Crackdowns and Illicit-Drug Injectors' Health
2003	Angela Cradock	Youth Physical Activity: Measurement and Social and Physical Contexts
2003	Maleeka Glover	Race/Ethnicity, Social Factors and Health
2003	Linda Hudson	Factors Associated with Chronic Disease Prevention Behaviors among Women
2003	Hee-Jin Jun	Gender Inequality and Health
2003	Deborah Kacanek	Physical and Sexual Victimization and HIV Risk Among Young Incarcerated Women and Men
2003	Kimberly Kaphingst	Examining the Educational Potential of Direct-to-Consumer Prescription Drug Advertising
2003	Mei Wong	Colorectal Cancer Risk Communication and Prevention

2003	Charlene Worley	Cigarette Smoking Patterns and Behaviors of American Indians in Boston, Massachusetts
11/03	Ying-Yeh Chen	Contextual and Individual Determinants of Mental Health
11/03	Jiun-Hau Huang	College Student Drinking: Measurement, Reasons Not to Drink and Alcohol Abstinence
2004	Reneé Boynton-Jarrett	Abiding Risk: Early Life Exposure to Violence and Health
2004	Medellena Glymour	Identifying Social Determinants of Old-Age Cognitive Function
2004	Juhee Kim	Longitudinal Monitoring Overweight and Physical Fitness among Children Using Health Surveillance Systems
2004	Chia-Ling Liu	Access, Quality and Expenditures of Health Care for Children with Special Health Care Needs in the United States
2004	Maria Melchior	Health Inequalities in France: Findings from the Gazel Cohort Study
2004	Emily Rothman	Intimate Partner Violence Perpetration: Correlates and Consequences
2004	Joseph West	Concrete Ecology and Adolescent Development: Neighborhood Poverty, Composition and Experience Sampling
2004	Jennifer Yu	The Influence of Learning Disabilities on Psychosocial Functioning across the Lifespan
2005	Roy Ahn	Corporate Social Performance in the Context of Global Public Health: Framework & Analysis
2005	Lisa Bates	Immigration & Health: Analyses of Smoking, Self-Rated Health, & Body Mass Index Among Immigrants to the U.S.
2005	Tamara Dubowitz	The Social Context of Diet: Using Mixed Methods to Understand Individual & Contextual Effects Among Low-Income, Postpartum Women
2005	Susan Koch-Weser	Health Literacy, Word Use & Doctor-Patient Talk
2005	Jocelyn Lehrer	Depressive Symptomatology as a Predictor of Sexual Risk Behavior & Exposure to Intimate Partner Violence Among U.S. Adolescents
2005	Chi-Chi Liao	Estimates of Trends in Dental & Mental Health Utilization & Expenditures for Children: Impact of State Children Health Insurance Program (SCHIP)
2005	Erika Lichter	Psychological & Behavioral Correlates of Intimate Partner Violence & Child Abuse
2005	Linda Marc	Social Determinants of Therapeutic Effectiveness in Initial Therapy for HIV-1 Infection
2005	Joanna Maselko	Religious Engagement as a Predictor of Health & Well-Being
2005	Candace Miller	The Orphan Epidemic in Botswana
2005	Arjumand Siddiqi	The Political Economy of Children's Developmental Health: A Cross-National Study

2005	Pamela Surkan	Social, Behavioral, & Biological Dimensions of Intrauterine & Early Childhood Growth
2005	Rochelle Tucker	Dieting, Weight-Focused Behavior & Depression in a Population of Canadian Adolescents
11/05	Jodie Abbatangelo-Gray	Health & Diet Among Young Hispanic & Non-Hispanic Women: Assessing the 2003 TV Food Advertising Environment
11/05	Hye-Seung Lee	TV, Diet, Children & Their Mothers: Longitudinal Study
11/05	Theresa Osypuk	Demographic & Place Dimensions of Racial/Ethnic Health Disparities
2006	Belinda Dinno	Urban Residential Abandonment, Urban Greenspace & Chronic Life Stress: New Theory & Empirical Research
2006	Toben Nelson	Social & Contextual Determinants of Overweight & Physical Activity among U.S. College Students: Multilevel Analyses
2006	David Rehkopf	The Non-linear Impacts of Income on Mortality, Biomarkers & Growth
2006	Corrine Williams	Violence Against Women: Implications for Women's Reproductive & Sexual Health
11/06	Magdalena Cerda	Multi-Level Analyses of Neighborhood Influences on Health
11/06	Emma Sanchez Suet	Heterogeneities in the Distribution of Body Mass: The Influences of Birthplace, Neighborhoods and Socioeconomic Status
3/07	Donald Keith McInnes	Evaluating Models of Organizational and Clinician Change
2007	Leland Ackerson	Health Inequalities of Women in India
2007	Sarah Williamson Ball	Predictors and Outcomes Associated with Childhood ADHD
2007	Hui Chae	Discrimination and Health among Asian American and Sexual Minorities
2007	Sonia Jain	Multilevel Social Determinants of Resilience in the Context of Violence
2007	Matthew Mimiaga	New Methods and Intervention Development: Primary and Secondary HIV Prevention
2007	Wezi Msisha	Socioeconomic Status, Gender and HIV in Sub-Saharan Africa
2007	Cara Osborne	The Impact of Perinatal Care on Birth, Neonates, and Future Reproduction
2007	Kathleen Sherrieb	Social Determinants for the Utilization of Mental Health Services by Children and Adolescents in Chicago Neighborhoods
11/07	Kerith Conron	Contextual Influences on Child & Adolescent Health
11/07	Jhumka Gupta	Political Violence & Migration & Their Relations to Men's Perpetration of Intimate Partner Violence
11/07	Kaja LeWinn	Social & Biological Influences on Cognitive Performance in Childhood
11/07	Elizabeth Reed	The Relevance of Social & Environmental Context to Intimate Partner Violence Victimization & Perpetration
2008	Joanna Almeida	The Social Epidemiology of the Latino Health Paradox

2008	Jeffrey Blander	Psychosocial Interventions to Improve Infectious Disease Management in Tanzania
2008	Michele Decker	Men's Violence Perpetration: Discrimination and STI/HIV
2008	Karen Ertel	Depression: Predictors and Consequences
2008	Rebecca Firestone	Socioeconomic Determinants of the Double Burden of Child Malnutrition in Thailand
2008	Jill Fromewick	U.S. State Policy Context and the Health of Infants and Children
2008	Cassandra Okechukwu	Work Environment and Smoking Behaviors Among U.S. Working Class Populations
2008	Amy Sapp	Social Determinants of Workers' Health Behaviors
2008	Rachel Shelton	Understanding Cancer Disparities Using a Social Contextual Framework
2008	Shalini Tendulkar	It Takes a Village to Raise a Parent: The Relationship Between Residential Context, Adolescent Mental Health and Parenting
11/08	Elizabeth Greenwell	The Influence of Pregnancy and Perinatal Risk Factors on Adverse Neonatal Outcome
11/08	Daniel Kim	Contextual Influences of Social Capital and Socioeconomic Environments on Health
11/08	Carmen Mandic	Barriers to Functioning and Participation Among Children with Disabilities
11/08	Shoba Ramanadhan	Organizational Determinants of Health Promotion Program Implementation
11/08	Lindsay Rosenfeld	Exploring Disparities in Asthma at Multiple Levels: Individual, Building and Neighborhood Issues
2009	Candice Belanoff	Population Disparities in Breastfeeding in the United States
2009	Jennifer Bishop	The Role of Health Information Seeking and Discrimination in Producing and Alleviating Racial/Ethnic Health Disparities
2009	Kelly Blake	Deconstructing Public Opinion to Inform Population Strategies in Pandemic Flu Preparedness and Tobacco Control
2009	Sharon Iron-Segev	Lifecourse Approach to Disordered Weight Control Behaviors: A Theoretical Framework and Empirical Evidence
2009	Malinda Kennedy	Disparities in Community Influences on Child Obesity
2009	Jooeun Lee	Environmental and Sociocultural Predictors of Smoking Among Korean Immigrants in California
2009	Rebecca Lobb	The Impact of Policy on Breast Cancer Outcomes for Low-Income Women
2009	Beth McManus	Social Determinants of Neurodevelopmental Vulnerability in Children with Developmental Delays and Disabilities
2009	Mona Mowafi	Social Epidemiology of Obesity in Cairo, Egypt

2009	Kim Nguyen	Expanding our Understanding of Prenatal Smoking: Investigations of the Individual and Area-Level Influence of Tobacco Use During Pregnancy
2009	Malavika Subramanyam	Social Epidemiology of Self-Rated Health and Childhood Undernutrition: Multilevel Analyses from the United States and India
2009	Reginald Tucker-Seeley	Perceived Neighborhood Safety, Financial Hardship, and Health among Older Adults
2009	Vanessa Watts	Native American Health: Social and Cultural Factors Affecting Prevention and Screening Behaviors
2009	Lisa Wolff	Subjective Social Status and Health in an Ethnically Diverse U.S. Sample
11/09	Binta Beard	Social Determinants of Childhood Obesity: Investigating Neighborhood and State Level Factors
11/09	Margie Skeer	The Etiology of Adolescent Substance Use Disorders: Family and Neighborhood Risks
2010	Timothy Cunningham	Essays on Discrimination and Cardiometabolic Risk
2010	Lorraine Dean	Social Capital and Residential Segregation as Macro-Level Determinants of Health
2010	Eve Nagler	Using the Social Contextual Model of Health Behavior Change to Improve Worker Health
2010	Elise Robinson	Heterogeneity in the Genetic and Developmental Etiology of Autistic Traits
2010	Natalie Slopen	Social and Economic Determinants of Mental Health in Childhood, Adolescence and Adulthood
2010	Deborah Stone	The Nature of Child Maltreatment and Psychological Adjustment Over Time: Results from the National Survey of Child and Adolescent Well-Being
11/10	Allison Appleton	Examining Childhood Emotional Functioning as a Determinant of Physical Health Over the Life Course
11/10	Emily Kontos	Disentangling the Web: An Examination of Communication Inequalities and Their Impact on Health Disparities
11/10	Shagun Sabarwal	Impact of Son Preference and Intimate Partner Violence on Health of Women and Children in India
11/10	Meghan Woo	[Not] Other: The Mental Health and Assessment of Race for the U.S. Multiracial Population
2011	Dustin Duncan	A Spatial Analysis of Obesogenic Neighborhood Environmental Influences Among Children and Adolescents
2011	Jessie Hood	The GI Bill and Chronic Health Conditions Among WWII-Era Men
2011	Adebola Odunlami Tafawa	Social Stratification and Tobacco Consumption Among Sub-Groups of Blacks in the U.S. and Nigeria

SHDH Masters Practicums/Internships

<u>Grad. Year</u>	<u>Agency</u>	<u>Project</u>
2001	Genzyme Corporation	Standardization of Amniocentesis Screening Tests
2001	University of Geneva; Saltonstall Population Innovation Fund: Assoc de Soutien au Developpement des Activites de Population	Explore interplay between poverty and reproductive health, as well as the impact of health sector reform on women's access to reproductive health services.
2001	Children's Projects Health Care for All	Children's Mental Health Intern: provided background information and analyses on the organization and delivery of services, financing of services and need of community.
2001	Health Resources and Services Administration HIV/AIDS Bureau: HIV/AIDS Bureau	Analysis of Title I Funding and Unmet Needs
2001	Peace Games, Inc.	Worked as member of in-house evaluation department to code, analyze and report results from 99-2000 year-end assessment. Developed staff and corps training and future evaluations tools for 2000-01.
2001	Save the Children, USA, Bangladesh Field Office	Disability Programming in Nasirnagar, Bangladesh
2002	The Hole in the Wall Gang Camp	Unit Leader: The Hole in the Wall Gang Camp
2003	Harvard Children's Initiative and Cambridge Health Alliance	Implemented recommendations from a 2002 Report on Child Mental Health in Cambridge.
2003	Massachusetts Department of Public Health	Mammography Access for Women with Mobility Impairments
2003	Anne E. Dyson Community Pediatrics Training Initiative, Children's Hospital	Project Manager on Dyson Community Initiative
2003	Massachusetts Department of Public Health	Massachusetts Emergency Medical Services for Children Needs Assessment
2003	The Pediatric Psychosomatic Dept, The Chqaim Sheb Medical Center	Retrospective Study on Final Height of Patients with Anorexia Nervosa
2003	Office of Women, Family and Community Programs, Brigham and Women's Hospital	Car Seat Program
2003	Lucille Packard Foundation for Children's Health, Community Grantmaking Dept.	Assessment of Area 1: Prevention of Child Abuse and Neglect for Children 0-5 years
2004	Project Bread	Links Between Obesity and Food Insecurity

2004	MA Dept. of Public Health, Bureau of Family & Community Health, Div. Of Violence & Injury Prevention	Train DPH Funded MCH Providers to Respond to Violence Against Women and Children
2004	CO Dept. of Health & Human Services, Office of Population Affairs	Assess the Integration of the Title X Family Planning Program into Community Health Centers
2005	The Feminist Women's Health Center, Atlanta, GA	Medical Intern
2005	Institute of Medicine/National Academies of Sciences, Washington, D.C.	Public Health Risks of Disasters: Building Capacity to Respond
2005	Town of Brookline, Dept of PH, Brookline, MA	Development and Implementation of a Reserve Medical Corps in Brookline, MA
2005	Sewalanka Foundation, Sri Lanka	Community Mobilizing to Create an Eco-Tourism Ethic in a Small Sri Lankan Beach Town
2005	Dana Farber Cancer Institute, Boston, MA	Research in Health Communications
2005	Florida Immigrant Advocacy Center, Miami, FL	Intersection of Public Health and Immigration
2005	Ibis Reproductive Health, Cambridge, MA	Policy research project on: Partial Birth Abortion Bans in the US, 1994-2004
2005	Mathematica Policy Research, Cambridge, MA	National Evaluation of the Healthy Start Program, Technical Assistance for the State Children's Health Insurance Program (SCHIP)
2005	CDC Injury Control Summer Internship, Boston Medical Center, Boston, MA	Injury Control, Refugee Mental Health
2005	MGH Weight Center, Boston, MA	Predictors of Weight Loss After Gastric Bypass
2005	Our Bodies Ourselves, Boston, MA	Program Support for "Our Bodies, Ourselves" – 2005 Edition
2005	Family Planning Association of Trinidad and Tobago, Trinidad	Evaluation of Pilot Youth Clinic for Sexual and Reproductive Health Services
2005	John Snow, Inc., Boston, MA	LBGTI Health Summit
2005	Women's Health Care Foundation, Quezon City, Phillipines	Policy and Program Development
2005	Project Respite (as part of a Schweitzer Fellowship), Boston, MA	Providing Respite: Filling a Gap in Care for Children with Special Needs
2005	World Bank, Washington, D.C.	Public Health Service Utilization in India
2006	Marine Base Camp Lejeune, NC	Drinking Water Contamination & Related Health Effects
2006	Project Bread, Boston, MA	The School Food Environment: Project Bread's Better Breakfast Initiative

2006	Education Development Center, Newton, MA	Creating Healthier Communities Through Technical Assistance
2006	Social Science Research Center, Berlin, Germany	Assessing the Quality of Health Promotion Programs: Concepts for Practice
2006	Dana-Farber Cancer Institute, Boston, MA	Practicum Assessment: Patient & Family Communications
2006	Brookline Health Dept., Division of Emergency Preparedness	Preparing at the Local Level in Metro-Boston
2007	Real Medicine Foundation, Los Angeles, CA	Preliminary Needs Assessment and Plan for Primary Healthcare project in Northern Pakistan After the South Asian Earthquake
2007	Brigham & Women's Hospital, Boston, MA	Maternal Telomere Length as a Biomarker of Reproductive Ageing
2007	Biogen Idec, Cambridge, MA	Development of Patient Materials for the Multiple Sclerosis Community
2007	Massachusetts Department of Public Health, Boston, MA	A Proposal for a Workplace Based OxyContin Awareness Campaign Targeting Parents of Youth
2007	Office of the Assistant Secretary for Planning and Evaluation/DHHS, Washington, DC	Evaluation Plan: Assessing the Successes and Failures of Government-Funded Social Marketing Programs
2007	American University of Beirut, Beirut, Lebanon	Attitudes of Men and Women towards Wife Beating: Findings from Palestinian Refugee Camps in Jordan
2007	Project Bread, Boston, MA	Better Breakfast Initiative
2007	HSPH, Boston, MA	Family Court Children's Resource Center
2007	HSPH, Boston, MA	Youth Tobacco Education Program, Santiago, Chile
2008	National Institutes of Health, Bethesda, MD	Interpersonal Sources of Information and Causal Beliefs About Cancer: Findings from the 2005 Health Information National Trends Survey (HINTS)
2008	Centre for Research on Inner City Health, Toronto, ON, Canada	Regent Park Redevelopment (Toronto, ON, Canada): Engaging the Youth Population in a School-based Intervention to Reduce Depression and Anxiety Among Children
2008	Boston University, Boston, MA	Formative Qualitative Research for the Mchinji Social Cash Transfer Program Evaluation
2008	Harvard University Health Services, Cambridge, MA	The Development of a Web-based Intervention to Prevent Hazing at Harvard
2008	World Health Organization, Geneva, Switzerland	Epilepsy Prevalence – Systematic Review

2008	Harvard Prevention Research Center on Nutrition and Physical Activity, Boston, MA	Policy Brief: Transportation Policy & Health Additional Projects: Dissemination Strategies Document; Final Report: Impact of Federal Transportation Legislation on Local Pedestrian & Bicycle Improvements
2008	Fanlight Productions, Boston, MA	The Refuge Media Project: A Documentary Film Project on Healthcare For Torture Survivors
2008	Supplemental Food Program for Women, Infants, and Children (WIC), Boston, MA	Supplemental Food Program for Women, Infants, and Children: New Food Package
2008	Dana-Farber Cancer Institute, Boston, MA	Be Fit Be Well: An Effectiveness Trial for Weight Reduction in Boston Community Health Centers
2008	Safe PASSage Research Study, Pine Ridge, SD	Preventing Infant Mortality in a Northern Plains Tribal Community: Assessing the Problem & Initiating Change
2008	HSPH, Boston, MA	Reducing Depression Rates Among the Vietnamese Community in Little Saigon, California
2008	Dana-Farber Cancer Institute, Boston, MA	Research Assistant for a Program Evaluation for Skin Cancer Prevention
2008	University of Alabama at Birmingham, Birmingham, AL	Investigating Risky Behavior & Mental Health Among Low-Income Youth in the 10 th Annual Wave of the Mobile Youth Survey
2008	HSPH, Boston, MA	A Psychological Intervention to Improve Maternal & Child Health in Northeast Brazil
2009	Harvard Prevention Research Center/Boston Children's Museum, Boston, MA	Evaluating a Nutrition and Physical Activity Intervention at Boston Children's Museum
2009	Massachusetts State House (Rappaport Fellowship), Boston, MA	Researching and Working on Policy Issues Concerning Education & Development for 0-3 Year Olds in Massachusetts
2009	World Health Organization, Geneva, Switzerland	Developing, Administering and Analyzing Results of a Qualitative Questionnaire about the Existing Psychosocial Support Needs and Services for Adolescents 10-19 Living With HIV
2009	Child Health Services/Media Power Youth, Manchester, NH	Assisting with Curriculum Development and Pilot Testing Educational Materials and Educator Training Sessions at Elementary and Middle Schools
2009	Harvard Prevention Research Center, Boston, MA	Process Evaluation of a YMCA Afterschool Nutrition and Physical Activity Program

2009	REACH U.S., Boston Public Health Commission, Boston, MA	Designing a Media Communications Campaign Focusing on Eliminating Health Disparities In Boston and The Greater New England Area
2009	U.S. Department of Veterans Affairs Rehabilitation Outcomes Research Center, Gainesville, FL	Developing Web-Based Resources to Train Caregivers of Stroke Survivors
2009	Institut National de la Santé et de la Recherche Médicale, Paris, France	Assisting with Data Analysis and Developing Own Research Question/Paper on Work-Family Conflict and Sickness Absence
2009	Harvard Prevention Research Center, Boston, MA	Data Analysis, Collection and Cleaning For and Day-To-Day Management of The Maine Youth Overweight Collaborative Evaluation
2009	HSPH/MA Women, Infants And Children Nutrition Program, Boston, MA	Development of a New Survey
2010	Virginia Department of Health, Richmond, VA	Formative Evaluation Regarding Incorporation of Lethal Means Restriction into Suicide Prevention Communication Efforts; Data Analysis Using NVDRS Data; Work with a Variety of Suicide Prevention Programs on Campuses and in Communities
2010	Brighter Green, China (various locations)	Research Assistantship Under Grant from Johns Hopkins School of Public Health's Center For A Livable Future: Development of a Series of Reports Concerning Farming Practice, Fast Food Consumption, and Sustainable Agriculture in China; Internship at a CSA Initiative; Related Independent Research
2010	Food and Agriculture Organization of the United Nations, Rome, Italy	Development of Training Materials for Member Countries on Risk Communication in Food Safety Emergencies; Evaluate and Advise FAO with Regard to More Effective Communication/Information Exchange
2010	The Food Trust, Philadelphia, PA	Advocacy and Programming With the Food Trust's Supermarket Campaign in New York, New Orleans, and Elsewhere
2010	HSPH, Boston, MA	An EPA Study of Air Quality in Major US Urban Areas
2010	PUKAR, Mumbai, India	A Field Study of Air Quality in Kuala Bandar; Conducting Trainings as a Geographic Information Systems Consultant

2010	Universidad Panamericana, Mexico City, Mexico	Community Based Research Regarding Nutrition and Physical Activity of Children and Adolescents in a Marginalized Suburban Community in Mexico
2010	Centers for Disease Control and Prevention, Epidemiology and Surveillance Branch, Atlanta, GA	Management and Analysis of Data From National Surveillance; Analysis and Reporting of Data from Various Large Survey Databases
2010	Centers for Disease Control, Division of Violence Prevention, Atlanta, GA	Development of Outreach Materials and Guides for STRYVE (Striving to Reduce Youth Violence Everywhere); Website Development for the National Youth Violence Prevention Resource Center; Organization of a Symposium on Sex Trafficking with the Violence Against Women Work Group.
2010	Project HEALTH, Boston Medical Center, Boston, MA	Development and Implementation of Communications Materials for the Project's Rebranding Process; Assessment of the Volunteer Experience Survey
2010	AIDS Action Committee, Boston, MA	Formative Research for Youth Programming; Teaching Sexuality Education Curriculum for Youth
2010	Center for Community Health & Health Equity, Boston, MA	Designing and Implementing an Evaluation of a Women's Health Program
2010	Institute for Community Health, Cambridge, MA	Evaluating A Peer Navigator Training Program for the AIDS Action Committee of Massachusetts
2010	Humana Inc, Louisville, KY	Analysis and Collection of Data pertaining to Humana's Report Card Performance; Development of Recommendations for Improving Scores on Preventative Care and Quality
2010	Baltimore City Health Department, Healthy Homes and Communities Division, Baltimore, MD	Creation of Epidemiology Profiles for Asthma, Injuries and Lead for Grant Applications for the Bureau of Community Planning and Initiatives; Analysis of Asthma Data for an Evaluation of the Healthy Homes and Communities Programs
2010	Johns Hopkins School of Nursing, Baltimore, MD	Assessment of Participants in an Intervention Team Pilot Study
2010	National Children's Study, California State University, Bakersfield, CA	Community Assessment of Chronic Childhood Disease; Formative Research on Issues Affecting Recruitment and Participation in the Study; Related Community Outreach Activities

2011	Institute of Community Health, Cambridge, MA	Conducting a Qualitative Evaluation of the Partnership-Building Process; Potentially Participating in Planning for the Next Steps and for an Outcome Evaluation Moving Forward
2011	Multi-Service Eating Disorders Association (MEDA), Newton, MA	Developing a Research Protocol; Conducting Qualitative/Quantitative Research; Designing a Social Marketing Strategy
2011	Obesity Prevention Program, Department of Population Medicine, Harvard Pilgrim Health Care Institute/Harvard Medical School, Boston, MA	Assist with Qualitative Analysis and Development of a Theoretical Concept Paper; Conduct Direct Data Collection Through Home Visits a Part of the Healthy Homes Project; Lead on Analysis Within the Project Viva Dataset
2011	Center for Global Tobacco Control, SHDH, HSPH, Boston, MA	Assist in the Design, Evaluation, and Manuscript Writing of a Web Survey on Risk Perceptions Based on Cigarette Packaging; Help Design and Conduct a Content Analysis of Print Cigarette Advertisements from 1998-1999
2011	University of Alabama College of Human Environmental Sciences, Tuscaloosa, AL	Recruit Participants to Complete the “Youth Mobile Survey”; Administering the Survey to Groups of Adolescents; Analyzing the Data
2011	The National Social Marketing Centre, London, UK	Conduct Review of Alcohol Misuse in England; Review of the Main Policy and Strategies Implemented to Reduce Harm; Focus on Behavior Change; Conclusions and Recommendations
2011	Health Leads, Boston, MA	Assist NPS Develop an Evaluation Tool for Its Public Health Programs; Incorporate Either Aspects of CBPR or Focus Groups in the Community to Assess Issues About Access to National Parks in Underserved Areas; Develop the First Brochure that Covered Specifically the National Park Service and Public Health

2011	Heath Leads, National, Boston, MA	Develop Leadership and Learning Tools and Materials for the Health Leads Volunteer Corps; Review and Analyze Volunteer Data to Refine Leadership Roles Within the Corps; Work and Program Team to Build an Observation Evaluation Tool and a Consistent Scoring System to Track Volunteer Learning and Growth During Their Time with Health Leads
2011	IDEA Public Schools & Migrant Health Promotion, Weslaco, TX	Design Parent Health Workshops; Revise and Update Spanish-Language Education Materials for the Farmerworker Doula Program; Create an Education Curriculum to Support Men's Health Initiatives
2011	Department of Global Health and Social Medicine, Harvard School of Medicine, Boston, MA	Perform Literature Searches; Reduce the Data in Qualitative Interviews; Data Entry Support; Manuscript Development; Grant Development
2011	The Centers for Disease Control and Prevention, Atlanta, GA	Surveillance Team Management and Analysis of Data from National Surveillance; Analysis and Reporting of Data from Any of Various Large Survey Databases
2011	Harvard Catalyst/Mass Department of Public Health, HSPH, Boston, MA	Develop and Evaluate a Healthy Homes Pilot Project

E. CAREERS

Please be sure to check the most up-to-date materials available from the Career Services Office

And/or make an appointment with:

Peter Crudele, Director

Meri Cayem, Associate Director

Katie Vedova, Employer Relations Coordinator

Maria Ramos, Program Coordinator

617-432-1034

Kresge Building, Room G18

E-mail: careers@hsph.harvard.edu

Web site: www.hsph.harvard.edu/careers



I. AVAILABLE RESOURCES

A) Getting Started

It is never too early to begin your job search. We recommend that you start to build your professional network as soon as you arrive on campus. This network, whether it consists of faculty, fellow students, experts in your field, alumni, or employer representatives, will help you to gain the knowledge necessary to make meaningful career decisions and to easily transition into a position that matches your career goals upon graduation.

The HSPH faculty is a rich resource for career advice, job search tips, and referrals to experts able to advise you on your field of interest. It is important for you to get to know members of the faculty so they will be better equipped to advise you and provide recommendations on your behalf to prospective employers. Assisting a faculty member with research, participating in winter sessions, and taking several classes with the same faculty member are all ways that a student can build relationships with faculty.

To further prepare for the job application process, you should build a "portfolio" that contains writing samples and examples of your work. Often these project samples will impress prospective employers with your ability to perform on the job. For example, a logic model you prepared for a class project can be a very concrete and impressive indication of your skills in the area of monitoring and evaluation.

In the fall, the HSPH Career Services Office schedules company information presentations as well as three specialized career fairs. A four day general career fair is held in the spring. Additional career-related events are scheduled throughout the academic year to help you learn about possible career paths and job opportunities, network with employers, and gain job search skills.

At HSPH there are a great many opportunities to meet and learn from individuals in your field. Faculty frequently brings in experts to present in their classes and there are numerous presentations on a wide range of cutting edge public health topics that are offered on campus each week. Take advantage of as many of these opportunities as possible.

B) Career Services Office

The Career Services Office (CSO) encourages students and alumnae/i to use the resources and services of the office. Developing the professional and networking skills necessary to manage your career effectively will be an important part of your experience at HSPH and a critical factor in your future career success. The CSO suggests that students begin their job-related research and resume/CV preparation as soon as possible, but no later than early in the fall of the year before their graduation.

The CSO provides students with resources such as: on-line job, internship, and fellowship listings and the University-wide alumni career advisory network (Crimson Compass), an online database of alumni willing to advise students and fellow alumnae/i on various career issues. The CSO focuses its efforts on the development of career management skills so that students and alumnae/i can conduct a successful job search. CSO career counselors provide individual counseling sessions as well as the opportunity to meet with alumnae/i Career Coaches who are public health professionals committed to advising and mentoring students. Throughout the year, the CSO offers workshops in resume/CV writing, interviewing skills, job search strategies, salary negotiations and other related career topics. All job postings, internships, fellowships and a complete calendar of CSO events are maintained on CareerConnect. To access CareerConnect and/or for further information on the CSO, please log onto: www.hsph.harvard.edu/careers.

You are encouraged to stop by the CSO and use the Career Resource Library which contains hard copies of full-time job, internship, and fellowship position listings as well as reference books and manuals. The CSO is located in Kresge G-18, M-F/9-5. To schedule an appointment, with a staff member to discuss your job search, resume/CV, interviewing skills or other career-related issues, call: 617-432-1034 or drop by the Office.

When you get a chance, please stop by the CSO and meet the staff:

Peter Crudele, Director – peterc@hsph.harvard.edu – 617-432-1719

Meri Cayem, Associate Director – mcayem@hsph.harvard.edu – 617-432-4701

Katie Vedova, Employer Relations Coordinator – kvedova@hsph.harvard.edu
– 617-432-7067

Maria Ramos, Program Coordinator – mramos@hsph.harvard.edu – 617-432-1034

C) Extensive Online Job Search Resources

The CSO maintains an extensive on-line library of public health career resources that enable you to explore career options that include links to: numerous job opportunities, extensive industry research information and a Career Development Timeline. These resources can be accessed by logging onto the CSO website www.hsph.harvard.edu/careers and clicking on “Career Resources”. For fellowship, internship, full-time and part-time opportunities, click on “CareerConnect”. For access to Harvard alumni, click on “Crimson Compass”.

II. JOBS TAKEN BY DEPARTMENTAL ALUMNI/AE

Doctor of Science/Doctor of Public Health

- Epidemiologist, Center for Behavioral and Preventive Medicine, Miriam Hospital and Brown University Medical School, Providence, RI
- Assistant Professor, Boston University SPH, Behavioral Sciences Dept., Boston, MA
- Post-Doctoral Research Fellow, research in child and adolescent health policy, University of California, San Francisco;
- MA Dept. of Public Health, MCH programs, Boston, MA
- Post-doctoral fellow, Dept. of Nutrition, HSPH, Boston, MA
- Research Associate, Dept. Society, Human Development and Health, HSPH, Boston, MA
- MCH Epidemiologist, Maine Bureau of Health, Augusta, ME
- Asst. Professor, Center for Medical and Refugee Trauma, BU School of Medicine, Boston, MA
- Assistant Professor, Dept. of MCH, BU School of Public Health and Nurse Practitioner, Dept of Pediatrics, Boston Medical Center
- Chief, Lead Poisoning Prevention Branch, Centers for Disease Control and Prevention, Atlanta, GA
- Director, St. Louis County Dept. of Health, St. Louis, MO
- Asst. Professor, Portland State Univ., Portland, OR
- Associate Director for Production & Research, HMS Center for Mental Health/Media, Boston, MA
- Senior Program Officer, Management Sciences for Health, Boston, MA
- Assoc. Professor, Emory Univ., Atlanta, MA
- Asst. Research Professor/MCH Epidemiologist, Univ. of Southern Maine/Maine Bureau of Health
- Fellow, Dana Farber Cancer Institute, Boston, MA
- Assoc. Director, National Center for Children & Families, Columbia Univ.
- Researcher/Post-doc, INSERM, France

- Director of Strategy, Cogent Research, Cambridge, MA
- Research Associate, HMS, Boston, MA
- Pediatric Resident, Johns Hopkins Hospital, Baltimore, MD
- Epidemiologist, Western Sydney Area Health Service, Sydney, Australia
- Asst. Professor, SHDH Dept., HSPH
- Research Psychologist, Natick Labs, Natick, MA
- Senior Epidemiologist, Merck Research Labs, Blue Bell, PA
- Director, Medicaid & Uncompensated, Partners Health Care, Boston, MA
- Asst. Professor, Johns Hopkins Univ., Baltimore, MD
- Post-doctoral Fellow, Dept. of Epidemiology, Univ. of Michigan School of Public Health, Ann Arbor, MI
- Assistant Professor, University of Minnesota SPH, Epi and Community Health Dept., Minneapolis, MN
- Robert Wood Johnson Foundation Health and Society Scholar, University of Michigan, Ann Arbor, MI
- Health and Society Fellow, University of CA, San Francisco
- Research Associate, Global Health Institute, Duke University, Durham, NC
- Post-doctoral Fellow in Cancer Prevention and Control, Dept. of Oncological Sciences, Mount Sinai School of Medicine, New York, NY
- Congressional Fellow, American Association for the Advancement of Science/Society for Research in Child Development, Washington, DC
- Researcher, Montana State University, Bozeman, MT
- Director, Research and Evaluation, The Medical Foundation, Boston, MA
- Deputy Director, Legal and Compliance Office, Bureau of Clinical Recruitment and Service, Health Resources and Services Administration, Washington, DC
- Post-doctoral Fellow in Global Health, Yale School of Public Health, New Haven, CT

- Robert Wood Johnson Foundation Health and Society Scholar, University of Wisconsin, Madison, WI
- Post-doctoral Fellow, University of California, San Francisco, CA
- Post-doctoral Fellow, HSPH Department of Epidemiology, Boston, MA
- AAAS/SCRD Congressional Fellow, House of Representatives, Washington, DC
- Post-doctoral Research Fellow, Brown University Center for Alcohol and Addiction Studies, Providence, RI
- Tobacco Policy and Control Program Manager, Philadelphia Department of Public Health, Philadelphia, PA
- Post-doctoral Fellow, Population Council, New Delhi, India
- Epidemic Intelligence Service Officer, Maternal and Child Health Epidemiology Program and Pregnancy Risk Assessment Monitoring System Teams, CDC, Atlanta, GA
- Research Fellow, Department of Epidemiology, HSPH, Boston, MA
- Strategist, McCann Healthcare Worldwide
- Fred H. Bixy Fellow, Population Council, New Delhi, India
- Senior Analyst, Domestic Health Division, Abt. Associates Inc., Cambridge, MA

Master of Science (2-Year & 1 Year Programs)

- Research Associate, METIS Associates, NY, NY
- Project Coordinator, Dept of Nutrition, HSPH, Channing Lab, Boston, MA
- Harvard Street Neighborhood Health Center, Dorchester, MA
- Care Management Consultant, Care Management Institute, Kaiser Permanente, Oakland, CA
- Certified nurse midwife
- Research Coordinator, Seattle HPTU/HVTU, Seattle, WA - HIV Prevention and Vaccine Research, Univ of Washington
- Medical schools and doctoral programs
- Associate, Health Advances, Weston, MA

- Population Council (Ghana), and WHO in Geneva
- Senior Research Associate, University of Michigan, School of Dentistry, Ann Arbor, MI
- Research Analyst, National Association of Public Hospital and Health Systems, Washington, Dc
- National SAFE KIDS Campaign, Washington, DC
- Administrator/Program Manager, Nutrition Programs, Children's Medical Missions of Haiti
- APRN, Caritas Christi Health Care System, St. Elizabeth's Med Ctr, Gyn/Oncology, Boston, MA
- Program Coordinator, Nutrition Public Health Doctoral Program, Nutrition Dept. HSPH, Boston
- Research Fellow, Brigham & Women's Hospital, Div of Endocrinology, Diabetes & Hypertension, Boston, MA
- Clinical Research Coordinator, Mass General Hospital, Dept of Genetics and Teratology, Fetal Alcohol Syndrome Project, Boston, MA
- Cluster Coordinator, HIV/AIDS program, World Health Organization, HoChiMinh City, Vietnam
- Senior Research Associate, ORC Macro International, Atlanta, GA
- Ass't Dir, U.S. Schweitzer Fellow Programs, The Albert Schweitzer Foundation, Boston, MA
- Health Services Coordinator, San Mateo Count Head Start and EHS programs, South San Francisco, CA
- Division of Pharmacoepidemiology and Pharmacoeconomics, Dept of Medicine, Brigham and Women's Hospital, Boston, MA.
- Research Associate, State of the Art, Inc., Washington, DC
- Injury Control Center, Kampala, Uganda
- Pre-Doctoral Director of Pediatric Dentistry, Dept Oral Developmental Bio, HSDM
- Program Manager-Emergency Preparedness, North Shore-Long Island Jewish Health System, Long Island, NY
- Junior Professional Associate, The World Bank Group, Wash D.C.

- Research Analyst, Mathematica Policy Research, Inc, Cambridge, MA
- Harvard Traveling Fellow: Africa Centre, Mtubatuba, 3935, South Africa
- Lecturer, Univ. of Conn., Dept. of Anthropology
- Education & Outreach Coordinator, Casa Myrna Vazquez Inc., Boston, MA
- Project Manager, USC School of Medicine, Los Angeles, CA
- Research Assistant, Ph.D. Student, John Hopkins School of Public Health, Baltimore, MD
- Associate Director, HIPAA Services, Trinity Health, Novi, MI
- RN, Mass General Hospital, Boston, MA
- Program Coordinator, St. Lukes-Roosevelt Hospital, NY, NY
- Vice President for Programs, The Medical Foundation, Boston, MA
- Associate, Russell Reynolds Associates, NY, NY
- Chief Operating Officer, Albuquerque Health Care for the Homeless, Albuquerque, NM
- Research Director, EDC, Newton, MA
- Attorney/Associate, Choate, Hall & Steward (law firm), Boston, MA
- Clinician, Home for the Wanderers, Boston, MA
- Editorial Director, Integrative Medicine Communications, Newton, MA
- Data Analyst/Evaluation, Brigham & Women's Hospital, Boston, MA
- Senior Scientist, Quality Metric Incorporate, Lincoln, RI
- Program Coordinator, Bellevue Hospital HIV Services, NY, NY
- Research Associate, EDC, Newton, MA
- Adjunct Instructor, Greenfield Community College, Community College of Vermont
- Professor, Emory University, Atlanta, GA
- Director for Marketing & Training, MA Dept. of Public Health/WIC Program, Boston, MA
- Program Manager, MA Public Health Assn., Boston, MA

- Project Director, Kids in the Back, HSPH, Boston, MA
- Research Project Manager, National Initiative for Children's Healthcare Quality, Boston, MA
- Air Resources Specialist, Puget Sound Clean Air Agency, WA
- Consultant, County of Alameda, CA
- Public Health Prevention Specialist, CDC, Atlanta, GA
- Research Coordinator, Children's Hospital of Philadelphia, PA
- Physician, Boston, MA
- Pre-medical Program, Bryn Mawr College, Bryn Mawr, PA
- Medical School, University of Arizona College of Medicine, Tucson, AZ
- Public Health Fellow, Boston Public Health Commission, Boston, MA
- Epidemiologist, Decision Resources, Inc., Waltham, MA
- Senior Associate, Program Management, Health Dialog, Boston, MA
- Special Project Manager, Harvard Dental Center, Boston, MA
- Project Manager, Division of Women's Health, Brigham & Women's Hospital, Boston, MA
- Health Communication Specialist, CDC Division of Heart Diseases and Stroke Prevention, Atlanta, GA
- Wellness Coordinator, IDEA Public Schools, Weslaco, TX
- Program Officer, Kaiser Family Foundation, Melo Park, CA
- Program Manager, Research & Evaluation, Consortium for Energy Efficiency, Boston, MA
- Fellow, California Department of Public Health, Sacramento, CA
- Researcher, Maternal Mortality Research Project, Partners In Health, Haiti
- Coordinator, Illinois Department of Public Health, Chicago, IL
- Assistant Professor in Sociology, Pontificia Universidad Católica de Chile, Santiago, Chile
- Section Chief, Ministry of Agriculture of the Japanese Government, Tokyo, Japan

- Research Associate, Department of Research and Development, Institute of Healthcare Improvement
- Program Manager, Education and Research, Brigham and Women's Hospital, Boston, MA
- Coordinator, Bullying Prevention, Division of Injury and Violence Prevention, Virginia Department of Health, Richmond, VA
- Intern, The Partnership of Maternal, Newborn and Child Health, World Health Organization, Washington, DC

F. LIFE AFTER PASSING THE SHDH DOCTORAL WRITTEN EXAM

LIFE AFTER PASSING THE SHDH WRITTEN EXAM: TIPS ON PREPARING THE DISSERTATION PROPOSAL AND THE ORAL QUALIFYING EXAM

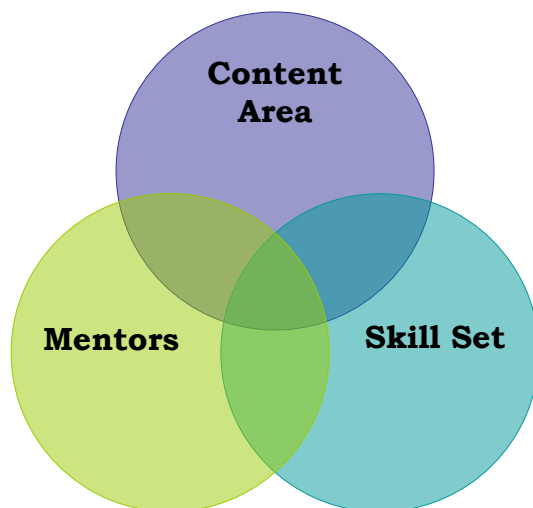
BY LORI DEAN, SHDH DOCTORAL CANDIDATE (2008)

This is a student guide to navigating your way through the proposal development and Oral Examination process. The Oral Examination is when you present your dissertation proposal to a Committee of faculty members who you have chosen as your advisors. The information in this guide are *suggestions* and tips from students who have gone through the proposal development and Oral Examination process.

Developing Your Dissertation Proposal Ideas

The first thing you need to do before writing the proposal is establish what you want to write the proposal about. The proposal should be broken up into three related papers.

- ☐ Your proposal should include at minimum a literature review, the theory base for your project, a conceptual framework, a methods section that talks about data sets and the analysis you plan to do, and strengths and limitations of your project.
- ☐ You should ask your advisor for copies of other student's proposals to get an idea of how project proposals are structured and the depth of information in them.
- ☐ Your dissertation project should cover three overlapping domains that you should incorporate into your proposal.



Content area – subject of study that you want to be known for or have expertise in

Skill Set – what specific methods you will specialize in (e.g. multilevel modeling, GIS)

Mentorship – your advisory committee and outside consultants. (Make sure whoever you choose for your advisory committee members are qualified to examine you in your major and minor areas.) For the sake of harmony and your own peace of mind, try to get a group of faculty members who complement

each other as you design your committee.

Plan to meet with your advisor(s) periodically to develop your ideas. Getting their feedback throughout the process can help you stay on track. You might also consider joining a writing group of peers who can review your work.

- ☐ Consider pinpointing a data set FIRST that has elements that you are looking to study and craft your proposal ideas around the items in that data set or in data sets that can be appended. That way, you can save time and energy rather than writing up your proposal ideas later to realize you don't have the data to study what you had wanted to study. It will also help focus your literature review so you know exactly what you need to write about.
- ☐ It might be helpful to speak with faculty who have access to data sets that you are interested in. Having preliminary talks with faculty can be a foundation for setting up your orals committee.
- ☐ After deciding your topic, and potentially your data set, you will need to start your literature review.
 - Remember, it's about telling a story, not necessarily just listing all the information in the universe that is available on your topic.
 - The point of the dissertation is to become a specialist in something; finding a niche that you can become the 'world's expert on.' As such, you should craft your literature review as an argument showing that what you are studying and how you are studying it is important, unique, and necessary for advancing your field.
 - Be sure to cite the MAJOR people in your field in your literature review.
- ☐ Having a diagram of your conceptual framework is extremely helpful for you to do early on in writing your proposal. The diagram should be able to "tell" the reader what associations you are looking at, what the key variables and outcomes are, and how you plan to analyze those variables.
- ☐ In the methods section, you will need to be clear about which variables you are using and justify why you choose to use those variables based on your conceptual framework and theory base. You will also need to explain how the variables are being measured.
- ☐ Do include a power calculation.
- ☐ Be sure to mention both strengths and limitations of your project. Citing limitations is especially important because it signifies to your Committee that you have thought about the key issues surrounding the study of your topic. Many students shy away from citing their limitations because they think it makes their project look weaker; instead your proposal should address the limitations upfront and explain how you will overcome those limitations in the project, or alternatively, how those limitations could turn out to be strengths.

- ☐ As you are finishing your proposal, you will need to request IRB approval for your project. To do this you will need to contact the Office of Human Research Administration (formerly the “Human Subjects Administration”). For more information, you should go to the IRB website (www.hsph.harvard.edu/research/human-research-administration/). For questions, contact the SHDH Departmental liaison to IRB issues – that would be Michael Centola (mcentola@hsph.harvard.edu). Additionally, you will need to do the Human Subjects Training through HETHR (<https://hethr.harvard.edu/HethrLogin.jsp>). It is a SHDH Departmental requirement that all students be certified in IRB training PRIOR to presenting for their orals exam.

Prior to Scheduling Your Oral Examination (at least two months prior to the exam)
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- ☐ First, read through the Official Rules on Oral Examination at: <http://www.hsph.harvard.edu/administrative-offices/registrar/doctoral-student-information/examination/index.html>

AND

- ☐ The Registrar Student Handbook

The above documents will tell you which forms you need to hand in and when. Be aware that because SHDH students take their Written Exam at the end of the Spring semester, the dates in the Registrar Student Handbook do not necessarily apply to SHDH students.

- ☐ One of the forms you will need to submit is the Final Prospective Form. Be sure to have this in to the registrar BEFORE you hand in the form for scheduling your Oral exam.
 - This form will ask you to write the goals of your dissertation. You can list three broad goals and aims that are related to your majors and minors that you list on the front of the form.
- ☐ After you fill out your Final Prospective Form, the Registrar will determine who will chair your Orals Committee. The Registrar will notify that person, but you might consider following up with them specifically.

Scheduling the Oral Examination
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- ☐ Start working with Committee members EARLY to determine a date and time. Think about scheduling during time periods when you know faculty members are likely to be available, like during the summer, WinterSession, or ‘lulls’ in the semester.
- ☐ Obtain a Scheduling Form from the Registrar’s office.
 - You need to have this filled out and handed in to the registrar at least 3 weeks prior to the exam. After your advisor signs the scheduling form, make a copy for each person on your committee

- ☐ The people who you should notify if you are scheduling your Oral Exam are:
 - Your advisor and committee members
 - Elizabeth Solomon
 - Michele Brooks
- ☐ Once you have a date, schedule a room with Noreen (usually the 7th floor conference room). You should schedule two dates: (1) one prior to the exam date for you to do a practice run; and (2) the exam date. The exam should last about 2 hours at the most so you might schedule for a 3 hour time window to give you time to set up.
- ☐ The Registrar will have to make a public posting announcing your Oral Exam in HSPH NOW. If you are on a short timeline, it is possible that the posting actually will not appear until after the exam is over. Your responsibility is to have all the necessary paperwork in to the Registrar on time, even if the posting does not appear before your exam date.

Exam Preparation

- ☐ Present a final draft of the proposal to your Orals Committee at least 2 weeks before the presentation date. It's okay to ask them to meet with you or e-mail you about potential issues that might come up during the examination.
- ☐ You will need to develop a presentation for the exam. Understand that the presentation is about being able to justify the methods you chose; the committee already knows the background information and are probably experts on it. Your committee will have already read your proposal so there is no need to have an overly detailed presentation.
 - The presentation should be at the most 30 minutes long.
 - It might be helpful to preview other student's past presentations to get an idea of the level of detail for the presentation.
 - If there is extra information that you do not have space to fit in the presentation, keep them on file as extra slides in case your Committee has questions that the extra slides can address.
- ☐ After you develop the presentation, consider having your committee chair review your slides and give you feedback on what is important to keep or save for extra slides.

- ☐ Have a practice session and invite both colleagues and faculty (not your committee members) so they can give you feedback on the presentation. Check out the audio/visual equipment in the room so that you know how to work all the equipment. It can be helpful to voice or video record the rehearsal session so you can listen to it as you revise the presentation.
- ☐ Print slides as handouts for the committee members to have at the exam session.
- ☐ Prepare questions to ask your committee members – after all, it's not often you will get all the members of your committee in one place. It's an opportune time to ask controversial questions about your methods. You can even have a slide with questions that you would like to ask them at the end of your presentation.
- ☐ Be SURE to include slides on limitations of your project, and be prepared to justify why you chose to use certain statistical tests or models, what coefficients in your models represent, and how you plan to deal with missing data.
- ☐ If you are more comfortable standing at a podium, you can order one from Facilities (they are located in the basement in the same room as the computer support, to the right when you walk in the door).
- ☐ On the morning of your exam, your advisor should pick up the packet of forms that are to be used at the Oral Examination. Feel free to remind your advisor about it.
- ☐ Read through your proposal the night before the examination, just to be fresh on the details.
- ☐ The examination is more of a discussion session between you and the committee members, not just the committee drilling you with questions.

On Exam Day

The good news is, if your committee has approved the proposal, they are confident that you are ready to move forward. So there is no need to feel nervous.

- ☐ When you walk in the room, do not be alarmed if the committee members ask you to step out before your presentation starts. Sometimes they like to confer with one another about how the session will go.
- ☐ Establish the format of the talk upfront. (Will it be interactive throughout, or a question-and-answer session after your presentation?) Before you begin the presentation, you might want to ask the committee members how they want to structure it. Some would prefer to ask questions while you are present, while others might prefer you to present everything first and save the questions for the end.

- ☐ To bring to the exam:
 - Nominations for Research Committee Form (if your oral committee members will be the same as your dissertation committee members, they should sign this form at the end of the oral examination);
 - Dissertation to Work in Absentia Forms (if you plan to be working remotely);
 - Handouts of the slides for the examiners;
 - A notebook for you to write down their questions and suggestions.
- ☐ You may want to consider taping the question and answer session. Your committee members will be giving you a lot of advice during this time, which you might want to process later. If you want to record, you should definitely ask permission to voice record if using a recorder.

After the Exam (!)

After the exam, you move from being a doctoral student to being a doctoral *candidate*. The labeling is an important distinction because it signifies that you are transitioning from Student to Scholar.

Other doctoral students have said that this transition is one of the most difficult parts of graduate school. As a student, you are used to being told what to do, where to go, and what to learn but as a Scholar you now have the responsibility and privileges to create your own learning environment.

- ☐ Early on, you will need to find a way to manage your time. Some decide to make the dissertation like a full-time job and work 9-5 every day. What's important is to know how you operate best and to set yourself up to be successful.
- ☐ Make a timeline for yourself with benchmarks for when you want each paper finished (maybe think about when you want to graduate and work backward). In your timeline, be sure to leave time for your committee members to review your drafts, which could take up to 3 weeks.
- ☐ Plan to meet with your primary advisor regularly. Once you are dissertating, you should meet with your primary advisor at least once every couple of week. By HSPH requirement, you need to meet with your entire Committee at least once every six months.
- ☐ Expect for things to take longer than you anticipate and adjust your timeline accordingly.
- ☐ Be responsible for figuring things out yourself: how to code data, how to use statistical programs, etc. Faculty are pretty busy, but a lot of times other doctoral students and post-docs have a lot of knowledge and more time to help you.

- If you are working on other people’s projects, you might consider negotiating authorship early on, even if that changes later.
- Guard your time. Because dissertation time can be very unstructured, it’s important that you and especially *others around you* recognize that you need time to work on your dissertation. Just because you might make your own schedule does not mean that is “free time” for your friends and family to volunteer you to do things.
- Keep in mind that this may be one of the last few times in your career when you have space and leeway to learn what you want to learn and to study something in depth. So make the most of your time by developing new skills, strengthening areas that have been a challenge to you in the past and exploring new ideas.
- Remember: It’s not a race, so do what works best for you.
- Finally, remember that you are not alone in the process. There are other students, faculty and friends who are here to support you. Don’t be afraid to reach out and ask for help and support when you need it!
- Intern, The Partnership of Maternal, Newborn and Child Health, World Health Organization, Washington, DC

G. SHDH TA POLICY

2011-12 SHDH Teaching Assistant (TA) Policy

Course Materials

- Preparation of course materials for the curriculum center and the addition of articles on course web-sites will no longer be handled by teaching assistants.
- Instead, the department will provide and supervise centrally-based student course assistants to assist faculty with the preparation of all course materials.
- The hiring and supervision of the course assistants will be handled by the academic affairs staff and the academic affairs staff will be the liaisons between faculty members and the course assistants.
- Due to copyright restrictions, TAs should not be involved in providing materials for course packets, may not photocopy articles for use by students and must not post articles or other reading materials on course web-sites.

Course Eligibility and Allowable Hours

- Courses with lab sections have priority for teaching assistants.
- Policy for courses with labs
 - For the purposes of this policy, lab courses are defined as those courses in which attendance at a lab is listed in the course description as a required part of the course and for which sessions and rooms are scheduled through the HSPH registrar's office.
 - If the course lab sessions are run by students, then courses with labs will automatically be provided with a teaching assistant as long as the course enrollment is above 10 students.
 - For the purposes of the authorization of TA coverage, the department will calculate course enrollment by counting only those students who have officially enrolled in the course for a grade. Auditors will not be counted.
 - For courses with labs, there is a weekly cap of no more than 15 hours per week per TA. For a 2.5 credit course, the department will authorize a maximum number of 120 hours over the entire period of the course. For a 5 credit course, the department will authorize a maximum number of 220 hours over the entire course period.
 - On occasion, and with the approval of the instructor, the TA may bill in excess of 15 hours a week with the understanding that the total number of TA hours for the course cannot exceed 120 hours for a 2.5 credit course or 220 hours for a 5 credit course. Supervising faculty and TAs are responsible for tracking the total number of hours expended during the course. The department will not track these hours on a weekly basis and will only notify the instructor if the total numbers of TA hours utilized are close to being expended.
 - After the first TA, an additional TA will be available if the course registration exceeds 40 students and additional TAs may be added for each subsequent increase of 20 students to the course enrollment.
 - Requests for exceptions to the above policy must be submitted in writing to and approved by the Faculty/Staff Working Group.

- Policy for courses without labs
 - Courses without labs must have a minimum enrollment of 20 students to be considered for TA coverage.
 - For the purposes of the authorization of TA coverage, the department will calculate course enrollment by counting only those students who have officially enrolled in the course for a grade. Auditors will not be counted.
 - For courses without labs, there is a weekly cap of no more than 10 hours per week per TA. For a 1.25 credit course, the department will authorize a maximum of 50 hours over the entire period of the course. For a 2.5 credit course, the department will authorize a maximum of 80 hours over the entire period of the course. For a 5 credit course, the department will authorize a maximum number 160 hours over the entire course period.
 - On occasion, and with the approval of the instructor, the TA may bill in excess of 10 hours a week with the understanding that the total number of TA hours for the course cannot exceed 50 hours for a 1.25 credit course, 80 hours for a 2.5 credit course or 160 hours for a 5 credit course. Supervising faculty and TAs are responsible for tracking the total number of hours expended during the course. The department will not track these hours on a weekly basis and will only notify the instructor if the total numbers of TA hours utilized are close to being expended.
 - After the first TA, an additional TA will be available if the course registration exceeds 40 students and additional TAs may be added for each subsequent increase of 20 students to the course enrollment.
 - Requests for exceptions to the above policy must be submitted in writing to and approved by the Faculty/Staff Working Group.

General Policies

- Teaching assistants are intended to perform only actual teaching related duties in SHDH courses. These activities may include attending class, running labs, grading enrollee assignments, prep for teaching sessions, course planning meetings with the instructors/other TAs, answering student's course related questions, course web-site maintenance and scheduling speakers. Most courses will require some but not all of these activities.
- Although courses have a cap on the number of TA hours based upon the number of credits hours for the course, it is expected that every course will not require the use of all authorized TA hours. Accordingly, TAs are expected to complete their required tasks utilizing the minimum number of hours that are necessary.
- Auditors are allowed to enroll in courses as a courtesy based upon their affiliation with the school and do not contribute financially to the course. As such, auditors are not entitled to TA services, nor should TA hours be billed to the dept. for services provided to auditors.
- Faculty members are expected to confirm the hours worked and tasks completed by signing the timesheet.
- TAs are expected to submit their hours no later than the Tuesday following the week worked. Time sheets that are submitted in excess of two weeks beyond the week worked may be rejected for payment by the department.