

Michael Reece, Ph.D., MPH
Assistant Professor, Department of Applied Health Science
School of Health, Physical Education, and Recreation

STATEMENT ON RESEARCH, TEACHING, AND SERVICE

This statement provides a summary of my demonstrated excellence in research and my significant contributions to the teaching and service missions of the Department of Applied Health Science, the School of HPER, and Indiana University.

MY CASE FOR EXCELLENCE IN RESEARCH

Overview of My Case for Excellence in Research

My case for excellence in research, as further articulated in this section of the statement, is based upon the following:

- I have made significant progress toward the establishment of an active and clearly articulated research program that is important, innovative, and rigorous.
- My research program is highly sustainable and I can clearly convey the trajectory of my work over the coming years and its relations to my current work.
- I have secured over \$900,000.00 in funding and resources for research, including \$707,000.00 from external grants and contracts, \$191,000.00 from unrestricted and in-kind research contributions from external sources, and \$34,000.00 from internal sources.
- I have been highly productive in the dissemination of my research via 21 research publications in strategically-targeted and high quality journals and one research-based book chapter over the past 5 years. I currently have an additional 7 articles under review and 13 additional articles in progress that are planned for submission within the next six months.
- I have disseminated my work widely through over 100 research presentations that have taken place in eight different countries on four continents.
- I have actively engaged over 30 students in my research, particularly with the formation of the Sexual Health Research Working Group.
- I have received two awards for my research—one from a leading professional association and one from the School of HPER.
- My research has received solid endorsements by the eight individuals submitting formal external reviews to date and 41 other individuals solicited by my department, including leading researchers in my field at Indiana University, others from academia and the community and former and current students.

My Background and Factors Influencing My Research Program

The emergence of the epidemics of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) occurred just as I was entering adulthood. These epidemics have had a significant impact on the way that I view the world, human behaviors, and societal and cultural interpretations of health and illness. They have therefore had a significant impact on my professional trajectory and research interests.

As an undergraduate student, I was introduced to the field of public health by several faculty members at the University of Georgia who recruited me as a research assistant on a sexual health project and who encouraged me to join a program through which I led educational sessions about sexual health topics such as HIV/AIDS and date rape for my peers in dormitories and fraternity houses. It was clear from these early experiences that this was the work I was meant to do.

I pursued my Master of Public Health (MPH) degree at San Diego State University and, while doing so, worked professionally as a health educator for that university's Student Health Services. I subsequently entered the public health workforce in Arizona and gained valuable experience working on a diverse range of federally funded HIV-related projects in the community. I was ultimately recruited by the state health department to lead Arizona's HIV prevention efforts—an experience that had a profound impact on my understanding of the nation's response to its sexual health problems.

Over the course of my early professional experiences, I became convinced that the field of public health should be moving in a different direction to address sexual health problems like HIV/AIDS. It seemed that we focused on the potential for sexual behaviors to lead to disease-related outcomes without simultaneously seeking a more advanced understanding of those human sexual behaviors themselves. We were trying to change behaviors that perhaps we did not fully understand.

The desire to move my work in a more behavioral direction led to my decision to pursue a doctoral degree at the University of Georgia. As a doctoral student I continued to work with HIV-related community-based organizations in Atlanta, one of which I partnered with to conduct my dissertation research. I subsequently participated in a post-doctoral fellowship program as a Kellogg Fellow in the W.K. Kellogg Foundation's Community Health Scholars Program at the Bloomberg School of Public Health at Johns Hopkins University, where I continued to advance my understanding of research in community settings.

My collective professional and academic experiences prior to joining the Indiana University faculty provided me with solid grounding in applied public health research. That applied research was a core mission of the Department of Applied Health Science and that Indiana University was home to such prominent research institutes as The Kinsey Institute for Research in Sex, Gender, and Reproduction, I was convinced that this was the ideal academic setting for me. The following summary will clearly illustrate how I have maximized the excellent resources and opportunities available at Indiana University to support a funded, highly productive and sustainable research program.

My Current Research Program

Today, my research program is devoted entirely to sexual health. Close to two decades since my initial introduction to this field, societies around the world continue to face increasing

challenges as a result of epidemics like HIV/AIDS. There remains a need for innovative approaches to understanding human sexual behavior across different cultures and for work that examines the extent to which the field of public health can develop interventions that are responsive to the needs of those who face these and other sexual health challenges. Prior to providing a summary of my research program, it is important to highlight two overarching characteristics of my work:

Community-based participatory research. My post-doctoral fellowship in the W.K. Kellogg Foundation's Community Health Scholars Program was designed to train the next generation of public health faculty in the principles of "community-based participatory research." The principles of community-based participatory research articulate that for public health to effectively deal with its current challenges, researchers must strive to actively engage communities as partners in their research and situate their work within the social and cultural context in which people construct their lives. In keeping with my commitment as a Kellogg Fellow, much of my work at Indiana University has been shaped by a conscious attempt to adhere to these principles.

Facilitating students participation in research. The majority of my research is situated within the context of the Sexual Health Research Working Group (SHRWG), an initiative I created in 2003. The SHRWG has as its mission to facilitate faculty-student research partnerships in order to support intensive research training in the sexual health sciences for students in the School of HPER. The mission of SHRWG is accomplished by involving students as active members of my research team for all studies and by facilitating and supervising the work of advanced doctoral students who lead teams of other graduate and undergraduate students to design, conduct, and disseminate their own research. To date, over 30 students have been involved in the research projects of SHRWG and many have been actively involved in the dissemination of the findings from our work. As part of my work with students, it has been important to involve them as active participants in research dissemination. To that end, on all publications described in this statement for which I have not served as first author, the first author has been a current or former student.

My goal has been to conduct research that is innovative and that moves our field forward in four unique and inter-related directions in the area of sexual health:

1. Understanding Mental Health Care Seeking By Individuals Following HIV Infection,
2. Exploring New Venues and Innovative Tools for Sexual Health Promotion,
3. Strengthening Theoretical and Conceptual Approaches to Sexual Health Research, and
4. Responding to the Need for International Sexual Health Research

Understanding Mental Health Care Seeking By Individuals Following HIV Infection

My research in this area is dedicated to increasing our understanding of the manner in which individuals deal with the mental health consequences of HIV infection and the manner in which mental health care is delivered by community-based HIV-related organizations. These organizations are the foundation of public health's response to HIV and deliver the vast majority of the nation's HIV-related prevention and treatment programs.

While researchers have focused a great deal on the neurological and psychiatric complications of HIV through studies conducted in academic medical settings, we know very little about the characteristics of individuals who seek mental health care from organizations in the public health system. Additionally, we know almost nothing about the nature of the mental health services delivered by these organizations and the factors that help them succeed at engaging

and retaining individuals into care. This is particularly the case for individuals from disenfranchised and ethnic minority communities who today represent the majority of those living with HIV in the U.S. and the organizations that focus on the delivery of services to them.

This work has led to publications that are starting to build a body of knowledge related to the types of psychological distress that lead individuals to seek mental health services and the efforts of community-based organizations to effectively deliver such care (Reece, 2003; Reece, Basta & Koers, 2004; Reece, McBride, Shacham, & Williams, 2005; Smith, DeWeaver, & Reece, 2006; Basta, Reece, & Shacham, under review; Satinsky, Reece, Shacham & Basta, under review).

My HIV-related mental health research has been conducted in partnership with Positive Impact, Inc. This community-based organization, located in Atlanta, Georgia, is one of the nation's leading HIV-related mental health organizations. I am now completing a 5 year project (2001 - 2006) funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), that involved the assessment of the efficacy of new strategies for engaging and retaining ethnic minorities living with HIV into mental health care. Just before joining the faculty at Indiana University, I served as lead author on a \$2,000,000 application funded by SAMHSA that was based entirely upon the findings of my dissertation research (*see Volume V*). My dissertation findings indicated that those most likely to prematurely leave care were those for whom services like psychotherapy were rather foreign, particularly those from ethnic minority communities. This was a particularly important finding in a city like Atlanta which has had a tumultuous history of race-related challenges. In response, this project sought to develop, implement, and evaluate a series of strategies to more effectively engage and retain ethnic minority individuals into mental health care following their receipt of an HIV diagnosis.

In keeping with the principles of community-based participatory research, it has been of critical importance that this project ultimately serves the community with a sustainable public health program. To that end, it was vital that the vast majority of funds from our grant remain in the community and that the expenses related to the research component be kept to those that were essential. We were able to accomplish this work by keeping over \$1.8 million of the funding in the local community to enhance Atlanta's HIV-related mental health services infrastructure, resulting in just under \$200,000.00 being reserved for my role as Principal Investigator of the research components of the project. In one pedagogical publication my community partner and I described this unique community-based participatory approach to mental health services research (Reece & Plate, 2003, *see Notebook III-B*). Additionally, my work with Positive Impact was highlighted in a 2003 publication of the W.K. Kellogg Foundation, *Stories of Impact*, designed to provide examples of the contributions that Kellogg Fellows were making in advancing community-based participatory research methods in their work (*see Notebook IV-A*).

While my work to date has led to publications that have started to build our knowledge of mental health care seeking following HIV infection, I have amassed a great deal of data related to the efficacy of our interventions that will prove valuable as a foundation for additional publications and future applications for funding. Multiple publications from this work are currently in preparation and will be submitted for review within the next six months. Recently, I served as lead author on a \$2.6 million dollar application to SAMHSA for phase two of this project which will expand our work to fully integrate mental health care throughout the HIV-related services infrastructure in Atlanta. Should this project be funded, it will constitute a significant proportion of my research in this area over the next 5 years given that I will serve as Principal Investigator of its research component (*see Volume V for a copy of this proposal*).

While my work in this area has been focused on the delivery of HIV-related care it is also important in terms of its contributions to HIV prevention. Now over 20 years into the HIV/AIDS epidemic, the nation continues to devote significant resources to the development of programs that seek to reduce the incidence of new HIV infections. Within the past decade, a significant shift occurred in the area of HIV prevention, in keeping with a concept known as “prevention for positives,” which seeks to reduce the likelihood that individuals living with HIV will transmit the virus to others and/or expose themselves to co-morbid infections such as other sexually transmitted diseases or tuberculosis. This may be rather intuitive, but during the first half of the epidemic, public health focused its interventions on individuals who had not become infected—encouraging them to take responsibility for avoiding exposure to the virus. This new approach places emphasis on the sexual behaviors of those already infected—encouraging them to avoid transmission of the virus to others or their own exposure to infections that facilitate the progression of their HIV infection.

In keeping with this shift, my work has examined the extent to which mental health care for those living with HIV may present a unique opportunity for HIV prevention (Reece, Plate, & Daughtry, 2001; Reece, 2003; Reece & Smith, 2003). Much of my research related to the “prevention for positives” approach has primarily focused on one particular psychological phenomenon that appears to share a great deal with continued sexual risk taking by those already diagnosed with HIV—sexual compulsivity. Sexual compulsivity refers to the over-processing of sexual thoughts, feelings, and desires, and for some, participation in a range and frequency of sexual behaviors that may lead to harm to oneself or others. My work has documented that those who present for mental health care with elevated levels of sexual compulsivity are among those with the highest levels of sexual behaviors that pose the potential for disease transmission or exposure to co-morbid infections. As an intensely psychological construct, sexual compulsivity is a perfect example of an issue for which interventions delivered in the context of mental health care may be simultaneously responsive to both the treatment and prevention needs of individuals who have been diagnosed with HIV.

There remain many unanswered questions related to the construct of sexual compulsivity and, to date, there is little consensus on the clinical criteria for its diagnosis. As a result, there is a need for research in this area that examines how the construct should be measured in a valid and reliable manner. My work has also focused on these measurement issues.

My first studies in this area sought to assess the construct validity of one of the most widely used measures of sexual compulsivity (Reece & Dodge, 2004; Dodge, Reece, Cole, & Sandfort, 2004). In a study completed in 2006, a component of which served as the doctoral dissertation of one of my students and was conducted in collaboration with Drs. Stephanie Sanders and Erick Janssen at The Kinsey Institute for Research in Sex, Gender, and Reproduction, we attended to the need for better measures of sexual compulsivity by assessing the properties of a new measure we developed—one I believe is more consistent with the current trends in this area. One paper from this study is currently in preparation.

Given the visibility of my work on sexual compulsivity, I was invited to contribute a research-based book chapter that summarized my work and offered an overview of the current issues associated with this construct (Reece, Dodge, & McBride, 2006). Additionally, I was invited to present this research at the *Infectious Disease Seminar Series* of the Department of Infectious Diseases of the IU School of Medicine in 2005 and was recently invited to present my research in this area at the *Grand Rounds* of the Department of Psychiatry at the Medical College of Georgia in early 2007. These invited presentations at two of the nation’s prominent medical

schools known for their research on sexual health research are an important endorsement of my work in this area.

My work in sexual compulsivity also led to my receipt of the *2005 Society Research Award* by the Society for the Advancement of Sexual Health. This is an annual award given to one individual who the Society's Board of Directors feel has made significant contributions to research in this area. This was a particularly important acknowledgement of my work given that this professional society is leading the effort to better understand this complex issue.

My Plans for Future Work Related to this Line of Research

My future research efforts in the area of HIV-related mental health will include:

- Continuing to enhance public health's understanding of the nature of mental health care seeking following HIV diagnosis by publishing from the substantial dataset that I have collected over the course of my research to date and using these data as a foundation for additional funding in this area.
- Advancing the nature of my data collection efforts by using prospective and longitudinal designs to document changes in mental health status and patterns of behavioral changes over time.
- Using experimental designs to assess the efficacy of new models for the engagement and retention of disenfranchised individuals into mental health care.
- Further testing the psychometric properties of my team's new measures of sexual compulsivity across various populations, including those living with HIV and those considered to be at risk for HIV infection.
- Developing and testing models for integrating "prevention for positives" focused interventions into HIV-related mental health care.

Exploring New Venues and Innovative Tools for Sexual Health Promotion

A second focus of my research is the exploration of the potential for unique and understudied segments of society to become active outlets for the delivery of sexual health promotion initiatives. While researchers have examined the potential for integrating such interventions into numerous non-traditional public health settings, such as beauty shops and nightclubs, little attention has been paid to those venues that are explicitly sexual in nature, such as the venues of the adult retail industry (e.g., adult bookstores, sex shops, adult video retailers).

While this industry has been the subject of much controversy in the U.S., it is one that generates revenues in the billions of dollars annually, indicative of the fact that millions of Americans turn to it on a regular basis for products of a sexual nature. Additionally, public health professionals have long relied on the existence of these venues for making available those products that we have encouraged people to use consistently and correctly, such as condoms and lubricants. Given the magnitude of this industry and the fact that a significant proportion of the U.S. population turns to it for products related to safer sex, sexual pleasure, or those designed to

alleviate sexual dysfunction, it seemed logical to me that we should also consider whether these establishments could serve as venues to promote sexual health.

My research in this area includes the first ever published studies assessing whether the U.S. adult retail industry might serve as a potential partner for sexual health promotion. In my early work in this area, I attempted to answer this question by collecting data from the customer service employees of 80 adult retail outlets in 61 U.S. cities (Reece, Herbenick, and Sherwood-Puzzello, 2004; Herbenick & Reece, in press). In a follow-up study, I collected data from the managers of these venues in order to assess the extent to which they would be willing to integrate our recommended strategies for sexual health promotion into their workplace (Reece, Herbenick, Shacham, & Sherwood-Puzzello, 2005). Findings from these studies indicated that adult retail venues and their employees held promise for playing a significant sexual health promotion role in their communities. My findings documented that these venues were routinely distributing the tools that public health providers have worked so diligently to promote and that the customers of these venues, when seeking and purchasing these products, routinely asked questions that provided “teachable moments” that could be turned into valuable educational opportunities. In papers from this work, I have made the case that taking advantage of these “teachable moments” would require active partnerships between public health professionals and professionals in the adult retail industry. Soon after the publication of my first paper on this topic, the opportunity to develop and test such a partnership was realized.

My research drew the attention of entities involved with the distribution of sexual health products through adult retail venues who were intrigued by my idea that a participatory model of research held great promise for maximizing the potential impact of this industry. There were two particular components of the adult retail industry that presented the opportunity for innovative ways to test my ideas about such academic-industry partnerships.

The Condom Industry. The first group with which I partnered in this work was a collaborative of three of the world’s largest condom industry leaders who had recently received approval from the U.S. Food and Drug Administration (FDA) for a new “sized to fit” condom. Current regulations that guide the manufacturing and distribution of condoms in virtually all areas of the world allow for only minor variances in their length and circumference. However, across the health profession’s efforts to promote condoms it has been the case that some individuals’ reluctance to use them has been related to their assertions that condoms do not fit properly, leading to discomfort, breakage, and ultimately, inconsistent use. To date, public health has virtually been unable to be responsive to these assertions given the limited variance in the dimensions of condoms that are on the world’s markets. As a result, many of us have operated under the assumption that those who complain about condom size are perhaps just making excuses for not wanting to use them. However, this new condom was approved by the U.S. FDA for distribution in 55 different length/circumference combinations. Obviously, this was an unheard of concept and one that, if effective at increasing condom adoption and reducing condom breakage and slippage, could have a dramatic impact on public health.

In late 2004 I established a cooperative agreement with the manufacturers of this new condom to conduct a study of its acceptability and the extent to which its use would result in reductions in condom breakage and slippage. To accomplish this study, I partnered with colleagues from the Division of Biostatistics at the IU School of Medicine (Dr. Patrick Monahan), The Kinsey Institute (Dr. Stephanie Sanders), and the Rural Center for AIDS/STD Prevention (Dr. William Yarber). Using an experimental cross-over design, over 1,200 men from all 50 states were randomly assigned to both a standard-sized condom condition and a “fitted” condom condition (after using the FDA approved device to determine their correct condom size) and subsequently

reported on their behaviors and condom outcomes over a period of 30 days using an Internet-based daily diary. Data from this study include detailed reports of condom-related behaviors and outcomes for over 29,000 sexual interactions. Findings indicated that among some men, their use of a “sized to fit” condom resulted in significant reductions in their condom breakage rates (breakage with this fitted condom was approximately 80% less with the fitted condom).

The findings from this study will have a significant impact on the field of public health given that it appears that the fit of a condom is important to one’s ability and willingness to use it correctly and without consequences that pose the potential for the spread of infection or unintended pregnancy (such as breakage). Additionally, this study provided the opportunity for me to test a series of new measures designed to document men’s concerns over the fit and feel of condoms and the extent to which these concerns share relations with their attitudes and behavioral intentions related to condom use. With episode-specific condom use data for over 29,000 sexual interactions, this study has also provided me with an unrivaled set of data that will lead to a high number of important and innovative research publications in the coming year.

The first major paper from this study is currently under review (Reece, Herbenick, Monahan, Sanders, Temkit & Yarber, under review) and two abstracts from this work have been published in the *European Journal of Sexual Health* (Reece & Herbenick, 2006; Herbenick & Reece, 2006). There are four additional papers currently in preparation that will be submitted within the next 6 months.

The world’s leading condom regulatory boards also have been interested in this study. In 2005, I presented our research design and preliminary findings to the American Society for Testing and Materials (ASTM), the group that serves as the advisory committee to the U.S. FDA for the regulation of condoms in the U.S. I also was invited to Berlin to share the study’s preliminary results with the International Standards Organization (ISO), the entity that establishes condom manufacturing and testing standards followed by almost every other country in the world. Given the influence that these two groups have on the manufacturing standards for condoms around the world, these presentations were incredibly important and helped to establish my team as an important research group investigating advancements in the area of sexual health.

Subsequent studies with this “sized to fit condom” will constitute a major component of my research program over the years to come. I am currently designing studies to replicate the findings from my first study in countries outside the U.S. and with specific populations inside the U.S. (e.g., ethnically defined populations and those seeking treatment for a sexually transmitted infection). Another study is slated to commence in late 2006 to examine how such a product would be distributed by the public health marketplace and will be conducted in partnership with Indiana’s largest HIV prevention organization, The Damien Center in Indianapolis.

The “In Home Party” Industry. In my original work related to the adult retail industry, I only examined the characteristics of those venues that had physical storefronts. However, my work caught the attention of a completely different component of the adult retail industry, one that interacts with women seeking products related to sexuality through in-home parties. During these parties, groups of women gather to discuss their sexual challenges and to seek products that they perceive as having the potential to help them sustain healthy sexual relationships. These parties have become a highly visible entity in the U.S., with no less than one dozen of these companies interacting with millions of women annually about sexual health topics. I have developed a partnership with one of the nation’s largest companies providing these in-home parties—one that happens to have full confidence in my theory that venues of the adult retail industry may be an unrealized and undocumented contributor to the nation’s sexual health.

To gain insight into the nature of the issues that women who attend these parties discuss as sexual health challenges and to compare the potential for this component of the adult retail industry to serve in a similar capacity to its storefront venues, data were collected from over 1,200 facilitators of these “in-home parties.” Findings from this study are very similar to those from my work with the storefront venues and our first paper from this study is currently in preparation and planned for submission within the next 6 months. Findings indicated that women attending these parties are seeking a great deal of information that, if provided accurately, has the potential to greatly improve their sexual health.

Of particular interest was that women often attended these parties seeking resolution to sexuality challenges that were related to other health challenges, particularly breast cancer, vulvovaginal pain, and other gynecological concerns. In response, I proposed a range of studies to The Patty Brisben Foundation, resulting in my attainment of a \$375,000.00 grant for a three-year period to examine these issues and the potential for diverse venues in American society to be responsive to them. In the first study conducted under the auspices of this new grant, data related to sexual function and sexual challenges were collected from breast cancer survivors in partnership with the Young Survival Coalition, a national support network of women in recovery from breast cancer. The first paper from this study is currently in preparation.

Plans for Future Work Related to this Line of Research

My future research efforts to continue the exploration of new venues and innovative tools for sexual health promotion will include:

- Demonstrating the efficacy of the “sized to fit condom” among more ethnically diverse populations and among those prioritized by the public health community for intensive condom-related interventions (e.g., men who have sex with men, sex workers, and individuals already diagnosed with HIV).
- Further assessing the psychometric properties of measures developed for use in my initial “sized to fit” condom study, particularly those related to men’s perceptions of condom fit and the reliability of the FDA approved device used to determine one’s condom size.
- Replicating the findings of the initial “fitted condom” study in international settings.
- Using experimental designs to assess the outcomes of educational interventions delivered to employees who interact with customers in the context of adult retail venues.

Strengthening Theoretical and Conceptual Approaches to Sexual Health Research

During my early experiences as a public health professional, I realized that a more rigorous understanding of the complexity of human sexual behavior was necessary. To achieve this requires research that involves the use of theory-based approaches to truly understand the determinants of sexual decision making. Additionally, I believe that sexual health research will benefit from the use of more progressive conceptual frameworks in order to ensure that the lived experiences of community members are reflected in the development of sexual health promotion interventions. This framework is in keeping with the principles of community-based participatory research, which, as previously mentioned, is a primary characteristic of my work.

One example of my work in this area is a recently published study (Milhausen, Reece, & Perera, 2006) that sought to understand sexual decision making within the context of Mardi Gras, an alcohol-intensive event held annually in New Orleans. The public health field's primary involvement with events like Mardi Gras has been to implement condom distribution programs and health marketing campaigns focused on alcohol moderation and safer sex. However, these interventions are typically not based on any theoretical framework or formative research and may therefore be overlooking the actual determinants of the very behaviors that the interventions are intended to influence. To move public health interventions in these settings in a more theoretical direction, my team studied the extent to which the situational and environmental conditions of Mardi Gras were associated with one's sexual behaviors during the event. To do so, we utilized a widely recognized socio-environmental theory known as the Triandis Theory of Interpersonal Behavior.

While Mardi Gras is a prime example of large community-based alcohol-intensive events known for high rates of sexual interaction, perhaps even more recognized as such are those events that occur on college campuses. As with other events health professionals have long dedicated resources to the implementation of health promotion programs for students during these campus-based events. Given that IU is home to one of the most widely recognized events of this nature, Little 500, it was a logical follow up to the Mardi Gras study that this work be expanded to my own backyard. In spring 2006, I worked with my doctoral students to replicate the Mardi Gras study during the Little 500 Bike Race and our first manuscript from this study is currently being prepared.

An important element of the Little 500 study was that I enhanced the theoretical basis of the work by using the principles of community-based participatory research to engage campus health providers and individuals from the IU Student Foundation in the design of the study. It was my belief that doing so would help to ensure that the research findings would be used to inform the development of more effective interventions and policies that influence the alcohol and sexual behaviors of students during Little 500.

The application of these community-based participatory principles to sexuality-focused research is rather new. In fact, a paper from one of my earlier studies using this framework represented the first published study that clearly articulated the application of these principles to sexual health research (Reece & Dodge, 2004).

Another example of the application of these community-based participatory principles in my work is a recently completed study that examined the characteristics of sexuality education being provided in Indiana's public schools. In 2004, the Sexual Health Research Working Group was contacted by the *Get Real, Indiana! Coalition*, a group of community-based organizations, parents, teachers and students throughout Indiana, who are focused on the sexual health needs of adolescents. The Coalition was interested in partnering with my research team to gain a better understanding of the nature of sexuality education being provided in our state's public middle and high schools and was interested in submitting a participatory research proposal for such a study to the Health Foundation of Greater Indianapolis. The study was subsequently funded and I entered received the grant for the research component of this project.

Using the principles of community-based participatory research, my team engaged with the Coalition to design a study that all entities agreed would advance our understanding of the state of sexuality education in Indiana. An important outcome of this participatory approach was that, for one of the first times, a study on sexuality education did not focus only on classroom teachers; it also involved a more ecological assessment that sought to understand the various

points through which students in our public schools are interacting with personnel on sexuality-related topics. The study findings have been used by the Coalition to develop new interventions, to influence policy, and have prompted a range of meetings throughout Indiana between parents and school administrators to reconsider the nature of how the state's adolescents receive sexual health information. Our first paper from this study is in press (Tanner, Reece, Legocki, & Murray, in press), one paper is currently under review (Legocki, Reece, Tanner, & Murray, under review) and one additional paper is currently being prepared.

Given what I perceived as the success of our community-based approach to studying this complex topic, I am collaborating with Dr. Brian Dodge (a former IU doctoral student with whom I have worked closely and who is now an Assistant Professor at the University of Florida) to replicate this study in the state of Florida. To do so, we were recently awarded a sizeable grant (\$100,000.00) from The Picower Foundation, a large national foundation that funds research related to sexuality. The Florida study has an additional component which is the inclusion of a "background study" that is closely following the community-based participatory nature of the project. This effort will further advance the ability of my team to make contributions to the literature about the benefits of using more conceptual approaches to sexual health work.

Lastly, I recently received a contract from the Marion County Health Department to apply the principles of community-based participatory research to an investigation of the determinants of syphilis transmission in Indianapolis' gay community. Syphilis transmission in Indianapolis has reached epidemic proportions in recent years and is closely associated with the co-transmission of HIV. In this study, my team is collaborating with a group of community leaders in Indiana to develop and conduct a study to assess the determinants of syphilis-transmitting behaviors. Data collection began in August 2006 and findings will provide valuable insight into the development of future interventions in Indianapolis to address this epidemic and further articulate the use of this unique conceptual framework for sexual health research.

Plans for Future Work Related to this Line of Research

My future research efforts dedicated to enhancing the use of theoretical and conceptual frameworks in sexual health research will include studies that seek to:

- Document the intricacies of using community-based participatory research methods for sexual health research.
- Use prospective daily diary designs to further validate the use of theoretical models to examine the intersection of alcohol and sexuality among individuals participating in events like Little 500 and Mardi Gras.

Responding to the Need for International Sexual Health Research

I strongly believe that my work, particularly given the nature of global sexual health pandemics like HIV/AIDS, must be situated within the context of Indiana University's long-standing commitment to be an active global citizen and to facilitate the growth of scholars in other nations. To date, my work has focused on two countries outside the U.S. that are both situated within regions of the world facing serious consequences as a result of devastating sexual health pandemics: Sri Lanka and Kenya.

In Sri Lanka, my research partner (a former student, Dr. Bilesha Perera, who is now a faculty member at The University of Ruhuna in Galle, Sri Lanka) and I conducted one of the first and

most comprehensive examinations of sexual behaviors among young adults. This findings of this nationally representative study have important implications for helping public health officials in Sri Lanka maintain its current low incidence of HIV in a region of the world that has an exploding HIV epidemic (Perera & Reece, 2006). In a second paper from this study, we focused particular attention on the nature of psychological distress among this sample and its relations with well-being (Perera, Finn, & Reece, under review).

While Sri Lanka has been able to maintain a low HIV incidence to date in comparison to most of its Asian neighbors, the case on the African continent is much different and most of the countries there have faced devastating consequences as a result of HIV and AIDS. Of the Indiana University initiatives that should make us most proud is the partnership between the Indiana University School of Medicine and the Moi University (Kenya) Faculty of Health Sciences known as AMPATH (Academic Model for the Prevention and Treatment of HIV/AIDS). AMPATH is one of the largest HIV-related treatment and prevention programs in Sub-Saharan Africa, treating literally tens of thousands of individuals who otherwise would not have access to life sustaining medications. I was fortunate to have the opportunity to become engaged with IU's efforts in this country soon after joining the faculty and have worked with the leadership of AMPATH to enhance their ability to conduct more behaviorally-focused research. Recently, my team conducted one of the first HIV-related mental health studies in Kenya in collaboration with AMPATH partners there. Two papers have been submitted based on this project (Reece, Shacham, Monahan, Yebei, Omollo, Ong'or & Objeng, under review; Shacham, Reece, Monahan, Yebei, Ong'or & Omollo, under review) and two others are currently in preparation.

This study represented one of the first comprehensive HIV-related mental health studies in the country of Kenya. I discovered unexpected similarities between the nature of HIV-related psychological distress in Kenya and what I have been documenting in the U.S. This is particularly important as it offers the potential to bridge my research between the two countries. Doing so will be helpful as it provides a solid foundation for future studies that will seek to replicate culturally-refined models of HIV-related mental health care in Kenya consistent with the lessons learned from my research in the U.S.

Plans for Future International Research

My future research efforts dedicated to exploring sexual health in international settings will include:

- Expanding my work in Kenya based upon our recent research findings by creating and evaluating mechanisms for integrating mental health care into the existing medical systems of the IU-Moi University AMPATH program.
- Continuing to work with my research partner in Sri Lanka to document the sexual behavior trends and ultimately implementing and evaluating sexual health promotion interventions designed to help this country maintain its low HIV incidence.

Engaging Students in Research

As mentioned earlier in this statement, I formed the Sexual Health Research Working Group (SHRWG) in 2003 as a mechanism focused on creating research partnerships between faculty and students. This initiative has been very effective in involving students in research, as evidenced by the fact my students have actively assisted with various studies to the extent that has warranted co-authorship on many of 82% of my research papers currently published, in

press, or under review and will serve as co-authors on 100% of those papers currently in preparation. The majority (85%) of my 100 research presentations at state, regional, national and international scientific meetings have included students as lead or co-authors. In addition, 14 students working on projects under my direction have received internal grants for conducting research and 13 have received internal grants for disseminating their research findings.

Research Awards

I have been fortunate to receive two awards for my research. In 2005, I received the *Society Research Award* from the Society for the Advancement of Sexual Health, one of the sexual health field's leading professional associations. In 2006, I received the *Early Career Faculty Outstanding Research Award* from the School of HPER at Indiana University, an award that recognizes a pre-tenure faculty member who has demonstrated outstanding progress toward the development of a sustainable research program and who has contributed significantly to the research climate of the school.

Research Center Fellowships and Research Appointments

In 2001, upon my arrival at IU, I was appointed by the IU Board of Trustees as the William L. Yarber Professor in Sexual Health, an endowed appointment awarded to a faculty member in the School of HPER with an active research agenda in sexual health. In August 2006, I was reviewed for reappointment as the William L. Yarber Professor in Sexual Health by a committee in HPER and my reappointment for an additional five years has been recommended to the IU Board of Trustees.

In 2002 I was appointed as a Research Fellow of the Rural Center for AIDS/STD Prevention, the only Center in the U.S. dedicated to exploring the HIV-related needs of rural communities. That same year, I was elected as an Associate Member of the International Academy of Sex Research, considered by most to be the world's leading sexuality-related professional research organization. I have also been appointed (2005) as a Fellow of the Institute for Action Research in Community Health, an entity based in the School of Nursing on the IUPUI campus that seeks to actively engage community-based participatory researchers. Within the past year, I was invited to join the faculty of IU's African Studies Program given my research and teaching efforts in Kenya and most recently (2006) was appointed as member of the Affiliated Faculty of the Kinsey Institute for Research in Sex, Gender, and Reproduction.

Research Funding

I have actively sought funding for my research activities, both from external and internal sources. I have diversified my funding by drawing upon the resources of a wide range of funding entities. To date, I have received research grants, contracts, donations and in-kind research resources exceeding \$900,000.00 from extramural and internal sources. While funding from the National Institutes of Health (NIH) is considered the gold-standard for public health research, it is the case that federal funding for sexuality-related research is incredibly difficult to obtain at the current time. While NIH funding for my work is certainly a goal, it is more likely to be obtainable later in my career once the funding for sexuality-related work becomes more available and after I have established myself as a senior researcher in this area. To date, I have been able to accomplish my work and diversify the sources of my funding by seeking funds from a diverse range of government and foundation entities. Over the coming years, I plan to draw upon the research program that I have established to further diversify funding for my work and am confident that I will continue to be successful at acquiring external funds for research.

TEACHING CONTRIBUTIONS

Overview of My Teaching Contributions

While this statement primarily reflects my case for excellence in research, I have also made significant contributions to the teaching mission of the Department of Applied Health Science, the Schools of HPER and Medicine, and Indiana University. A summary of my teaching accomplishments, as further articulated in this section of the statement, includes:

- Serving as a core member of the teaching faculty in my department's undergraduate, masters and doctoral programs and the Master of Public Health (MPH) program in the School of Medicine's Department of Public Health.
- Demonstrating excellence in the classroom as evidenced by cumulative mean scores that exceed 3.0 on a 4.0 scale for all of the major areas assessed by IU Bloomington Educational Services and Testing.
- Receiving the Trustees Teaching Award in the School of HPER in 2003.
- Serving on 22 doctoral advisory committees, 11 doctoral dissertation committees, and one thesis committee at Indiana University and two dissertation committees and one thesis committee at other institutions in the U.S. and abroad.
- Contributing significantly to the continued development of technology-based teaching through my creation of four progressively enhanced versions of a CD-ROM based graduate course.
- Receiving funding for, creating, and disseminating a technology-based teaching tool that has been used to train over 250 members of Indiana's professional public health workforce.
- Creating three new graduate courses in my department, including those designed to: a) enhance the theory-based nature of doctoral research, b) engage students in my international work, and c) immerse my doctoral students within the research culture of the School of HPER.
- Founding and directing the Sexual Health Research Working Group which has to date provided research-based training for over 30 students.
- Actively mentoring my students in research as evidenced by their refereed presentations and first-authored and co-authored publications and their attainment of grants, fellowships, and other funds for conducting and disseminating research.

Teaching Responsibilities

I have served as a core member of the teaching faculty in my department's programs, including those related to our undergraduate public health program, our Master of Public Health (MPH) program and our Ph.D. program in Health Behavior. Earlier in my career at IU I was also a core

member of the core teaching faculty in the MPH program of the Department of Public Health at the IU School of Medicine in Indianapolis. I have also been engaged in the teaching activities of the School of Public Health at Moi University in Eldoret, Kenya, where I taught a graduate-level course in their MPH program during the summer of 2004.

Teaching Awards

In 2003, I was awarded the *Trustees Teaching Award* in the School of Health, Physical Education, and Recreation in recognition of my contributions to teaching. *Documents related to my receipt of this award are included in Notebook III-A.*

Course Evaluations

My course evaluations indicate excellence in the classroom. Across all courses, the cumulative mean scores in all of the areas articulated by IU Bloomington Educational Services and Testing (BEST) have been above a 3.0 on a 4.0 scale. I also solicited from two peer evaluations of my teaching from recognized master teachers in my department; both of whom indicated strong endorsement of my teaching abilities. *Summaries of my B.E.S.T evaluations are included in Notebook III-A and copies of evaluation reports are included in Notebook III-C.*

Courses of Emphasis

As a core member of the faculty for our MPH and Ph.D. programs, I have taught 12 different graduate courses and two different undergraduate courses, and have supervised independent research and readings courses at the graduate and undergraduate levels. I have also facilitated the creation of three new courses to fill critical needs in our ability to train graduate students in research. *A listing of courses taught is included in Notebook III-A and representative course syllabi are included in Notebook III-C.*

Two courses with which I have been heavily involved are excellent examples of my attempts to integrate my teaching and research efforts:

HPER C589, Models and Theories of Health Behavior. I have consistently taught this graduate level theory course which is one of my department's core courses for graduate students. This course focuses on enhancing a student's ability to incorporate theory-driven approaches into public health practice. Although it is required of the department's masters and doctoral students, it has also been popular with students from other academic units on the IUB campus. This course has been particularly important to me given my interest in increasing the theory-based nature of the public health field. The opportunity to share my theory-based research with students in this course and to learn from the experiences and perceptions of emerging public health practitioners and scholars has provided for a beneficial exchange of ideas about the benefits and challenges of such theory-based approaches.

HPER C701, Advanced Health Behavior Theory for Research. Given my experiences with teaching HPER C589 and my participation on multiple dissertation committees, I became convinced that we needed a doctoral-level course in order to focus on the extent to which students were able to incorporate theory-based and conceptual perspectives into their research. Although all of our doctoral students are required to take C589 (Models and Theories of Health Behavior), that course focused mainly on the use of theory for public health practice. It was my impression, after teaching the course for four years, that we needed a more advanced course for doctoral students that examined the role of theory in research. To that end, I created this

new course and offered it in the fall of 2005 as a variable title course. In late 2005, I submitted a proposal for the formal establishment of this course, which was subsequently adopted by our graduate faculty as a core requirement for all doctoral students. Of particular importance is that this course is the first required course in my department, other than those for the dissertation and other independent research and readings courses, which is designed for, and restricted to, doctoral students. In this course, students participate in a critical review of the conceptual and methodological challenges of incorporating theory into research, collaborate to design a theory-based research project, and prepare an application for funding consistent with a guidance from a funding agency. Earlier in my research statement (page 10) I described a recently completed study that assessed alcohol and sexual behaviors of students attending IU's Little 500 event. This research study was designed by me and the students in the first C701 course and was conducted during the subsequent semester.

In addition to my efforts in the traditional classroom, I have also been actively involved in advancing the School of HPER's commitment to the use of technology-based and distributed education initiatives with my enhancements to HPER C501: Assessment and Planning in Public Health.

HPER C501, Assessment and Planning in Public Health. Over the past 5 years I have taught this core course that strives to teach students one of the most fundamental public health skills—conducting community health assessments in order to determine those issues needing priority intervention. To date, I have authored four versions of a CD-ROM-based version of this course. With the first two versions, I incorporated the use of more advanced technological approaches and integrated new problem-solving activities to complement the technology components. In later versions I made only minor modifications based upon the need for technology enhancements (version III, 2004) or to revise the course title (version IV, 2006) This course has been particularly well suited to a technology-based approach given that the principles of community health assessment are quite basic and that students can easily learn them through a process of directed self-study. More importantly, this technology-based approach reduced the amount of time in the classroom that was devoted to didactic learning and increased the amount of time that students could participate in community-based activities and the time devoted to problem-based learning in the classroom.

While students use the CD-ROM for much of the didactic learning, during in-class sessions they participate in an actual assessment of the HIV prevention needs of Indiana by using the U.S. Centers for Disease Control and Prevention's (CDC) model known as HIV Prevention Community Planning. Students work in teams over the course of the semester to conduct a comprehensive assessment of the behavioral correlates of continued HIV incidence in Indiana which culminates in a set of recommendations for public health intervention. Not only does this activity provide students with an actual skills-based project that complements the CD-based learning, it also trains them in this CDC model that is currently implemented by the governments of all 50 U.S. states and 15 U.S. territories. I have also used this tool on the IUPUI campus for the Department of Public Health in the IU School of Medicine. *A copy of these course CDs is included in Notebook III-B.*

Based on the success of the technology-based version of this course, I authored a second CD-ROM-based teaching tool (focused on community health assessment and public health program planning) with funding from the Mid-America Public Health Training and Education Center (MAPHTEC) at the IU School of Medicine that was distributed to public health professionals working in Indiana's county health departments. To date, over 250 public health professionals in Indiana have participated in this training on the basics of public health program planning. *A copy*

of this practitioner-oriented CD is included in Notebook III-B and a letter from the coordinator of MAPHTEC (Susan Meece-Hinh) describing the impact of this project is included in Notebook I-A.

Student Dissertation and Advisory Committees

At IU, I have served on 22 doctoral advisory committees (seven as Chair and one as Co-Chair), 11 doctoral dissertation committees (three as Chair and one as Co-Chair), and one masters thesis committee. Additionally, I currently serve as the Advisory Supervisor (dissertation Co-Chair) for a student in the Department of Psychology at the Dublin Institute of Technology in Ireland, recently served as a member of the dissertation committee for a student in the College of Public Health at The University of Georgia, and am currently serving on the master's thesis committee for a student in the School of Public Health at Moi University in Kenya. *A list of student committees on which I have served is included in Notebook III-A. Copies of dissertation abstracts from students for whom I have served as Chair or Co-Chair are also included in Notebook III-A.*

Curricular Revision

In 2005, the Council on Education in Public Health (CEPH) revised the accreditation standards for public health programs, requiring my academic unit to focus much of the 2005 academic year on curricular change. I facilitated the process of a complete overhaul of our MPH program, resulting in the creation of a new research-focused concentration and the repositioning of our existing concentration to one that will be focused on leadership beginning with our cohort entering fall 2006. This process required the complete revision of degree requirements, revisions to course titles and descriptions, and the creation of several new courses. As a member of my department's graduate faculty, I have also been actively involved in our efforts to strengthen our doctoral program, particularly during the 2005 academic year when we made significant curricular revisions and formulated a set of core competencies for our doctoral students.

Integrating Research and Teaching

It has not been possible for me to be productive as a researcher at Indiana University without taking every opportunity possible to find ways to integrate research into my teaching and to actively involve my students. In addition to incorporating my research into my classroom-based activities, I have also integrated research and teaching in several other unique ways:

The Sexual Health Research Working Group. Earlier in the Research section of this statement, I described my creation of the Sexual Health Research Working Group (SHRWG) as a mechanism to facilitate faculty-student research collaborations. While primarily a research initiative, SHRWG is also an intensive teaching effort. In addition to the individualized supervision that I dedicate to students working on my projects, I also developed and have coordinated a Sexual Health Research Seminar Series that was initiated in 2003. This series of seminars has brought some of the world's leading sexual health researchers to campus to conduct seminars on their work. Following each seminar, it is the tradition that these researchers hold a "mentoring lunch" with my doctoral students to consult with them on the methodological issues related to sexual health research and to share their advice on academic careers in sexual health. *A summary of the speakers who have conducted these seminars is included in Notebook III-A.*

I have also facilitated a range of methodological trainings on an on-going basis in order to ensure that all students working on a SHRWG project have the skills necessary to contribute effectively as members of my research team. Since the inception of SHRWG in 2003, I have organized trainings for students on the following topics:

- Synthesizing scientific literature
- Data entry
- Conducting intercept interviews
- Conducting in-depth individual interviews
- Facilitating focus groups
- Conducting phone interviews
- Collecting data in alcohol-intensive environments

Conference Presentations. I have used conference presentations as a valuable research-related teaching activity with my students. I firmly believe that the process of preparing conference abstracts and submitting them to peer-review, as well as the process of actually preparing the presentation, delivering it, and interacting with one's colleagues at meetings, provides an outstanding learning experience for students. It is routinely the case that my students serve as the first author on these presentations given the extent to which I have seen this serve as an incredibly valuable learning experience. *In each respective volume of my tenure and promotion dossier, I have indicated the extent to which students served as co-authors on research, teaching and service-related presentations.*

Doctoral Research Seminar. Since joining the faculty of Indiana University, I have served as the academic advisor to eight doctoral students. Given the intensity of the mentoring that I have found to be necessary for helping doctoral students develop as researchers, I recently (2005) initiated a new seminar for my doctoral students. In spring 2005, this research seminar focused on manuscript writing, with each doctoral student using data from projects that I had previously conducted to prepare a first-authored manuscript. The success of this seminar was such that my students requested that we hold such a seminar on a regular basis. Beginning fall 2006 we will continue to hold this seminar throughout the academic year to focus specifically on research-related topics such as abstract and manuscript preparation, methodological consultations for on-going projects and for dissertation proposal development, and to provide time for practicing conference presentations.

Public Health in Africa. Earlier in the Research section of this statement (page 12) I described my research efforts in international settings. These activities have also had important teaching elements. Over the course of my work in Kenya since 2003, six graduate students have accompanied me on trips to Kenya. In 2003, three MPH students accompanied me on my first trip to Kenya in order to conduct an initial assessment of the possibility for a public health role in the ongoing work of the collaboration between the IU School of Medicine and the Moi University Faculty of Health Sciences known as the Academic Model for the Prevention and Treatment of HIV (AMPATH). Subsequently, in the summer of 2004, three doctoral students accompanied me and helped me to teach a graduate-level course on public health program management for the School of Public Health at Moi University. This was a valuable experience for both me and the students—not only did they have an opportunity to actually lead small groups of students on a daily basis during discussions on topics that I covered earlier in that day's lecture, they also participated in all of my meetings on that trip with other faculty at Moi University with whom I was working to develop research partnerships. During that trip, one of the doctoral students (Enbal Shacham) became so involved in my developing research collaborations in Kenya that she decided to conduct her dissertation work in conjunction with my

first study in that country (described on page 12). Currently, I teach a seminar called “Public Health in Africa” that is used to engage students in my work in Kenya. Although it is not possible for all students to accompany me on trips to Kenya, this seminar serves as a mechanism for them to be involved in my activities by completing intensive readings related to public health in Africa and by becoming involved in various components of my research activities. As a result of my emerging work in Africa, I was invited to join the faculty of the African Studies Program at Indiana University in 2005.

SERVICE CONTRIBUTIONS

Overview of My Service Contributions

Active citizenship in one’s university, school, department, and professional communities is a core value of the School of HPER and the Department of Applied Health Science. To that end, I have been highly active in service initiatives at each level since joining the IU faculty. A summary of my service contributions, as further articulated in this section of the statement, includes:

- Serving in a leadership capacity at the university level as Co-Chair of a standing committee of the Bloomington Faculty Council for a period of 2 years and as a member for 3 years.
- Serving in a leadership capacity at the school level by serving as Chair of the HPER Research Council for 1 year and a member for 2 years.
- Contributing significantly to the public health unit in the Department of Applied Health Science by serving as its coordinator for the past 3 years and serving as the coordinator of the behavioral science unit in the Department of Public Health at the IU School of Medicine for 1 year.
- Serving as a key member of the team responsible for securing and maintaining the accreditation of the IUB Master of Public Health program and participating in the accreditation activities for the MPH program in the Department of Public Health at the IU School of Medicine.
- Contributing significantly to the marketing efforts of my department by co-coordinating the development of a technology-based marketing tool for our MPH program.
- Serving as Chair of the search and screen committee for a public health faculty position and as a member of the search and screen committee for a grant writer position.
- Serving as the academic advisor to 8 doctoral students and 41 master’s students.
- Serving the profession through editorial responsibilities for two journals and referee service for 11 additional journals.
- Securing over \$70,000.00 for research-related service.

- Serving in leadership capacities to public health's leading professional association by chairing the scientific abstract review process for two different scientific conferences.
- Being elected to leadership and other positions on research-related boards and academic advisory committees.

Service to Indiana University

At the university level, I served as the Co-Chair of the Student Academic Appointee Affairs Committee (formerly the Associate Instructor Affairs Committee) for the 2004 and 2005 academic years and have been a member of this committee since 2003. This body serves as a standing committee of the IU Bloomington Faculty Council and works to develop policies to ensure the success of student academic appointees. During 2002, I served as a mentor for a student in the McNair Scholars Program of the University Graduate School, a program for mentoring undergraduate students in research. I also was a participant in Indiana University's Mini University program in 2002, during which I shared results of my HIV-related research. *Documents related to my service to Indiana University are contained in Notebook IV-A.*

Service to the School of HPER

I was elected by the faculty in the Department of Applied Health Science to serve on the HPER Research Council (as one of two elected representatives from each department) for the 2004 and 2005 academic years and was elected as Chair of the Research Council by its membership for the 2005 academic year. As Chair, I facilitated the Council's work on several important issues, including the initiation of a school-wide review of the School of HPER's Research Plan, the administration of the School of HPER's Research Grant-In-Aid and Travel Grant-In-Aid programs for students, and the coordination of the Council's research seminar series, all important activities designed to enhance the research culture within the School of HPER.

Earlier during my time at Indiana University, I also served on the school's Teaching, Learning and Assessment Committee, which worked to enhance teaching-related support for faculty and graduate students, and as a representative on the Graduate Faculty Representative Committee, which worked to ensure adherence to the high standards established for the qualifying examination process for doctoral students.

I have also been invited to contribute to two service-related workshops in the School of HPER related to the use of technology in teaching. *Documents related to my service to the School of HPER are contained in Notebook IV-A.*

Service to the Department of Applied Health Science

I have had significant academic leadership responsibilities in my department during my time as an Assistant Professor. While the extent of my contributions has been somewhat necessitated by faculty changes, accreditation requirements, and enhancements we have undertaken to strengthen our department's public health programs, it has also been my desire to be an active citizen of the department. Over the course of the past 5 years, my service contributions to the department have fallen into the following categories:

Academic Unit Leadership. I have served as the coordinator of the public health unit, one of five academic units in my department and which consists of eight faculty members, since 2003. The Department of Applied Health Science also shares a collaborative partnership with

the Department of Public Health in the IU School of Medicine. During the 2002 academic year I also served as the coordinator of the behavioral health unit in that department (one of three academic units, each of which has been coordinated by a faculty member from an array of interdisciplinary units at IU). In each of these leadership roles, my service responsibilities have been quite significant, requiring me to provide leadership during faculty meetings, ensure our adherence to standards for maintaining our accreditation, interact with current and potential students, and represent the units in the overall administrative processes that drive the departments' academic programs.

Accreditation. In 2001, immediately upon my arrival at IU, the public health unit initiated our self-study for reaccreditation with the nation's accrediting body for graduate public health programs, the Council on Education in Public Health (CEPH). This process required an exhaustive examination of our teaching, research, and service programs and culminated in our preparation of a self-study document, participation in a site visit, and ultimately, our successful attainment of a full 7-year accreditation by CEPH, the highest level of accreditation possible (see *Notebook IV-B for a copy of our accreditation-related reports*). As coordinator of the public health unit, I have continued to serve as the primary departmental representative to CEPH and have facilitated our unit's responses to changes in the accreditation requirements over time.

Marketing. In 2004, I co-coordinated the process of developing an interactive CD-ROM based marketing tool for our Master of Public Health program and am currently leading the efforts to revise this tool given significant changes to our curriculum (see *Notebook III-A*). I have also been active in the department's efforts to keep alumni abreast of its research activities by contributing regularly to the departmental newsletter (*The Pulse*) about my research in Kenya. (see *Notebook IV-A*).

Committee Leadership. I am currently serving as the Chair of the search and screen committee for a public health faculty position, and have served on multiple other departmental committees including the search and screen committee for a grant-writer position (since 2005) and three rotations on the departmental curriculum council (during the 2002, 2005, and 2006 academic years). (see *Notebook IV-A*)

Student Organization Mentorship. Between 2001-2004 I served as the faculty advisor to the Master of Public Health Association, the student organization that seeks to actively engage students in the administration of our MPH program.

Student Advising. To date, I have served as the academic advisor for eight doctoral students and 27 MPH students in my department. During 2003, when I served as the unit coordinator for the behavioral health unit in the IU School of Medicine, I also served as academic advisor for 14 MPH students. With such a significant number of students, I have spent a significant amount of time providing academic and professional guidance. One indicator of this guidance is that as of August 2006 I had authored 110 letters of recommendation for these and other students with whom I have interacted over the past 5 years.

Service to the Research and Professional Community

Given that I was actively involved as a public health professional in the community prior to joining Indiana University, the notion of service to the profession and the community is simply a part of my very nature. I have therefore remained actively involved in the field since joining the faculty. Over the course of the past 5 years, my service contributions to the research and professional community have fallen into these categories:

Committee and Board Leadership: Shortly after joining the faculty of Indiana University, I was elected for a 3 year term (2001 - 2004) on the National Advisory Committee of the W.K. Kellogg Foundation's Community Health Scholars Program. As part of my activities with this Committee, I participated in the selection process for the program's post-doctoral fellows, contributed to policy setting processes, and served as a mentor to post-doctoral fellows in the program. Of my most rewarding contributions with this Committee was leading several workshops and producing materials related to the academic job search and the strategies for success in the early years of an academic appointment.

In 2004, I joined the Board of Directors of the *Friends of the Kinsey Institute*, a group of researchers and community members who seek to support the mission of The Kinsey Institute for Research in Sex, Gender, and Reproduction, perhaps the world's most prestigious sexuality-related research entity. One year later, in 2005, I was elected by this Board as its Vice President. Of the most satisfying contributions during my work as Vice President has been my coordination of the *Friends' Student Research Grant Program*, designed to provide grants for research to students and their academic mentors in order to grow the field of young scholars in the sexual sciences.

In 2001, the American Public Health Association approved the formation of a new caucus within its organization, known as the Community Based Public Health Caucus. During my first year at Indiana University, I was elected to serve as a member of its National Steering Committee and Co-Chair of its Publications and Presentations Committee. *Letters related to my service in this area are contained in Notebook I-A and other documents related to my service to these groups is contained in Notebook IV-A.*

Research Conference Leadership. Over the past 5 years, I have been actively involved in the research-related conference activities of several important professional organizations. Over the course of the past year, I served as the Chair of the Scientific Program Committee for the HIV/AIDS Section of the American Public Health Association. In this position, I was responsible for the solicitation, review, and organization of scientific abstracts for the 2006 Annual Meeting. This required the organization of over 35 scientific sessions following the peer-review of over 400 scientific abstracts by hundreds of public health professionals. During the 2004 academic year I served as Co-Chair of this same Committee and will continue to serve as Co-Chair during 2006-2007 following completion of my duties as Chair in November 2006.

I served in the same capacity (as Chair of the Scientific Program Committee) for the Community Based Public Health Caucus of the American Public Health Association during my first year at Indiana University (2001) and have served as a reviewer of research abstracts for this Caucus for the past 5 years. I have also served on the scientific review and conference planning committees for the Society for the Scientific Study of Sexuality (2003) and the Society for Public Health Education (2003). *Documents related to my service to these entities are included in Notebook IV-A.*

Journal Editorial and Referee Service. Since 2003, I have served as a member of the International Editorial Board for the journal *Sexuality Research and Social Policy* and in 2002 served as Guest Editor of the *Annual Student Monograph of The Health Education Monograph Series*, an annual refereed issue of this journal that publishes the work of the nation's leading students in public health (see *Notebook IV-A*). Additionally, I have served as a reviewer for 11 refereed journals in the fields of public health and sexuality (see *Notebook IV-A*).

Service to Community-Based Organizations. Given my past experiences with community-based organizations and that some of my research is focused on their roles in public health, I have remained actively involved in their work. Over the past 5 years, I have received over \$70,000 in external funding for service activities. *A summary of funding for research-related service is included in Notebook IV-A and detailed documents related to my funding for service-related activities are included in Volume V of my tenure and promotion dossier.*

During the period 2001-2004, I served as Co-Principal Investigator of an evaluation project designed to help Hoosier Uplands, Inc. (a large community based organization in southern Indiana) assess their efforts to provide primary health care and health education to the Amish, Mennonite, and elderly communities of Washington County, Indiana. A highlight of the activities from this evaluation was the culmination of a community “art show” that displayed some of the evaluation findings to community leaders in order to influence health-related policies impacting these communities (*see Notebook IV-A*).

Between 2002-2004 I also served as an evaluation consultant to two other community-based organizations. In the state of Indiana, my graduate students and I conducted an evaluation of the state of Indiana’s Special Populations Support Program, a program designed to provide substance abuse services to individuals receiving an HIV diagnosis. *Our report to the Indiana Department of Health Services is included in Notebook IV-B.*

In Atlanta, my graduate students and I provided evaluation consultation for two federally funded programs of Our Common Welfare, Inc., Georgia’s only substance abuse treatment program for individuals living with HIV. While these evaluation activities provided important support to the organizations, they also provided important learning experiences for my students.

STATEMENT SUMMARY

In this statement I have provided convincing evidence to support my case for excellence in research. I have established an innovative, important, well-funded, and sustainable research program and have been successful at disseminating my work in high quality research journals and through scientific presentations around the world. My students are actively engaged in my research program and are leaving my mentorship with the potential for making important contributions to the field and serving as respectable ambassadors of Indiana University both domestically and abroad.

Although research has been my academic emphasis, my teaching and service contributions indicate that I also excel in these areas. My success as a teacher and service provider has been recognized multiple times, including the receipt of a university teaching award and election to leadership roles in national organizations. This has occurred because I have prioritized the integration of teaching, research and service across all my academic endeavors. As a result, I have been highly productive in all three areas.

My academic activities to date demonstrate a strong commitment to the research, teaching and service missions of Indiana University, the School of HPER, and the Department of Applied Health Science. In addition, these activities which include collaborative relationships with other departments, institutes, and universities, combined with an active research agenda, innovation in teaching, and a high level of involvement and leadership in community and professional

activities, are promise that I will continue to strive for excellence as a member of the Indiana University faculty in the years to come.