DEPARTMENT OF
COMMUNITY HEALTH SCIENCES

MASTER OF PUBLIC HEALTH
FOR
HEALTH PROFESSIONALS

2017-2018
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**UCLA FIELDING SCHOOL OF PUBLIC HEALTH**
**DEPARTMENT OF COMMUNITY HEALTH SCIENCES**

**M.P.H. for Health Professionals in Health Promotion and Health Education**

The growing emphasis on health promotion and disease prevention has increased the need for public health professionals in leadership positions who are trained in principles and methods of public health, community health sciences, and health education and health promotion with an emphasis on program planning, implementation and evaluation. This program responds to the needs of health professionals who aspire to leadership positions and wish to expand their career options in health by completing a Master of Public Health degree, while maintaining a full-time career. The convenient schedule of this program acknowledges the competing interests of today's students such as career and family, and caters to the busy student by providing a convenient schedule of classes, geared to working professionals.

I. **GENERAL DESCRIPTION OF THE PROGRAM – MPH | HP**

The Department of Community Health Sciences is concerned with health equity and well-being for all individuals and communities. To understand and foster optimal health among diverse communities, the mission of the Department is to (1) prepare students to be interdisciplinary, global leaders who can effectively address persistent and emerging public health issues, (2) conduct and disseminate innovative research on the social determinants of health, (3) translate the findings for public health practice, and (4) collaborate with communities in research and training.

The Department offers schoolwide professional (M.P.H. and Dr.P.H.) and academic (M.S. and Ph.D.) degree programs. Graduates of the professional programs can assume positions in the planning, administration, and evaluation of public health programs and policies. Graduates of the academic programs can assume teaching, research, and managerial positions in universities, government agencies, nongovernmental organizations, international health agencies, and research centers. The Department’s faculty reflect the multidisciplinary nature of public health practice on both national and international levels. Students in the program likewise come from a variety of disciplinary and professional backgrounds.

MPH | HP is a program for professionals who are seeking a leadership position in the rapidly expanding field of Health Promotion and Health Education. The program is specifically designed for health professionals to continue in their current positions and simultaneously complete their M.P.H. degree at the UCLA School of Public Health in a period of two years.

A minimum of 60 units of graduate and upper division coursework is required for the M.P.H. degree. Candidates with a prior doctoral degree or advanced preparation in a related field may waive certain requirements for the M.P.H. degree, but only after formal consideration and approval by the Department's
faculty. Students must document that their prior coursework is relevant to specific requirements in the M.P.H. curriculum.

Information about general rules and requirements appears on the UCLA Graduate Division website under School of Public Health Program Requirements. Students are responsible for the information contained in this document. Further information may be found at the Department’s website: http://chs.ph.ucla.edu.

II. **General Program Requirements - (MPH | HP)**

**Admission Requirements**

Applicants should meet the University requirement of a Bachelor’s Degree with a minimum 3.0 (B) grade point average. Admission also requires:

- Satisfactory performance on the Graduate Record Exam (GRE) taken within the last five years. There is no minimum combined score requirement for the GRE. As a guideline, the average GRE scores for those offered admission to the school over the past three years are Verbal: 550 and Quantitative: 650 (for GREs taken prior to 8/01/2011); and Verbal: 156, 72%, and Quantitative: 151, 51% (for GREs taken after 8/01/2011). The averages are generally higher for those admitted into the doctoral program than for those admitted into the masters program. The analytical writing section is not required. MCAT or DAT scores are accepted only for applicants already holding M.D. or D.D.S. degrees.
- A satisfactory score on the Test of English as a Foreign Language (TOEFL), taken within the last three years, for students whose undergraduate degree is from an institution where the primary language of instruction is not English.
- Three letters of recommendation, which should come from professors (preferably two of the three) and employers, and should address past performance and potential as a graduate student in public health.
- A statement of purpose outlining academic background, personal and work experience, educational goals, and career goals as they relate to the focus of the program.

*Also, students should have a minimum of three years’ professional work experience preferably in community health, public health or a health-related field.*

Meeting the above minimum requirements does not ensure admission, as the program maintains a competitive admissions process.

For application materials, visit the MPH | HP website at [http://chs.ph.ucla.edu/apply](http://chs.ph.ucla.edu/apply). All application materials for the School’s graduate programs are available online for electronic submission at [https://grad.ucla.edu](https://grad.ucla.edu). Students are admitted to the MPH | HP program in the Fall Quarter only.
LENGTH OF STUDY PERIOD

The M.P.H. degree is normally obtained after six quarters of full-time study (two academic years). The M.P.H. also requires a master’s project to be completed during the second year. In lieu of the master’s project, the 400-hour internship is also available to those students looking to obtain additional hands on training. It is usually completed in the summer between the first and second years.

ADVISORS

Students are assigned a faculty advisor from the MPH | HP faculty on the basis of compatibility of interests and availability of faculty. This assignment is made upon admission to the program. Students’ interests mature and change as they progress through the program. As a result, the student and/or the advisor may decide that the student should change advisors. Such changes can be initiated only after consultation with, and approval by, the original and new faculty advisors. Formally changing advisors requires a blue petition. The MPH | HP program office should be notified in writing if a change of advisor would like to take place.

ACADEMIC COURSE LOAD

A normal MPH | HP course load is 8-10 units per quarter. Only graded courses (i.e., not Pass/Fail or Satisfactory/Unsatisfactory) can be counted toward the degree requirements. For Department Core Courses, the grade must be a B- or better. Students must maintain an average of no less than 3.0 (B) in all required and elective courses during graduate residence at the University of California. The MPH | HP program staff will ensure that students are registered each quarter in the scheduled courses, provided that they are up-to-date on tuition and fees.

COURSE AND UNIT REQUIREMENTS

A full course is defined as four units. A total of at least 60 graduate and upper-division units, taken for a grade (not Pass/Fail or Satisfactory/Unsatisfactory), is required for graduation. All students must take at least six full graduate courses. For the M.P.H. degree, at least eight units must be 400-series courses. Up to eight units taken through UCLA Extension may be applied toward the degree, but this requires a blue petition for approval; Extension courses taken while a student is enrolled in the Department cannot be applied towards the degree.

All students must take fifteen courses which include: school of public health and departmental core requirements, and cluster requirements. A master’s project (equivalent to two full courses) is included in these requirements. The master’s project allows a student to apply theoretical, methodological, and other materials learned from the course work in a specific problem of her/his interest under the supervision of a faculty member who specializes in that area.
COURSE WAIVER

Any student wishing to waive a required course must submit a “blue petition” (see below) stating the request and reason(s) why the course should be waived. In most cases, as the MPH | HP program is a lock-step program; we will only waive equivalent courses that were taken at UCLA. Up to eight units (2 courses) taken through UCLA Extension may be applied toward the degree. However, extension courses taken while a student is enrolled in the Department cannot be applied towards the degree.

BLUE PETITION

The blue petition is a form submitted to explain a student’s request to be exempted from any rule or regulation of the masters program. It is the only way to obtain formal approval from the department, the school, the Registrar, or whoever has authority to grant a particular request. A petition to waive a course must be signed by the student’s advisor and Department Chair. The blue petition is obtained from the MPH | HP program office. All petitions should be filed as soon as possible.

COMPREHENSIVE EXAM

M.P.H students must successfully pass the CHS Department’s Comprehensive Exam in order to graduate. The Masters Comprehensive Examination is given twice a year, during the Fall and Spring quarters. For MPH | HP students, the M.P.H. Comprehensive Examination can be first taken during the Spring Quarter of the last year of study. The date and time (a Friday to Monday, halfway through the quarter) are announced during the first week of the Fall and Spring quarters.

Students are responsible for following the instructions in the announcement to sign up for the exam. Students will be eligible to take the exam only if they have completed (or are currently enrolled in no more than two of) their Schoolwide core, Department core (CHS 210, 211A, 211B), and three of the Department required courses (one course from each of the three curricular areas), and have a GPA of at least 3.0. The exam draws on knowledge from all required courses and tests the student’s ability to fulfill each of the departmental competencies. This examination is in the form of problem-solving exercises involving the application of knowledge and methodologies acquired in the CHS courses to simulate actuality. The written examination will be marked High Pass, Pass, Low Pass, or Fail.

A student who fails the exam must retake it at another scheduled exam date. Students may retake the exam only once. If a student wishes to retake the exam, the student first must meet with the Chair of the Masters Comprehensive Exam Committee to develop a written plan for preparing for the second (and final) exam; a copy of this plan is to be filed with the CHS Student Affairs Officer. It is highly recommended that the student complete a mock exam, which will be evaluated in writing by the Masters Comprehensive Exam Committee. The Committee may also recommend tutoring, as well as recommend services from appropriate campus
resources such as the Graduate Student Resource Center, the Office for Students with Disabilities, and Counseling and Psychological Services. A student who wishes to appeal a failing grade should direct the appeal to the Chair of the Masters Comprehensive Exam Committee, explaining why the scoring of the exam was in error. The Committee will review the appeal and will reply within 30 days of receiving the appeal.

Please note that students must pass the comprehensive exam and complete all course requirements by the end of their final Spring Quarter to be allowed to participate in the Commencement ceremony. Students who complete all course requirements before the quarter they wish to take the exam may apply to be on filing fee status. Students on filing fee status are charged a nominal fee instead of regular or professional school fees for that quarter. Students should be aware of the continuous enrollment policy set by the University. If a student fails the comprehensive exam while on filing fee status during the Fall quarter, the student will need to reapply to the program in order to retake the exam in Spring. For more information, please contact the CHS Student Affairs Officer.

ADVANCEMENT TO CANDIDACY (GRADUATION)

Students who wish to graduate must petition for advancement to candidacy. Advancement to candidacy is a requirement for all M.P.H degree candidates. An Advancement to Candidacy petition signed by the student’s advisor and the Chair/Vice Chair must be filed with the Student Affairs Office in the School of Public Health, within the first week of the quarter in which the student expects to obtain the degree. MPH | HP staff will make this paperwork available to MPH | HP students and facilitate the process of obtaining the required signatures the beginning of spring quarter of the second year of study.

DISQUALIFICATION AND APPEAL

Failure to maintain a 3.0 grade point average may result in dismissal. Students having academic difficulty should immediately consult their advisor to discuss ways of improving their coursework. A student whose grade point average has fallen below this standard must achieve a 3.0 by the end of the following term. Failure to complete required coursework within seven terms of enrollment may result in termination.

The conditions that could result in this action, along with procedures for appeal, are described in detail on the UCLA website, under “Standards and Procedures for Graduate Study at UCLA”:
http://www.gdnet.ucla.edu/gasaa/library/spintro.htm. A student may appeal dismissal directly to the CHS Department (their advisor and the Chair/Vice Chair).
ACADEMIC INTEGRITY

Members of the University community are expected to credit others’ ideas and information accurately, and to complete exams and projects independently when so required. A summary that can lead to sanctions is available at http://www.deanofstudents.ucla.edu/Portals/16/Documents/StudentGuide.pdf. A useful guide on avoiding plagiarism is available at http://guides.library.ucla.edu/citing. Depending on the type of the lapse in integrity, action can be determined by the instructor in consultation with Department leadership, or may be referred to the UCLA Dean of Students for evaluation of the charges and determination of sanctions.

HONORS, AWARDS AND FELLOWSHIPS

During the year, students receive announcements about the availability of various honorary and financial awards. Some of these awards require a departmental nomination. Students should discuss their eligibility for awards with their advisor. Limited funds may be available from the School to partially subsidize travel to professional conferences at which students present. Funding varies from year to year. Applications are available at the Student Affairs Office and should be submitted before the conference.

STUDENTS WITH DISABILITIES

Students with documented permanent or temporary disabilities are encouraged to consult with the Office for Students with Disabilities (OSD), http://www.osd.ucla.edu, (310) 825-1501. The philosophy and mission of the program is to encourage independence, assist students in realizing their academic potential, and facilitate the elimination of physical, programmatic, and attitudinal barriers. Students are advised to register and to make arrangements for accommodations for courses (e.g. examinations) and for degree requirements (e.g., comprehensive examinations) in advance of the due dates for these requirements.

LEAVE OF ABSENCE (LOA)

Graduate students must have completed at least one quarter of academic residence and be in good academic standing (GPA >= 3.0) to be granted a leave. Leaves are approved for a maximum of 3 quarters. By exception, requests for additional quarters beyond the 3-quarter limit may be approved; such approval is at the discretion of an Associate Dean or the Dean of the Graduate Division. The LOA cannot exceed 6 quarters total. The LOA petition must be submitted no later than the end of the 2nd week of class in the academic term for which leave is requested. Please contact the MPH | HP office if you need to request a leave of absence.
A student may not use more than 12 hours of university time (faculty and facilities) during the quarter in which (s)he is on approved LOA. Students on LOA are not eligible for financial support such as fellowships, scholarships and federal student loans. More information can be found at the graduate division website at https://grad.ucla.edu/gasaa/library/loa.htm.

III. **ACADEMIC POLICIES AND PRACTICES - MPH | HP**

**ATTENDANCE, GRADING AND TARDINESS**

Due to the intensive MPH | HP class format, it is extremely important that you not miss any classes. However, we realize that some circumstances are unavoidable. If you anticipate missing a class, it is important that you discuss your absence, in advance, with each instructor; simply not showing up is unacceptable. Missing class time may impact your grade, depending on the policies each instructor establishes, as each weekend is one-third of the course. In some cases, you may have to take a LOA if the instructor does not feel you can miss the class and finish the course.

In addition, please notify the MPH | HP office and any teaching assistants involved as soon as possible if you are unable to attend any class session. If you miss a class session, it is your responsibility to obtain class materials and notes from one of your classmates.

**Also, classes begin exactly at 8:30am for the morning session and 1:30pm for the afternoon session.**

Please make an effort to be on time as it is extremely discourteous to both your fellow students and faculty and will affect the amount of material that is to be covered that day.

**INCOMPLETES**

The instructor assigns the grade “I” when a student’s work is of passing quality but is incomplete for good cause. A student is entitled to remove the Incomplete and to receive unit credit and grade points provided the student satisfactorily completes the course work by the end of the next full quarter that the student is in academic residence. If the work is not completed by the end of the next quarter of residence, the “I” grade will automatically be replaced with the grade “F”. The work for a course for which the “I” grade has lapsed to an “F” grade may, with the permission of the instructor, be completed in a subsequent quarter and the appropriate earned grade assigned. Until that time, however, the “F” grade appears on the record and the “F” is calculated in the grade-point average. A student may file to remove an “I” grade, which has lapsed to an “F” by following the procedures below. When the instructor assigns the grade, the “F” will be removed and replaced with the earned grade. It should be noted that once assigned, “I” grades remain on the permanent record but are
excluded from the GPA. When the required work is completed, the assigned grade will appear under the term during which the “I” grade was removed.

To remove an incomplete, contact the professor directly or the MPH | HP office. The office will coordinate the processing of the “Petition for Removal of Incomplete Grade” form and obtain the instructor’s signature. The form will then be forwarded to the Student Services Office for University processing.

DROPPING A CLASS

The MPH | HP is a lock-step, cohort program, and as such, classes are fixed and cannot be dropped unless there is an emergency. You will be required to retake that course when it is offered again. You can lose financial aid and it may hinder your graduation process.

REFUND POLICY

100% : On or before Friday of 1st class weekend
75% : Between the 1st and 2nd class weekend
0% : On or after Friday of 2nd class weekend

STUDENT DATA SHEET

A student data sheet must be completed by each student at the beginning of each quarter. If these forms are not completed, the school will place a hold on the student’s records. The Student Affairs Office will forward you an e-mail link to complete the data sheet online. The MPH | HP office will send you a reminder if it is not completed by the deadline.

COURSE EVALUATIONS

Course evaluations for faculty and teaching assistants are distributed at the end of each quarter as part of the University evaluation procedure. The Student Affairs Office will forward you an email link to complete the evaluations. They can also be found at https://portal.ph.ucla.edu/sphweb.
IV. **COURSE REQUIREMENTS – MPH | HP**

The Master of Public Health is a professional degree in the field of public health. The objective of the program is to have the student acquire broad knowledge related to professional skills with a focus on public health practice.

The M.P.H. degree requires all students to take the four schoolwide core courses, four Department core courses, and four other courses within the Department. Additional specialization (“cluster”) courses in Health Education and Health Promotion are required to bring the student to the minimum number of required graduate and upper-division units. As part of their requirement, students in the MPH | HP Program complete a masters project (under faculty supervision) on a topic of special interest to them (8 units). All courses for the M.P.H. degree must be taken for a letter grade.

**A. SCHOOL OF PUBLIC HEALTH CORE REQUIREMENTS (16 units)**

<table>
<thead>
<tr>
<th>Units</th>
<th>Course</th>
<th>Title</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>BIOSTAT 100A</td>
<td>Introduction to Biostatistics</td>
<td>(Fall – Year 1)</td>
</tr>
<tr>
<td>(includes both lecture and laboratory sessions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>EPI 100</td>
<td>Principles of Epidemiology</td>
<td>(Winter – Year 1)</td>
</tr>
<tr>
<td>(includes both lecture and laboratory sessions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>EHS 100</td>
<td>Introduction to Environmental Health Sciences</td>
<td>(Winter – Year 2)</td>
</tr>
<tr>
<td>*Second year cohort. only (Summer – Year 1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>HPM 100</td>
<td>Introduction to Health Policy &amp; Management</td>
<td>(Spring – Year 1)</td>
</tr>
</tbody>
</table>

[CHS 100, Introduction to Community Health Sciences, is required only for non-CHS majors.]

**B. DEPARTMENT CORE REQUIREMENTS (16 units)**

<table>
<thead>
<tr>
<th>Units</th>
<th>Course</th>
<th>Title</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>CHS 210</td>
<td>Community Health Sciences</td>
<td>(Fall – Year 1)</td>
</tr>
<tr>
<td>8</td>
<td>CHS 211A and 211B</td>
<td>Program Planning, Research, and Evaluation in Community Health Sciences</td>
<td>(Winter – Year 1) (Spring – Year 1)</td>
</tr>
<tr>
<td>4</td>
<td>CHS 400</td>
<td>Master’s Project for MPH</td>
<td>HP (Field Studies)</td>
</tr>
</tbody>
</table>

**NOTE:**

Students must receive a B- or better in Department Core Courses. Students with a grade of B or lower in CHS 211 A or B should consult with their advisors to determine what supplemental courses should be taken to ensure that the degree competencies have been mastered.
C. MPH | HP SPECIALTY COURSES (28 units)

This cluster of courses prepares students to be professionals in health education and health promotion. Health Education and Promotion is concerned with the conceptualization, planning, development, implementation, administration, and evaluation of health education programs in the community.

<table>
<thead>
<tr>
<th>Units</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>CHS 213*</td>
<td>Advanced Evaluation and Research Methods</td>
<td>(Winter – Year 2)</td>
</tr>
<tr>
<td>2</td>
<td>CHS 281B**</td>
<td>Capstone Seminar – Current Problems in Health Promotion &amp; Education</td>
<td>(Fall - Year 1)</td>
</tr>
<tr>
<td>2</td>
<td>CHS 281B**</td>
<td>Capstone Seminar – Current Problems in Health Promotion &amp; Education</td>
<td>(Winter – Year 2)</td>
</tr>
<tr>
<td>4</td>
<td>CHS 282</td>
<td>Communication in Health Promotion &amp; Education</td>
<td>(Fall – Year 2)</td>
</tr>
<tr>
<td>4</td>
<td>CHS M287*</td>
<td>Politics of Health Policy</td>
<td>(Spring – Year 2)</td>
</tr>
<tr>
<td>4</td>
<td>CHS 292</td>
<td>Communications and Media Development in Health Promotion &amp; Health Education</td>
<td>(Fall – Year 2)</td>
</tr>
<tr>
<td>4</td>
<td>CHS 482</td>
<td>Master’s Project for MPH</td>
<td>HP Students (Practicum in Health Education)</td>
</tr>
<tr>
<td>4</td>
<td>CHS 487</td>
<td>Community Organization for Health</td>
<td>(Spring – Year 2)</td>
</tr>
</tbody>
</table>

* This 4 unit course is selected and changes yearly depending upon instructor availability and cohort needs.

** Students will take CHS 281B twice (Fall Year 1 & Winter Year 2) for a total of 4 units.

Faculty members from the Community Health Sciences Department will offer elective courses and supervise Masters Projects as needed. Faculty from other departments in the Fielding School of Public Health will offer core courses in Epidemiology, Biostatistics, Health Services, and Environmental Health Sciences.

NOTE:

A student must complete all requirements before participating in commencement.
D. MASTER’S PROJECT

The master’s project gives students an opportunity to apply knowledge and skills gained through coursework to a specific problem of significance in the field of health education and health promotion. This project must include original work. It is completed over a one-year period and represents 8 units (2 courses) of work. It can include original research, design of an intervention, or a program evaluation. The nature and parameters are negotiated by the student and the supervising faculty member (Project Supervisor). The Project Supervisor may or may not be the student’s academic advisor. Each Project Supervisor will spend at least 10 hours providing guidance to each student project and evaluating the preliminary and final papers. The final paper will be read and critiqued by both the Project Supervisor and an additional faculty reader.

The Master’s Project can address general or specific questions; e.g. the effectiveness of a new family planning service or an evaluation of a Health Department Clinic; the role of the pediatrician in counseling parents of handicapped children; the utilization of nutrition counseling by pregnant Mexican-American women.

Fieldwork Requirements – For students who wish to complete field work instead of a master’s project, HP students would be required to complete a practical fieldwork experience, CHS 400 (4 units) and CHS 482 (4 Units), which requires a minimum of 400 hours in the field. Fieldwork takes place in a health agency or organization in the community, under the supervision of a qualified public health professional. Most students arrange to do their fieldwork experience in the summer between the two years of study, but other arrangements are possible. Students must have a GPA of at least 3.0, and must have completed CHS 210 and 211 A&B, prior to conducting fieldwork.

HUMAN SUBJECTS APPROVAL FOR MASTERS PROJECT RESEARCH

A student must secure written approval from the Human Subjects committee prior to undertaking any study involving human subjects, and after consultation with his/her advisor. The student will be required to submit an outline of the proposed study, using the appropriate forms available from the Dean’s Office or from the Office of the Human Research Protection Program website: http://ohrpp.research.ucla.edu. If the student determines that an exemption is warranted, a “Statement of Exemption” form must be submitted for approval. It is the student’s responsibility to complete and submit the Human Subjects Committee Approval Application or exemption at least six weeks prior to the proposed date of commencement of research.
COMPENTENCIES

Upon graduation, a student with an M.P.H. should be able to do the following:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Source of Training &amp; Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Access and understand the public health literature and information and apply it to community health.</td>
<td>CHS 210 CHS 211 A&amp;B</td>
</tr>
<tr>
<td>2. Describe theories, concepts, models from the social and behavioral sciences and apply these theories to community health practice.</td>
<td>CHS 210 CHS 211 A&amp;B* CHS 400</td>
</tr>
<tr>
<td>3. Identify and explain how social, cultural, and behavioral factors affect the health of individuals, communities and populations.</td>
<td>CHS 210 CHS 211 A&amp;B*</td>
</tr>
<tr>
<td>4. Describe how health inequities are related to historical and contemporary structural inequities in power and privilege.</td>
<td>CHS 210 CHS 211 A&amp;B</td>
</tr>
<tr>
<td>5. Describe, explain and apply procedures for evidence-based planning and implementation of community health programs, policies and interventions.</td>
<td>CHS 211 A* CHS 400</td>
</tr>
<tr>
<td>6. Recognize when existing approaches may not be culturally appropriate for a particular population and to collaborate with communities and others to design, implement and evaluate more suitable health programs.</td>
<td>CHS 210 CHS 211 A&amp;B CHS 400</td>
</tr>
<tr>
<td>7. Identify, explain and apply steps and procedures based on social science approaches for evidence-based evaluation of community health programs, policies and interventions, including community-based participatory research.</td>
<td>CHS 211 B* CHS 400</td>
</tr>
<tr>
<td>8. Apply basic principles of biostatistics, epidemiology, environmental health sciences, and health policy and management to community health issues.</td>
<td>CHS 211 A&amp;B*</td>
</tr>
<tr>
<td>9. Effectively communicate orally and in writing with public health professionals, members of the community, and stakeholders about community health issues, interventions, programs, and policies.</td>
<td>CHS 210 CHS 211 A&amp;B CHS 400</td>
</tr>
<tr>
<td>10. Behave in an ethical manner in practice and research and in interactions with others.</td>
<td>CHS 210 CHS 211 A&amp;B</td>
</tr>
</tbody>
</table>

Evaluation of competencies to be demonstrated through:
CHS 210: Exams
CHS 211 A&B: Exams and final projects
CHS 400: Master’s Project (Fieldwork notes and project summary)
* Evaluation also via comprehensive exam at end of program
V. MPH | HP STAFF

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VI. CHS DEPARTMENT FACULTY AND THEIR RESEARCH INTERESTS

Core Faculty

HIRAM BELTRÁN-SÁNCHEZ, Ph.D.
Assistant Professor
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Demography of health and aging, with particular focus on Latin American countries; Biodemographic patterns of health in adult populations; and Development and application of demographic methods to investigate health inequalities using macro and micro data.

CHANDRA L. FORD, Ph.D.
Associate Professor
clford@ucla.edu

Social epidemiology/social determinants of health; conceptualization & measurement of race, ethnicity and related constructs; health equity; HIV/AIDS prevention; Public Health Critical Race Praxis (PHCRP)/Critical Race Theory; sexual minority health; access to care.

GILBERT C. GEE, Ph.D.
Professor
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Structural and interpersonal racism; health inequalities; racial, ethnic, and immigrant populations; life course; stress; neighborhoods; Asian Americans.

JESSICA D. GIPSON, Ph.D., M.P.H.
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Global sexual and reproductive health; maternal health; fertility preferences; family planning; unintended pregnancy; abortion; HIV/AIDS; influence of gender and socio-cultural context on couple communication, reproductive decision-making and outcomes; mixed-method research.
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Health communication research including implementation and evaluation of an FAS prevention campaign; pretesting and scripting of bioterrorism preparedness messages; risk communication for environmental hazards; entertainment media advocacy in areas of childhood disease prevention, injury prevention, smoking, and disaster preparedness; development of multimedia health curricula for children, patients, and providers.

RANDALL KUHN, Ph.D  
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Global health; health and development; migration, health and well-being; program evaluation and research design; forecasting; survey design; analysis of administrative data; South Asia and Middle East

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Global health; public health policy; health services research; primary care; health inequalities; Brazil.

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Demographic and population policy; maternal and child health; social determinants of health behavior.

MICHAEL L. PRELIP, D.P.A., M.P.H., C.H.E.S.  
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Development and evaluation of community nutrition; health communication; health promotion interventions. Current projects include physical education in low-income schools; changing the food environment by engaging small business owners; using systems sciences to understand interventions’ impact on obesity in young children; development of health literacy measures for West African youth. Works both locally and internationally (West Africa and Mexico).

MICHAEL RODRIGUEZ, M.D., M.P.H.  
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Family medicine; violence prevention; immigrant health; access to health care for underserved populations; Latino and Latin American communities.

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Global sexual and reproductive health, maternal health, family planning, and abortion; social determinants of health; global migration; health services, health equity; social contexts of adolescents and migrant youth; social policies and immigrant youth in the US; Asian and Pacific Islanders; Myanmar, Kenya, India, Asia

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Psychosocial Stress and Coping; African Americans; racial and SES health disparities; aging and the life course; mental-physical health comorbidities; maternal and child health; psychobiology of stress; biomarkers.

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Women's health and health disparities; social and behavioral determinants of women's health; psychosocial stressors and health; biopsychosocial models of women's health; biomarkers and allostatic load; complementary and alternative medicine; acupuncture.
ONDINE S. VON EHRENSTEIN, Ph.D., M.P.H., M.S.
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Global health; reproductive, perinatal and child health and development; environmental and lifestyle factors; life-course and reproductive epidemiology; child health disparities; biomarkers in population research; policy impacts

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Access to health care and health equity for older people, including projects that identify inequities in health status and in the use of health services for Latino, African American, Asian American, and American Indian elders; analyses of public policies that impact older adults; access to health care and public policies for immigrants from Latin America; organizational capacity building projects in communities of color; and projects that investigate equity of access for the elderly to health resources within and between countries in Latin America

MAY C. WANG, Dr.P.H.
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Social and physical environmental determinants of diet-related conditions with a focus on childhood obesity; immigrant food-related behaviors; evaluations of nutrition programs for children.

Affiliated Faculty

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Nutrition policies and programs (domestic); maternal and child health; access to care, especially primary and preventive care, for children with special needs; nutritional status of children with developmental disabilities

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Health communications; promoting health among high-risk populations; identifying how to reach popular audiences with health messages.

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Public health leadership and program development; managerial and policy solutions to community health issues.

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Worker health and safety through education, community-based research, and policy initiatives; occupational health disparities; environmental sustainability; labor-community capacity-building.

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Emergency public health (domestic & international); disaster relief; health education and health systems management; child health; reproductive health.

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Substance use and risk behaviors among adolescents; prevention and intervention; clinical psychology.
DAVID EISENMAN, M.D., M.S.H.S.  
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Community resilience; disasters; climate change.

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Community, media, legislative and organizational advocacy; reproductive health; global health.

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Geriatrics and gerontology education and program evaluation; aging and health behavior; health promotion for older adults; evidence-based health promotion and disease management programs for older adults.

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Health disparities relative to race/ethnicity, gender and culture-based differences; health communication and health literacy; sociotechnical challenges in use of health information technologies such as telemedicine and mobile technologies among multicultural underserved populations; cancer and Asian Americans; qualitative and quantitative social research methodology and community-based participatory research approaches.

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Health services research; maternal quality of care; cesarean delivery (appropriateness); VBAC; health disparities in pregnancy outcomes.

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Preventive medicine; clinical informatics; value in healthcare; program evaluation; respiratory epidemiology; pharmaceutical and biotech industry; intentional disasters.

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Maternal and child health; nutritional assessment with a focus on dietary quality; food security; health disparities of underserved populations; international nutrition.

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Climate Change, Sustainable Dietary Patterns, and Food Security, specifically how the impacts of global climate change and variability affect the ability to grow sufficient food and calories in developing countries; in particular, Ethiopia.

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Epidemiology and International Health methods of control of communicable diseases; the application of methods of disease control for reduction, elimination and eradication of communicable diseases in populations; and the use of epidemiology for evidence-based health policy. Mitigation of, preparedness for, and response to the natural occurrence, accidental release, or the deliberate use of biological agents that affect health.

SUSAN D. KIRBY, Dr.P.H., M.P.H.  
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Working with health-related organizations to integrate social marketing and health communication into programmatic and organizational change efforts; research and evaluation for social marketing projects.
LOULOU KOBEISSI, Dr.P.H., M.P.H.
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Middle Eastern women’s health; epidemiology; maternal and child health; mental health in refugee populations; sustainable development.

JOEL D. KOPPLE, M.D.
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General nutrition; amino acid metabolism; nutrition in acute and chronic renal failure; nutrition in maintenance hemodialysis and chronic peritoneal dialysis patients; nutrition in renal transplant recipients; metabolic response to exercise training.

CATHY M. LANG, Ph.D., M.P.H.
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Health communication research, in particular the design and evaluation of digital and traditional forms of health education materials; electronic survey methodology; public health practice and training the public health workforce.

JANET K. LEADER, M.P.H., R.D
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Community nutrition education; social and physical determinants of nutrition-related health and disease; food insecurity; policy impacts on nutrition health; health professional education.

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Nutrition, obesity, physical activity and exercise, motivational interviewing and behavior change, pediatrics and child health.

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Pregnancy, prenatal care and fetal development.

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Child and community psychology and psychiatry. Design, implementation and dissemination of cognitive behavioral interventions for multiple populations, including high risk youth and families. Development and implementation of programs promoting healthy lifestyles for families, and decreasing risk of negative health and mental health outcomes for high risk populations. Research interests also include HIV/AIDS prevention with adolescents, suicide among adolescents, homeless youths, assessment and modification of children's social skills, ethnic identity, group processes, and cross-ethnic interactions.

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Breastfeeding policy and promotion; international maternal and child health; child nutrition with a focus on school based intervention programs; Pediatric Residency Education with a focus on Community Pediatrics.

SAMUEL J. STRATTON, M.D., M.P.H.
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Health risk assessment for local community disaster hazards using verified models; defining priority rural Public Health issues including demographics of access to health care at the US-Mexico Border; health care sector capacity in public health disasters, or the ability of the acute health care system to develop "surge" capacity in disasters; exploration of current research techniques and methods used in public health disaster research.
**Bonnie Taub, Ph.D.**  
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Medical anthropology; disease and health services in Latin America.

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Reproductive health in sub-Saharan Africa, particularly of adolescents; community-based approaches to improve women and children's health in sub-Saharan Africa; performance of health providers in under-resourced clinics and hospitals.

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Gerontology and aging; Health Disparities among the Older adult population; the Impact of racism / discrimination on health; the differential Impact of public policy on Diverse populations; social, health, and economic issues affecting minority elderly and their families.

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**Emeritus Faculty**

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Disparities in mental health risk, especially gender and SES; social stress and psychosocial resources such as social support; impact of neighborhood structure, caregiving; adolescent and aged populations.

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Natural, technological and human-initiated disasters; intentional and unintentional injury; ophthalmic clinical trials (e.g., PRK, LASIK); and research methodology with particular attention to the design, data processing and analysis of data collected with questionnaires in population-based surveys.

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Sociology of medicine and health promotion; complementary and alternative medicine.

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Health disparities in cancer control among diverse ethnic populations; development of cross-culturally valid concepts and measures to expand existing behavior theories in PH using qualitative research methods, and applied through intervention studies primarily in the Asian American communities. Cultural competency training for health professionals, doctor/patient communication, and end-of-life care in multicultural populations.

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Multicultural health communication, global health education and promotion, and community empowerment and leadership development.

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International health emphasizing women’s reproductive health and HIV prevention in China; reproductive health indicators for rural areas of developing countries. Presently piloting tobacco substitution strategies in China.
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Planning and evaluation of patient- and community-based health education programs; international health; adherence to medical recommendations; STI/HIV-AIDS prevention; hypertension, diabetes, and tuberculosis control (adolescents and adults).

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Nutrition research and intervention studies in Africa to improve growth, cognition, and school performance of Kenyan children and currently of HIV+ mothers and their children to slow disease progress and improve nutrition.

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Public health impact of disasters; program planning and evaluation; international health; health in the Latino community

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The impact of stress on health, psychological response to natural and human perpetrated disasters; obesity prevention for students and personnel in the Los Angeles Unified School District; health promotion in minority communities, with particular emphasis on chronic disease prevention.

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