

DEPARTMENT OF
COMMUNITY HEALTH SCIENCES

MASTERS
PROGRAMS
M.P.H.
M.S.P.H.

2014-2015

<http://chs.ph.ucla.edu>

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I. GENERAL DESCRIPTION

The Department of Community Health Sciences focuses on health as influenced by social and community structure. A central concern is how health-related behaviors of individuals are influenced by and interact with conditions in the social, cultural, physical, and biological environment. Emphasis is on identifying, evaluating, and discouraging health-damaging behaviors and facilitating health-promoting behaviors. The curriculum integrates basic and applied approaches to address public health problems in the community, using the key tools of assessment, planning, and evaluation.

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 assume positions in the planning, administration, and evaluation of public health programs and policies.. Graduates of the academic programs assume teaching, research, and managerial positions in universities, government agencies, nongovernmental organizations, international health agencies, and research centers.

The Department also offers articulated degrees in conjunction with the Latin American Studies program and the School of Medicine, and concurrent degrees with the African Area Studies and Islamic Studies programs, the Departments of Asian American Studies and Social Welfare, and the School of Law.

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.

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 in the School of Public Health Program Requirements (online at the UCLA Graduate Division website).¹ Students are responsible for the information contained in this document. Further information may be found at the Department's website: <http://www.chs.ph.ucla.edu> .

¹ This is the definitive statement concerning regulations for graduate programs.
See <http://www.gdnet.ucla.edu/gasaa/pgmrq/pubhlth.asp> for the M.P.H and
<http://www.gdnet.ucla.edu/gasaa/pgmrq/comhlth.asp> for the M.S.P.H.

II. GENERAL PROGRAM REQUIREMENTS
FOR
MASTER OF PUBLIC HEALTH (M.P.H.)
AND MASTER OF SCIENCE IN PUBLIC HEALTH (M.S.P.H.)

ADMISSION REQUIREMENTS

Applicants should meet the University requirement of a Bachelor's Degree with a minimum 3.0 grade point average (B). 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 also reviewed. MCAT or DAT scores are accepted only for applicants already holding M.D. or D.D.S. degrees, or currently enrolled in medical or dental school. LSAT scores are accepted only for applicants to the joint J.D./M.P.H. program.
- 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.
- Prior work experience in community health or health education, which is strongly considered in the evaluation of applicants for admission.
- 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 masters 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.

The program usually has many more qualified applicants than can be admitted, so meeting the above minimum requirements does not ensure admission.

For application materials, go to the Student Affairs website at <http://ph.ucla.edu/prospective-students/application-checklist-and-submission-instructions>. All application materials for the School's graduate programs are available online for electronic submission at <https://grad.ucla.edu> and at www.sophas.org. Students are admitted to the M.P.H. and M.S.P.H. programs in the Fall Quarter only.

LENGTH OF STUDY PERIOD

The M.P.H. and M.S.P.H. degrees are normally obtained after six quarters of full-time study. The M.P.H. also requires a 400-hour internship, usually completed in the summer between the first and second years. The length of the course of study depends upon the academic background and experience of the candidate.

ADVISORS

Students are assigned a Faculty Advisor on the basis of probable 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 either change advisors *or* work with a different faculty member on independent study courses (CHS 596). 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.

ACADEMIC COURSE LOAD

A normal load is 12 units per quarter; a minimum of 8 and maximum of 18 units are permitted. 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 B- or better (see page 10). Courses taken outside the School must have applicable content and be approved by blue petition (see page 4) to count toward the degree requirements. Students must petition to take additional units above the quarterly maximum allowed. A blue petition (available in the Student Affairs Office) must be signed first by the student's advisor, then by the Chair/Vice Chair before it is filed in the Student Affairs Office. 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.

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.** Only one 596 course (four units) may be applied toward the six graduate courses. The 597 and 598 courses may not be applied toward the M.P.H. degree; four units of CHS 598 may be applied toward the M.S.P.H. degree. Up to eight units taken through UCLA Extension may be applied toward the degree, but this requires a blue petition for approval; Extension courses cannot be taken while a student is enrolled in the Department.

Normally two years or six quarters are needed to complete the 60 units of coursework required. No fewer than 32 units must be taken in the Department. A maximum of 12 elective units from outside the Department may count toward the 60 units.

It is possible, but not routine, for candidates with a prior doctoral degree or advanced preparation in a related field to waive certain requirements for the M.P.H. degree. Candidates must document how their previous doctoral work is relevant to specific requirements in the M.P.H. curriculum. The request and documentation must be formally considered and approved by the Department's faculty.

COURSE WAIVER

Students who have recently completed courses equivalent to one or more of the required School core courses may request a waiver examination (see pages 7-8). Requests for waiver examinations for any other courses are considered on a case-by-case basis, and in consultation with the course instructor and the student's advisor. A student who passes a waiver examination waives *only* the course requirement, *not* the units requirement. Students who take the core sequence for majors in another department (e.g., Biostatistics 201A, 201B; or Health Policy & Management 200A, 200B) can substitute those courses for the 100-level requirement in that department (note: some departments strictly limit their 200-core sequence to majors). Students must file a blue petition for the substitution.

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 instructor of record, as well as by the student's advisor and Department Chair. The blue petition is obtained from the Student Affairs Office (SAO). All petitions should be filed as soon as possible.

COMPREHENSIVE EXAMINATION

M.P.H. students *must* successfully pass the CHS Department's Comprehensive Exam. Comprehensive exams are held once each Fall and Spring quarter. ***Students must advise the Department's Student Affairs Officer (Room 36-070C) at the beginning of the quarter in which they wish to take this Comprehensive Examination.*** (For details, see Appendix V.) M.S.P.H. students must either complete a masters thesis or pass the comprehensive exam and complete a research paper.

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. and M.S.P.H. degree candidates; a workshop about it is held each February. If a student misses the workshop, the petition for advancement to candidacy is available from the Student Affairs Office. It must be completed, signed by the student's advisor and the Chair/Vice Chair, and returned to Student Affairs ***within the first week of the quarter in which the student expects to obtain the degree.*** The deadline for Advancement to Candidacy for Fall or Winter quarter is generally the first week of that quarter. The Student Affairs Office regularly posts the specific due dates.

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 of types of issues that can lead to sanctions is available at <http://www.studentgroups.ucla.edu/dos/assets/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.

PROCEDURES FOR COMPLAINTS

Bias, harassment, or unfair treatment is contrary to our educational commitments and University policy. Procedures for those who have been subject to unfair treatment are outlined by the UCLA Office of Instructional Development at <http://www2.oid.ucla.edu/publications/teachersguide/policies/behavior/probehavior>. In sum, problems should be discussed first with Departmental leadership (Vice Chair or Chair), with appeals at the Dean’s level and finally through the Vice Chancellor’s office. The formal procedure to file a campus-level complaint of illegal discrimination is at <http://www.adminpolicies.ucla.edu/pdf/230-1.pdf>. The Campus Ombuds office, <http://www.ombuds.ucla.edu/>, is useful when deciding how to handle complaints, and the Sexual Harassment Prevention office, <http://www.sexualharassment.ucla.edu/report.html>, provides a range of alternatives to the formal grievance process.

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 make presentations. Funding varies from year to year. Applications are available at the Student Affairs Office and should be submitted before the conference.

ENGLISH AS A SECOND LANGUAGE

All non-native speakers of English who are new to UCLA are required to take the English as a Second Language Placement Exam (ESLPE). Students may be exempt from this requirement, or may be required to take up to three courses of the English 33 series according to their performance on the exam. Students may take the exam only twice. Graduate students wishing to take a second test must wait at least one quarter before retaking the exam; retakes during the same quarter will not be recognized. The second of the two scores will be used for the placement decision. If needed, ESL course(s) are available to facilitate studies at UCLA. A student who does not fulfill the ESL requirement will not be permitted to graduate. For more information, please see. <http://www.wp.ucla.edu/index.php/placement-exam-schedule/eslpe> .

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.

EXECUTIVE PROGRAM FOR HEALTH PROFESSIONALS

Health professionals who are unable to pursue a degree program during their regular working hours may earn the M.P.H. degree by completing coursework in summer sessions and in once-a-month weekend sessions during the academic year. Courses are taught by faculty members in the School of Public Health. Applicants are expected to fulfill the minimum overall requirements for admission to the M.P.H. program. In addition, they must have at least three years of professional experience or its full-time equivalent in a health care setting. For further information, contact the Program at (310) 794-7500, or go to the program's website at <http://chs.ph.ucla.edu/mph-health-professionals-0>.

III. MASTER OF PUBLIC HEALTH (M.P.H.) DEGREE

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 (see page 9). Elective courses are used to bring the student to the minimum number of required graduate or upper-division units. A maximum of 12 elective units from outside the Department may count towards the minimum number of units. All courses for the M.P.H. degree must be taken for a letter grade.

A. School Core Courses (16 units)

- 4 units ● Biostat 100A Introduction to Biostatistics (Summer, Fall, Spring)
(Biostat 100A includes both lecture and laboratory sections.)
- 4 units ● EHS 100 Introduction to Environmental Health (Summer, Fall, Spring)
- 4 units ● Epi 100 Principles of Epidemiology (Summer, Winter, Spring)
(Epi 100 includes both lecture and laboratory sections.)
- 4 units ● HPM 100 Health Services Organization (Summer, Fall, Winter, Spring)

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

Notes:

First-year CHS students should take either Biostat 100A in the Fall or Epi 100 in the Winter, because CHS 211B requires one of these two courses as a prerequisite. Additionally, it is preferable to take Biostat 100A in the Fall because undergraduate students are given priority for this course in the Spring.

First-year CHS students should take HPM 100 in the Fall, because in the Spring this course has a time conflict with the required course CHS 211B.

Students may substitute the core sequence for majors in departments outside their own for that department's 100-level course (e.g., a CHS major may substitute Biostat 201 A&B for Biostat 100). Students must file a blue petition for the substitution.

Students who complete the UCLA undergraduate minor in Public Health have already completed the four 100-level courses. Accordingly, these students should not retake these courses, but replace them with four additional elective courses in order to complete the 60 units required for the masters degree. Students must consult with their advisors when selecting these replacement courses. For any courses outside the FSPH, students must file a blue petition and have it approved prior to registration. If the blue petition is not approved, the student must consult with their advisor about selecting other options. Replacement courses within the FSPH do not require a blue petition.

Course Waiver Information

● Biostatistics 100A & B--Introduction to Biostatistics

NOTE: Both Biostatistics 100A & B are required for M.S.P.H. students; only 100A is required for M.P.H. students. Biostatistics 100A will be offered in the Fall and Spring quarters and in one summer session; 100B will be offered in the Winter quarter.

The Biostatistics 100A waiver exam will be given on:

Wednesday, September 10, 2014
9:00-12:00, Room 51-254 CHS

Students who want to waive the requirement for 100A must: 1) have taken a college-level course equivalent to 100A, *AND* 2) pass a waiver examination.

To sign up, contact Ms. Roxy Naranjo at rlnaranjo@ph.ucla.edu or (310) 267-2186, in the Biostatistics Department Office, 51-254 CHS, no later than 12:00 noon, Monday, September 8, 2014. Students must bring a transcript showing that they have had a college-level course equivalent to Biostatistics 100A (including the use of an appropriate statistical software package) when they sign up. Signups are official only after the Chair of the Department of Biostatistics approves the request to take the exam. No written material may be brought to the exam. The exam is closed-book. Calculators are allowed. A page of formulas will be provided.

Most of the subject matter for Biostatistics 100A is covered in O.J. Dunn and V.A. Clark, *Basic Statistics: A Primer for the Biomedical Sciences*, 3rd edition (D&C), or David Moore and George McCabe, *Introduction to the Practices of Statistics*, 3rd edition (M&M). Relevant material can be found in the following chapters:

<u>Topics</u>	<u>D&C (chapters)</u>	<u>M&M (chapters)</u>
Graphical Methods	3	1.1
Descriptive Statistics; Summaries	3, 4	1.2
Design, Sampling	2	3
Probability, Random Variables, Distribution	5	1.3, 4, 5
Sampling Distributions, Principles of Inference	6	6
Confidence Intervals, Test for Means	6, 7	7.1, 7.2
Inference for Proportions	8, 9	8, 9

For Biostatistics 100B, there is no waiver exam. To waive out of the course, a student must present evidence of an equivalent course to the Biostatistics Department and have a blue petition signed.

● CHS 100--Introduction to Community Health Sciences

CHS 100 is required only for non-CHS students in the School of Public Health. The waiver exam is given before Winter and Spring quarters. To sign up, contact Ms. Jennifer O'Brien at jobrien@ph.ucla.edu or (310) 825-8314. Non-CHS students must bring a transcript showing that they have passed a college-level course equivalent to CHS 100 when they sign up to take the exam. **CHS students meet this requirement by taking CHS 210.**

● EHS 100--Introduction to Environmental Health

This course is normally offered Fall and Spring quarters and in summer session. The waiver exam will be given on:

Tuesday, September 16, 2014
10:00-1:00, Room 46-060 CHS

To sign up, contact Ms. Olivia Ellis at microlabrat@ucla.edu, no later than Friday, September 5, 2014. Students must bring documentation of successful completion (B or above) of a course equivalent to EHS 100, and the course description from the course catalog. You may take the waiver examination only after the instructor of EHS 100 has approved your request to do so.

● Epidemiology 100--Principles of Epidemiology

This course is normally offered Winter and Spring quarters and in summer session. The waiver exam will be given on:

Friday, October 17, 2014
10:00-12:00, Room 71-264 CHS

To sign up, contact Ms. Joy Miller at jdmillier@ph.ucla.edu or (310) 206-3901 in the Epidemiology Department Office, 71-254A CHS, no later than Friday, October 3, 2014. Students must bring proof of a course equivalent to Epi 100 (e.g., photocopy of transcript) and supporting documentation (e.g., course description from school announcement, or course syllabus) when they sign up for the exam. PLEASE NOTE that your signup is official only after the Epidemiology Department Chair or the exam administrator approves your request to take the waiver examination. Suggested texts to review: D. Heymann, *Control of Communicable Diseases Manual*, 18th edition, 2008; Leon Gordis, *Epidemiology*, 4th edition, 2008.

● HPM 100--Health Services Organization

This course is normally offered Fall and Spring quarters and in summer session. The waiver exam will be given on:

Thursday, September 11, 2014
9:00-11:00, Room 31-262 CHS

To sign up, contact Ms. Jill Richardson at jrichardson@ph.ucla.edu or (310) 825-7863 in the Health Policy & Management Department Office, 31-236A CHS, no later than Friday, August 22, 2014. Students must bring documentation of successful completion (B or above) of a course equivalent to HPM 100, and either a course description or a course syllabus. You may take the waiver examination only after the Health Policy & Management Department Chair has approved your request to do so. No material(s) may be brought to the exam. Please review the course syllabi posted on the HPM website for subjects covered on the exam: <http://hpm.ph.ucla.edu/students-alumni/current-students/syllabi> .

B. Department Core Courses (16 units)

4 units	● CHS 210 (Fall only)	Community Health Sciences (must be taken in Fall of first year)
8 units	● CHS 211A (Winter only) ● CHS 211B (Spring only)	Program Planning, Research, and Evaluation in Community Health Sciences (must be taken in Winter and Spring of first year)
4 units	● CHS 400	Field Studies in Public Health (400 hours of fieldwork)

NOTES:

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.

In addition to CHS 400, students are required to take one more 400-level course in the CHS Department. The second 400-level course may also be counted as a curricular area course (see below).

C. Department Required Courses (16 units)

Students are required to select *one* course from each of the *three* curricular areas of A) Public Health Practice, B) Populations, and C) Individual and Structural Influences (12 units total). The courses for these three areas are listed below. New CHS department courses will be added to these areas as appropriate. No substitutions or exceptions will be allowed.

Students are *required* to take at least one additional course (4 units) within CHS. An additional course that includes elements of program planning or evaluation, similar to CHS 211 A&B, is strongly *recommended* for students in the second year of the program.

<u>A. Public Health Practice</u>	<u>B. Populations</u>	<u>C. Individual and Structural Influences</u>
212: Advanced Social Research Methods in Health	200: Global Health Problems	220: Racism and Public Health: Social Epidemiologic Approaches
213: Research in Community and Patient Health Education	205: Immigrant Health	224: Social Determinants of Nutrition and Health
M216: Qualitative Research Methodology	226: Women's Health and Well-Being	235: Influence of Social and Physical Environment on Racial Health Disparities
M218: Questionnaire Design and Administration	231: Maternal and Child Nutrition	247: Population Change and Public Policy

<u>A. Public Health Practice</u>	<u>B. Populations</u>	<u>C. Individual and Structural Influences</u>
233: Hunger and Food Insecurity as Public Health Issues	238: Evolving Paradigms of Prevention: Interventions in Adolescence	254: Intentional Disasters: War and Refugees
M256: Interdisciplinary Response to Infectious Disease Emergencies: Public Health Perspective	M239: Race, Ethnicity, and Culture as Concepts in Practice and Research	M272: Social Epidemiology
257: Program Planning in Community Disaster Preparedness	240: Child and Reproductive Health in Communities: Global Environmental Perspective	273: Social Epidemiology of Chronic Disease
258: Cooperative Interagency Management in Disasters	246: Women's Roles and Family Health	284: Sociocultural Aspects of Mental Health
271: Health-Related Behavior Change	248: Women's Mental Health	291: Health Policy and Aged
276: Complementary and Alternative Medicine	M250: HIV/AIDS and Culture in Latin America	293: Social & Behavioral Research in AIDS: Roundtable Discussion
282: Social Marketing for Health Promotion and Communication	M260: Health and Culture in Americas	M430: Building Advocacy Skills: Reproductive Health Focus
283: Evidence-Based Health Promotion Programs for Older Adults	M264: Latin America: Traditional Medicine, Shamanism, and Folk Illness	440: Public Health and National Security at U.S.-Mexico Border
285: Aging, Health, & Society	290: Race, Class, Culture, and Aging	448: Nutrition Policies and Programs: Domestic and International Perspectives
288: Health Communication in Popular Media	M294: Social and Behavioral Factors of HIV/AIDS: Global Perspective	CM470: Improving Worker Health: Social Movements, Policy Debates, and Public Health
292: Information Technology for Health Promotion and Communication	427: Reproductive Health in Sub-Saharan Africa	
295: Overview of Emergency Public Health	431: Foundations of Reproductive Health	
441: Planning and Evaluation of Global Health Programs	432: Perinatal Healthcare: Principles, Programs, and Policies	
443: Assessment of Family Nutrition	434A: Maternal and Child Health in Developing Areas	
451: Post-Disaster Community Health	435: Seminar: Advanced Issues in Women's Health	
452: Management of Food and Nutrition in Major Emergencies	449: Nutrition and Chronic Disease	

<u>A. Public Health Practice</u>	<u>B. Populations</u>	<u>C. Individual and Structural Influences</u>
474: Self-Care and Self-Help in Community Health	447: Health and Social Context in Middle East	
484: Risk Communications	477: Health Disparities, Health Equity, and Sexual Minority Populations	
485: Resource Development for Community Health Programs		
487: Community Organization for Health		

D. Electives

No fewer than 32 units must be taken in the Department. A maximum of 12 elective units from outside the Department may count towards the 60 graduate or upper-division units. Any 0-199 level course outside the Fielding School of Public Health must be blue-petitioned to count as an elective.

Students have the option of concentrating their studies in a specific area, as described in the following paragraphs.

Certificate in Health Education/Promotion

Students focusing in health education/promotion may select coursework to meet the requirements for the Society for Public Health Education; see <http://chs.ph.ucla.edu/specializations-and-certifications>. Students completing this coursework are prepared to take the Certified Health Education Specialist national exam; see <http://www.nchec.org/>.

Certificate in Population and Reproductive Health

The Bixby Program awards certificates to graduating masters students at the UCLA School of Public Health (including the Department of Community Health Sciences) who develop expertise in population and reproductive health. The certificate shows that the student has completed appropriate coursework and fieldwork and has developed competency in population and reproductive health policies and programs, socioeconomic and behavioral factors, program design and evaluation, health education, and ethics and advocacy. For more information, see the Bixby Program website at <http://bixby.ucla.edu/>.

Child and Family Health Leadership Training Program

The Child and Family Health Leadership Training Program is open to all students in the Department of Community Health Sciences. At least 12 units in the training program are recommended. While some of the courses focus on children and families in general, others focus on special populations, such as children with special health care needs, pregnant women and newborns, adolescents, or abused and neglected children. Students with an interest in these and other special populations can tailor their course selections accordingly with the consent of the advisor. For more information, see the Center for Healthier Children, Families and Communities website at <http://www.healthychild.ucla.edu/ourwork/child-family-health-leadership-training/>.

Global Health Certificate

The UCLA Center for Global and Immigrant Health will award a certificate in Global Health to any UCLA graduate or professional student (including a CHS M.P.H., M.S.P.H., Dr.P.H., or Ph.D. student) who meets the coursework, fieldwork, project, and seminar requirements as described at <http://ph.ucla.edu/academics/degrees/certificates/global-health-certificate> . In conferring a Global Health Certificate, the UCLA School of Public Health recognizes a student's capability to work as a public health or health care professional with a global health perspective. For more information, contact globalhealth@ph.ucla.edu .

Public Health and Disasters

The specialization in the area of public health and disasters explores the adverse public health effects of disasters and both the public health and emergency management principles that can be applied to reduce those effects. Students interested in specializing in this area are advised to follow an academic pathway that includes four core courses through the Center for Public Health and Disasters (CPHD). Students who satisfactorily complete the four courses will be given a letter outlining their specialization in the area of public health disasters. In addition to these four courses, it is recommended that students meaningfully participate in a disaster-related research project or a relevant field internship, such as with an emergency or public health agency. Students who satisfactorily complete the research or internship will be given a letter outlining their specialization with distinction in the area of public health and disasters. For more information, see the CPHD website at <http://www.cphd.ucla.edu> .

For a listing of the research and training centers affiliated with the School of Public Health, see <http://ph.ucla.edu/about-school> .

For additional information, see the Departmental website at <http://chs.ph.ucla.edu/academics/degree-programs> .

E. Fieldwork

Fieldwork Requirements. All students are required to complete a practical fieldwork experience, CHS 400 (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. The Department maintains a Field Program Office; the Field Program Supervisor is responsible for supervising student fieldwork experiences. See Appendix III for full details and refer to the Field Studies website at <http://www.ph.ucla.edu/fieldstudies/chsdpt.html> .

NOTE: A student must complete all requirements before participating in graduation.

F. Competencies

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

Competency	Source of Training & Evaluation
1. Access and understand the public health literature and information and apply it to community health.	CHS 210 CHS 211 A&B
2. Describe theories, concepts, models from the social and behavioral sciences and apply these theories to community health practice.	CHS 210 CHS 211 A&B* CHS 400 Fieldwork
3. Identify and explain how social, cultural, and behavioral factors affect the health of individuals, communities and populations.	CHS 210 CHS 211 A&B*
4. Describe how health inequities are related to historical and contemporary structural inequities in power and privilege.	CHS 210 CHS 211 A&B
5. Describe, explain and apply procedures for evidence-based planning and implementation of community health programs, policies and interventions.	CHS 211A* CHS 400 Fieldwork
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.	CHS 210 CHS 211 A&B CHS 400 Fieldwork
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.	CHS 211B* CHS 400 Fieldwork
8. Apply basic principles of biostatistics, epidemiology, environmental health sciences, and health policy and management to community health issues.	CHS 211 A&B*
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.	CHS 210 CHS 211 A&B CHS 400 Fieldwork
10. Behave in an ethical manner in practice and research and in interactions with others.	CHS 210 CHS 211 A&B

Evaluation of competencies to be demonstrated through:

CHS 210: Exams

CHS 211 A&B: Exams and final projects

CHS 400: Fieldwork notes and project summary

* Evaluation also via comprehensive exam at end of program

IV. MASTER OF SCIENCE IN PUBLIC HEALTH (M.S.P.H.) DEGREE

The Master of Science in Public Health is a research-oriented degree that emphasizes community or psychosocial research within the general field of public health. It requires completing the coursework listed below and concludes with a capstone assignment which can be completed in either of two ways (details below):

Option 1: Completion of the Department comprehensive examination and a major written report on a topic selected by the student in consultation with his/her masters committee. It can be an analysis of secondary data that may be submitted as an abstract to a scientific meeting, such as APHA or another professional organization.

Option 2: Development of a research project leading to a formal masters thesis. It may be original research or secondary data analysis. A concept paper is submitted to the thesis committee (two faculty members from CHS) for approval. The committee reviews the thesis, provides comments and suggestions, and signs off. There is no formal defense of the thesis. The thesis is filed with Graduate Division.

A. School of Public Health Core Requirements (12 units)

4 units	● Biostat 100A	Introduction to Biostatistics
4 units	● Biostat 100B	Introduction to Biostatistics
4 units	● Epidemiology 100	Principles of Epidemiology

NOTE: See M.P.H. requirements for core course waiver information.

B. Department Requirements (48 units)

4 units	● Biostat 406	Applied Multivariate Biostatistics
4 units	● CHS 210 (Fall only) ²	Community Health Sciences (must be taken in Fall of first year)
8 units	● CHS 211A (Winter only) ● CHS 211B (Spring only)	Program Planning, Research, and Evaluation in Community Health Sciences (must be taken in Winter & Spring of first year)
4 units	● CHS 212	Advanced Social Research Methods in Health (or equivalent course approved by instructor of 212)
4 units	● CHS 213	Research in Community and Patient Health Education

² Students must receive a B- or better in 210, 211A, and 211B.

4 units	TBD	A broad public health course (PH 150 or equivalent), selected in consultation with advisor
24 units	Electives	Selected in consultation with advisor

ONLY ONE COURSE OF 4 UNITS MAY BE SELECTED
FROM THE FOLLOWING:

- CHS 596 Directed Individual Study or Research
- CHS 598 Master's Thesis Research

1. Comprehensive Examination Option

If the comprehensive examination/report option is selected, a Guidance Committee of three Departmental faculty members is appointed via blue petition. The preparation of a major written research paper is required. The Guidance Committee must approve the paper and certify successful completion of all degree requirements.

In addition, the student must pass the Department comprehensive exam (offered once each Fall and Spring quarter). A candidate who fails may retake the examination *once*.

2. Masters Thesis Option

If the thesis option is selected, a Thesis Committee is established. The committee approves the thesis prospectus *before* the student files for advancement to candidacy. The thesis must be approved by the Thesis Committee. Approval from the UCLA Human Subjects committee must also be obtained before any data collection or analysis starts (see page 25).

The Masters Thesis Committee is appointed by the Dean of the Graduate Program after consultation with the student and upon nomination by the Chair of the Department. Selection of the Thesis Committee must meet the following requirements:

- 1) A minimum of three (3) UCLA faculty members must be selected from the following ranks:
 - Professor (any rank, regular series)
 - Professor Emeritus
 - Professor-in-Residence (any rank)
- 2) The Chair of the committee and one other member must hold academic appointments in the student's department or interdepartmental program at UCLA. One of the minimum three members may be faculty from another UC campus who holds one of the above ranks.
- 3) Additional members holding any of the above ranks may be appointed to the committee and shall have the same voting rights and responsibilities.
- 4) Adjunct Professors may serve as outside members. Lecturers may be added to the committee, but may not act as Chair.

Upon completion, the thesis is filed electronically with Graduate Division; see

<http://www.grad.ucla.edu/gasaa/library/thesisintro.htm> .

Distinction between Masters Thesis and Masters Paper

The *thesis* is similar to a doctoral dissertation but shorter and more limited in scope, usually consisting of one study with one to three research questions that can be addressed with empirical data. The research carried out for the thesis may be an original data collection or secondary analysis of existing data. Similar to the dissertation, the *thesis* should include the following chapters: (1) a short introduction that outlines the significance of the problem, reviews the relevant literature, and states the study hypotheses; (2) a description of the methods including sample, methods of data collection, measures, and data analysis plan;

(3) a results section that outlines the data analyses carried out for the study and the findings of those analyses; and (4) a discussion that includes the summary, interpretation, and implications of the findings. The thesis is shorter than a dissertation, usually about 50-60 double-spaced pages. It must exhibit expertise in each of the competencies for the M.S.P.H. degree.

The research paper can take one of three forms:

1) A *paper* differs from a *thesis* by proposing a research study but not necessarily conducting it or analyzing data. This proposal is for a study with one to three research questions that could be addressed with empirical data. The *paper* should include: (1) an introductory portion that outlines the significance of the problem, provides a detailed and critical literature review that presents the context for the research question, and states the hypotheses; (2) a method section that describes how the research question could be conducted; (3) a results section that outlines the type of data analyses that would be necessary and potential outcomes of those analyses; and (4) a discussion section that includes an interpretation of potential outcomes and their implications. These sections resemble those of a journal article (as distinct from being separate chapters as in the thesis).

2) The *paper*, as described above, could be focused on an existent, secondary data set and include analyses. In that case, the analytical strategy and results would be emphasized, and would be more limited in scope than a thesis.

3) The *paper* could focus on a comprehensive theoretical analysis, synthesizing the current knowledge, that goes well beyond a literature review.

The *paper* is shorter than a *thesis*, usually about 20-25 double-spaced pages. An assignment completed as part of a course does not fulfill the requirement for a masters paper and cannot be used unless the masters paper is substantially transformed from the course paper.

C. COMPETENCIES

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

Competency	Source of Training & Evaluation
1. Access and understand relevant sources of information and data about community health.	CHS 210 CHS 211 A&B Thesis/Project
2. Describe theories, concepts, models from the social and behavioral sciences and apply these theories to community health research.	CHS 210 CHS 211 A&B Thesis/Project
3. Identify and explain how social, cultural, and behavioral factors affect the health of individuals, communities and populations.	CHS 210
4. Describe how health inequities are related to historical and contemporary structural inequities in power and privilege.	CHS 210 CHS 211 A&B
5. Describe, explain, and apply social and behavioral science methods and basic epidemiological principles to community health research.	CHS 211 A&B Epi 100 Thesis/Project
6. Respect diversity and when existing theories and research methods are not appropriate to a particular population to identify resources and collaborators to select and apply appropriate methods.	CHS 210 CHS 211 A&B CHS 213 Thesis/Project
7. Identify, explain and apply steps and procedures based on social science approaches for evidence-based evaluation about community health programs, policies and interventions, including community-based participatory research.	CHS 211B
8. Conduct analysis of public health data, interpret findings, and draw conclusions about community health.	CHS 212 CHS 213 Biostat 100 A&B Biostat 406 Thesis/Project
9. Effectively communicate orally and in writing with public health professionals, researchers, members of the community, and stakeholders about community health research findings.	CHS 210 CHS 211 A&B CHS 212 CHS 213 Thesis/Project
10. Behave in an ethical manner in practice and research and in interactions with others.	CHS 210 CHS 211 A&B CHS 213 Thesis/Project

Evaluation of competencies to be demonstrated through:

CHS 211 A&B: Exams and final projects

Other Courses: Exams

TABLE I
CHS DEPARTMENT COURSES OFFERED 2014-2015

As of 8/20/14

FALL 2014		WINTER 2015		SPRING 2015	
130	Nutrition and Health (Leader)	100	Introduction to Community Health Sciences (von Ehrenstein)	100	Introduction to Community Health Sciences (Jones)
132	Health, Disease & Health Services in Latin America (Taub)	M140	Health Issues for Asian Americans & Pacific Islanders: Myth or Model? (Kagawa-Singer)	211B	Program Planning, Research, & Evaluation in Community Health Sciences (George/Morisky)
200	Global Health Problems (von Ehrenstein) (B)	205	Immigrant Health (Wallace) (B)	M216	Qualitative Research Methodology (Kagawa-Singer) (A)
210	Community Health Sciences (Gee)	211A	Program Planning, Research, & Evaluation in Community Health Sciences (D'Amico/Morisky)	M218	Questionnaire Design & Administration (Bourque) (A)
213	Research in Community & Patient Health Education (Morisky) (A)	212	Advanced Social Research Methods in Health (Bourque) (A)	225	Writing for Publication in Public Health (Gee) (*)
M218	Questionnaire Design & Administration (Bourque) (A)	226	Women's Health & Well-Being (Upchurch) (B)	246	Women's Roles and Family Health (Tavrow) (B)
220	Racism & Public Health: Social Epidemiologic Approaches (Ford) (C)	231	Maternal & Child Nutrition (Baer) (B)	M250	HIV/AIDS and Culture in Latin America (Taub) (B)
224	Social Determinants of Nutrition & Health (Wang) (C)	247	Population Change and Public Policy (Gipson) (C)	258	Cooperative Interagency Management in Disasters (Stratton) (A)
238	Evolving Paradigms of Prevention: Interventions in Adolescence (D'Amico) (B)	M260	Health & Culture in the Americas (Taub) (B)	M264	Latin America: Traditional Medicine, Shamanism & Folk Illness (Taub) (B)
M239	Race, Ethnicity, & Culture as Concepts in Practice & Research (Kagawa-Singer) (B)	270A	Foundations of Community Health Sciences (Aneshensel) (*)	270B	Foundations of Community Health Sciences (Upchurch) (*)
M272	Social Epidemiology (Siegel) (C)	271	Health-Related Behavior Change (Siegel) (A)	273	Social Epidemiology of Chronic Disease (Siegel) (C)
276	Complementary & Alternative Medicine (Upchurch) (A)	283	Evidence-Based Health Promotion Programs for Older Adults (Frank) (A)	284	Sociocultural Aspects of Mental Health (Aneshensel) (*)
282	Social Marketing for Health Promotion & Communication (Weinreich) (A)	286	Doctoral Roundtable in CHS (Wallace) (*)	286	Doctoral Roundtable in CHS (Wallace) (*)
286	Doctoral Roundtable in CHS (Wallace) (*)	288	Health Communication in Popular Media (Glik) (A)	290	Race, Class, Culture, & Aging (Wallace) (B)
440	Public Health & National Security at the US-Mexico Border (Stratton) (C)	427	Reproductive Health in Sub-Saharan Africa (Tavrow) (B)	M430	Building Advocacy Skills: Reproductive Health Focus (Elginer) (C)
448	Nutrition Policies & Programs: Domestic & International Perspectives (Baer) (C)	443	Assessment of Family Nutrition (Wang) (A)	449	Nutrition & Chronic Disease (Wang) (B)
		477	Health Disparities, Health Equity, & Sexual Minority Populations (Ford) (B)	CM470	Improving Worker Health: Social Movements, Policy Debates, & Public Health (Delp) (C)
		485	Resource Development for Community Health Programs (Prelip) (A)	484	Risk Communications (Glik) (A)
				487	Community Organization for Health (TBD) (A)

Bold: Department core courses

Curricular Area indicated:

(A) Public Health Practice

(B) Populations

(C) Individual and Structural Influences

(*) None; course is designed for doctoral students

APPENDIX I. SAMPLE COURSE PLAN

Note: This is only an example and does not account for unanticipated changes in course offerings, or for the individualized timing of the field experience.

Sample Course Plan for an M.P.H. Student in the Department of Community Health Sciences

YEAR 1 FALL	YEAR 1 WINTER	YEAR 1 SPRING
CHS 210 (must be taken Fall quarter of first year)	CHS 211A (must be taken Winter quarter of first year)	CHS 211B (must be taken Spring quarter of first year)
Biostat 100A	Epi 100	Dept. required course*
HPM 100 (must be taken Fall quarter of first year)	Dept. required course*	Elective
SUMMER 400 hours of Fieldwork		
YEAR 2 FALL	YEAR 2 WINTER	YEAR 2 SPRING
CHS 400 (enrolled only)	Dept. required course*	Optional elective
EHS 100	Elective	Optional elective
Dept. required course*	Optional elective	Optional elective
Elective		+ Comprehensive exam

* see page 10, item C.

Note: Electives must include at least one 400-level course in the CHS Department (in addition to CHS 400).

APPENDIX II. ACCELERATED MPH POLICIES FOR MEDICAL SCHOOL STUDENTS

The MPH in the Department of Community Health Sciences is a two-year program that takes at least 15 months to complete. A student must complete a total of 60 units (56 while in residence at UCLA), including 16 units of School core courses, 28 units of CHS Department core/required courses, and 12 units of graduate elective courses.

In addition to the 56 units of coursework, the student must complete 400 hours of fieldwork. Fieldwork is completed in the summer, and the student enrolls in 4 units of CHS 400 during the following fall quarter to receive course credit. A student is not permitted to begin fieldwork until after completing CHS 211B during the Spring quarter; therefore, completing fieldwork will take a minimum of 10 weeks past this date, typically ending around the middle of August. No exceptions are made and it is up to the student to accommodate this requirement. Finally, during the second Fall quarter, the student will be eligible to take the comprehensive examination. Assuming that all 56 units of required coursework are completed, the student need not be in residence at UCLA during the comprehensive exam or while enrolled in CHS 400.

Students who are currently in medical school or those who wish to complete the program two quarters early are required to manage their own schedules. **Special accommodations will not be made.** The department recommends the following schedule:

<u>YEAR 1 FALL</u>	<u>YEAR 1 WINTER</u>	<u>YEAR 1 SPRING</u>	<u>SUMMER</u>	<u>YEAR 2 FALL</u>
CHS 210	CHS 211A	CHS 211B	400 Hours of Fieldwork	CHS 400 (enrolled only)
Biostat 100A	Epi 100	EHS 100		Comprehensive Examination
HPM 100	Dept. Required Course	Dept. Required Course		
Dept. Required Course	CHS Elective	Elective		
Elective	Elective			
<u>UNITS: 20*</u>	<u>UNITS: 20*</u>	<u>UNITS: 16</u>	<u>UNITS: 0</u>	<u>UNITS: 4</u>

** A student who wishes to enroll in more than 18 units per quarter must first receive permission from his/her academic advisor via blue petition.*

CHS 210, 211A, and 211B are CHS department core courses that must be taken as indicated above.

Department required courses and electives can be interchanged within quarters, depending on when courses of interest are offered.

The School core courses (Biostat 100A, EHS 100, Epi 100, and HPM 100) may be waived by taking a waiver exam. However, **no unit credit is awarded for waived courses.** The student must take an elective course (for a letter grade) to fulfill unit requirements.

Students wishing to lighten the quarterly unit requirements have two options:

1. Take some or all of the following courses through Summer Sessions during the summer before beginning the program: Biostat 100A, EHS 100, Epi 100, HPM 100.
2. Remain in residence at UCLA during the second Fall quarter and enroll in a minimum of 8 units.

APPENDIX III. GUIDE TO FIELD EXPERIENCE (CHS 400)

Field experience is required for all M.P.H. students. Students are required to complete a minimum of 400 hours of fieldwork and have a GPA of at least 3.0, and must complete CHS 210 and 211 A&B before beginning their fieldwork. Before making arrangements for field placement, a student must consult the Field Program Supervisor, who will advise the student regarding the placement's suitability and the availability of field supervision. ***All students must file a field study agreement and work plan with the Field Program Supervisor before the placement begins.***

Basic Purpose of the Field Experience. The field experience gives the student firsthand experience within a health or health-related social service agency or community program in elements of planning, program implementation, and evaluation, and/or policy research, development, and analysis. During the placement, the student will become familiar with the operation of the agency or program, its goals, policies, administrative structure, types of health professionals employed, and population served.

Agency Requirements. Overall, the placement should provide the student with a wide variety of agency experiences. Ideally, the tenor of the placement experience should be one of apprenticeship within the agency, or of collaboration between the student and a "preceptor." The preceptor, an individual within the agency willing to be responsible for giving guidance and advice to the student, is an essential prerequisite for a suitable placement. Preceptors must have an M.P.H. or related graduate degree and at least three years of experience in developing and managing community health programs.

Work Plan. All students are required to complete a fieldwork work plan and contract, which must be approved by the Field Program Supervisor and filed in the Field Program Office before the fieldwork begins.

Report on the Field Experience. The student must submit a written report on the field experience and a log with weekly entries covering the hours worked, people seen, functions performed, problems encountered, etc. An abstract of the project, summary report, and logs are filed with the Field Program Supervisor.

Grade for the Field Experience. The grade will be based primarily on the student's report and discussions between the student and the Field Program Supervisor. In addition, the agency preceptor will complete an evaluation of the student's work which will be considered in the final grade.

Field Studies Information. The student enrolls in the Field Program Supervisor's section of CHS 400 for the quarter during which s/he completes field studies, or for the following quarter. A Permit to Enroll (PTE) number is required for enrollment; this may be obtained from the Department office.

Field studies materials are available on the Field Studies website: <http://chs.ph.ucla.edu/academics/field-studies>. This website includes information about fieldwork, requirements, and forms.

APPENDIX IV. GUIDE TO DIRECTED INDIVIDUAL STUDY (CHS 596)

The Directed Individual Study is designed to give interested CHS students the opportunity to undertake field research into a problem related to their study objectives. The research project is conducted under the guidance of the student's advisor or another qualified faculty member. The faculty member(s) of record assign(s) the final grade. The project usually represents the work of an individual student, but joint research projects may be approved, provided that clear-cut responsibilities are demarcated.

The form of a Directed Individual Study is flexible, and various models are acceptable. Often its emphasis is on: **a)** identification of a significant problem in public health science or practice in any field of the Department's interests; **b)** development and implementation of a research design; **c)** analysis and presentation of the data obtained in terms of significance and implication for the study setting and potential for application. Original data can be collected by observation, from questionnaires, or from records, or existent data sets may be analyzed to answer a question of interest to the student.

Carrying out the Directed Individual Study usually requires that a student, the advisor of record, and any other faculty with whom the student(s) is/are working do the following:

1. Discuss and decide upon a problem of *particular interest to the student*.
2. With the help of the advisor, select an agency/field setting or data set where the question can practically be investigated.
3. Ascertain whether the site can, in fact, be used.
4. If necessary, submit forms to the Human Subjects Committee. To avoid delays, this should be done at least 6 weeks before the research project is started.
5. Develop, periodically discuss and, if necessary, modify the research plan. The first part of this process can be completed as part of the requirements for CHS 211 A&B, if desired.
6. Conduct the study.
7. Complete a written report on the Directed Individual Study.

Directed Individual Studies can address either general or specific questions; e.g., the effectiveness of a new family planning service or an evaluation of a Health Department Clinic (general); the role of the pediatrician in counseling parents of handicapped children; the utilization of nutrition counseling by pregnant Mexican-American women (specific). Whatever the scope, the student should develop a sound method of collecting and analyzing data relevant to the research questions posed.

Time Frame. Students who are interested in conducting a Directed Individual Study should start to think about potential content areas and sites in which the Directed Individual Study can be carried out as soon as they begin the M.P.H. degree program. A typical student might begin to develop a content area as part of one or more courses taken during the first two quarters at the School. Exploration of a topic may be generated by exposure to subject matter as part of a course, term papers or other exercises designed to fulfill course requirements, discussion with advisors or other students, and/or by exposure to clinical or work settings. When possible, students should use CHS 211 A&B as a forum for "practicing" their ideas within the format of a research design. This design can sometimes be adapted and/or modified for use in completing the Directed Individual Study. Data for analysis of the problem are sometimes collected during the summer, particularly if the student plans to do the study outside the United States. Analysis of the data, interpretation, and write-up are usually completed during the second year of residence.

All students are urged to consult their advisors, other faculty members, and their fellow students while planning and implementing their Directed Individual Studies.

Human Subjects Approval. Please see Appendix VI.

APPENDIX V. COMPREHENSIVE EXAMINATION

The M.P.H. Comprehensive Examination is given twice a year, during the Fall and Spring quarters. The date and time (a Friday, halfway through the quarter) are announced during the first week of the Fall and Spring quarters. *Students are responsible for notifying the CHS Department's Student Affairs Officer when they are ready to take 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 will be in the form of problem-solving exercises involving the application of the knowledge and methodologies acquired in the CHS courses to simulated situations. The written examination will be marked Pass or Fail.

A student who fails the exam must retake it at a regularly scheduled exam date. **Students may retake the exam only once.** A student who wishes to appeal a failing grade on the comprehensive exam should direct the appeal to the Department Masters Comprehensive Exam Committee, and consult with the chair of that committee about the appeal process. Please note that you must pass the comprehensive exam to be allowed to participate in the graduation ceremony.

Students who are not enrolled in courses during the quarter that they take the exam must pay a filing fee (contact the Student Affairs Office), but will not be charged 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 a filing fee during the Fall quarter, the student will need to reapply to the program in order to retake the exam in Spring (contact the Department's Student Affairs Officer for more information).

APPENDIX VI. HUMAN SUBJECTS APPROVAL

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> . This will apply to the Directed Individual Study (CHS 596) and to other field research studies. 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.*

CHS DEPARTMENT FACULTY AND THEIR RESEARCH INTERESTS

Core Faculty

CAROL S. ANESHENSEL, Ph.D.
Professor, Department Vice Chair
anshns1@ucla.edu

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.

LINDA B. BOURQUE, Ph.D.
Professor
lbourque@ucla.edu

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.

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

Social epidemiology, in particular racism-related factors as social determinants of health; health disparities/health inequities; HIV/AIDS prevention; Critical Race Theory; sexual minority health; access to care.

GILBERT C. GEE, Ph.D.
Professor
gilgee@ucla.edu

Racism and other forms of structural oppression (e.g., ageism, classism); racial and ethnic health disparities; stressors at the individual and community level; environmental justice.

JESSICA D. GIPSON, Ph.D., M.P.H.
Assistant Professor
jgipson@ucla.edu

International reproductive 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.

DEBORAH C. GLIK, Sc.D.
Professor
dglidik@ucla.edu

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.

MARJORIE KAGAWA-SINGER, Ph.D., M.A.,
M.N., R.N.
Professor
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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 public health using qualitative research methods, and applied through intervention studies primarily in the Asian American communities; cultural competency training for health professionals; doctor/patient communication; end-of-life care in multicultural populations.

DONALD E. MORISKY, Sc.D., M.S.P.H., Sc.M.
Professor
dmorisky@ucla.edu

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).

ANNE R. PEBLEY, Ph.D.
Professor
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Demographic and population policy; maternal and child health; social determinants of health behavior.

JUDITH M. SIEGEL, Ph.D., M.S.Hyg.
Professor
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The impact of stress on health; psychological response to natural and human-perpetrated disasters; health promotion in minority communities, with particular emphasis on chronic disease prevention.

DAWN M. UPCHURCH, Ph.D., L.Ac.
Professor
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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.
Assistant Professor
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Global pediatric and maternal health; cognitive development, respiratory diseases, pregnancy outcomes; environmental and lifestyle factors; epidemiology; child-focused research in low-income countries and communities.

STEVEN P. WALLACE, Ph.D.
Professor, Department Chair
swallace@ucla.edu

Access to health care and health equity for older people; inequities in health status and in the use of long-term care for Latino, African American, Asian American, and American Indian elders; organizational capacity-building projects in communities of color; equity of access for the elderly to health resources within and between countries in Latin America.

MAY C. WANG, Dr.P.H.,
Professor
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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.

Professor in Residence,
Associate Dean for Practice Across
the Life Course,
Director of Field Studies

MICHAEL L. PRELIP, D.P.A., M.P.H., C.H.E.S.
mprelip@ucla.edu

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).

Affiliated Faculty

MARION TAYLOR BAER, Ph.D., R.D.
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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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Substance use and risk behaviors among adolescents; prevention and intervention; clinical psychology.

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Community resilience; disasters; climate change.

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Survey research methods; HMOs; smoking cessation; applied evaluation research; cost-effectiveness analysis.

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Aging; children with special health care needs and pediatric palliative care; individuals with developmental disabilities; health policy and health care reform implementation.

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Student health and wellness promotion and education; mind/body connection; stress reduction education; intergroup dialogue and intergroup relations; diversity program development and implementation in college settings.

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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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Epidemiology of chronic respiratory disease; 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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Medical Epidemiologist with the Centers for Disease Control and Prevention (CDC) on assignment to the Los Angeles County Department of Health Services Bioterrorism office. Reduction, elimination and eradication of communicable diseases in populations; use of epidemiology for evidence-based health policy; preparedness for and response to the natural occurrence, accidental release, or deliberate use of biological agents that affect health.

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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.

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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.

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Nutrition, fitness, body image and disordered eating; health promotion and risk reduction for students; program development and intervention.

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Health communication research, in particular the design and evaluation of digital and traditional forms of health education materials.

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Identity development, social justice, stress management, communications, teacher training, social media, branding, higher education, active learning, gender & sexuality, culture creation, cosmopolitanism, Latin American human rights, acting pedagogy, media/visual anthropology, performance studies, cinema arts and cultures.

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Student learning and development, particularly mental health and identity formation; program evaluation and assessment of learning outcomes.

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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.

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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.

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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; social, health, and economic issues affecting minority elderly and their families.

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Social marketing; health communication; transmedia storytelling; technology for behavior change.

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International health policies; health in developing countries with particular emphasis on the Middle East; growth and development in children; schoolchildren's health and nutrition as related to education.

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