

DEPARTMENT OF
COMMUNITY HEALTH SCIENCES

DOCTORAL PROGRAMS

Dr.P.H.

Ph.D.

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DESCRIPTION OF DOCTORAL PROGRAMS

This document describes the doctoral programs (Dr.P.H. and Ph.D.) in the Department of Community Health Sciences (CHS), School of Public Health (SPH), University of California, Los Angeles. It details specific departmental requirements and expectations. Information about general rules and requirements appears in the SPH Announcement and the School of Public Health Program Requirements (online at the UCLA website).¹ Students are responsible for the information contained in these documents. Further information may be found at the Department's website: <http://www.ph.ucla.edu/chs>.

The doctoral program consists of a period of intense self-development under faculty guidance. Some of this development involves formal classroom activity, but a very large share of the learning takes place informally, in non-credit seminars, in self-study, in employment on research projects and as teaching assistants, and in seeking out opportunities for interaction with faculty and other professionals on the UCLA campus. Since each student has a unique background and plan for his or her future career, doctoral training is individualized, tailored to the interests and needs of the particular student. The responsibility of translating program requirements into an individualized program lies with the student and the faculty who are working with the student, including the faculty advisor, Guidance Committee, and Doctoral Committee.

I. PROGRAM OVERVIEW

The doctoral program in Community Health Sciences trains students to assume the highest level of professional responsibilities. The Dr.P.H. is the professional practice doctoral degree in Public Health, and the Ph.D. is the equivalent academic research degree. The degrees provide the skills and knowledge necessary for:

- The direct application of information, research, and technology to community health problems.
- Promoting public and policy maker awareness of community health problems, devising and advocating public policies to address those problems, and monitoring the implementation of policies.
- Community organizing and community development to address health problems.
- The design, implementation, and evaluation of community-based public health interventions.
- Teaching and research at research and other academic institutions.
- Research in government and independent agencies and research centers.
- Overseeing research and demonstration grants in private foundations and government.

Students are expected to emphasize some of these elements more than others according to their career objectives. In addition, the relative mix of these activities varies according to degree program.

¹ The latter is the definitive statement concerning regulations for graduate programs. See <http://www.gdnet.ucla.edu/gasaa/pgmrq/pubhlth.asp> for the Dr.P.H. and <http://www.gdnet.ucla.edu/gasaa/pgmrq/comhlth.asp> for the Ph.D.

The doctoral program encompasses the following major elements:

- Course work in the major and minor fields
- Written qualifying examinations
- Proposal for the dissertation
- Oral qualifying examination on the proposal for the dissertation (advancement to candidacy)
- Dissertation
- Oral defense of the dissertation

Extensive supplemental information for current doctoral students about being a doctoral student at UCLA, other CHS doctoral students, jobs and funding opportunities, and departmental administration are available at the password-protected site, http://www.ph.ucla.edu/chs/doctoral_only/chs_doctoral_only.htm . Contact chssao@ph.ucla.edu if you need the log-in information.

A. Advising

Students are advised by the following faculty:

- *The advisor* and later *the doctoral committee chair*, who assists the student in developing his or her particular career interests and who supervises the student's course work, preparation for examinations, proposal and dissertation.
- *The three-person guidance committee*, who assist the student in developing his or her particular career interests and who supervise the student's course work and assist the student in defining his or her interests. The two members from CHS administer the written qualifying exam.
- *The four-person doctoral committee*, who assist the student in the preparation of the proposal and the dissertation and who evaluate these documents during oral examinations.

These committees are chosen by the student in consultation with his or her advisor, and must be approved by the Department Chair. A student's advisor may, but will not necessarily, become chair of the dissertation committee, if research interests and activities are compatible.

These persons and committees also evaluate the student's progress, making decisions regarding the quality of his or her scholarly work. In addition, the departmental faculty review student achievements annually.

B. Termination of Graduate Study and Appeal

If a student fails to meet degree requirements, he or she may be recommended for termination of graduate studies. 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:

<http://www.gdnet.ucla.edu/gasaa/library/spintro.htm> .

C. Time to Degree

Maximum allowable time for the attainment of the degree is twenty-four quarters of enrollment or eight years. This limitation includes quarters enrolled in previous graduate study at a UC campus prior to admission to the doctoral degree program; it also includes any Leaves of Absence. However, the approved normative time-to-degree is eighteen quarters (six years). It is expected that students will normally complete course work by the end of the third year in residence (nine quarters); complete written and oral qualifying examinations and advance to candidacy by the middle of the fourth year in residence (11 quarters); and complete the dissertation and defense by the end of the sixth year (18 quarters).

D. 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 doctoral 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.

E. 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 text must wait at least one quarter before retaking the exam. Retakes during the same quarter will not be recognized and 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. Please see <http://www.wp.ucla.edu> for more information.

F. 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 class (e.g. examinations) and degree requirements (e.g., written qualifying examinations) in advance of the due dates for these requirements.

II. ADMISSION REQUIREMENTS

In addition to the University minimum requirements, the department requires:

- A masters degree in public health or other appropriate degree in a related field with a grade-point average of at least 3.5 for graduate studies.
- 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. The averages are generally higher for those admitted into the doctoral program than for those admitted into the masters program. The analytical section is not required.
- 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 whose primary language of instruction is not English.
- An example of published or other written work, such as a term paper or other substantial academic writing, preferably with the applicant as the sole author.
- Acceptance by an initial doctoral advisor in the department.

The Department also requires:

- 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 doctoral student in public health.
- The statement of purpose which must be clear, outlining goals and career objectives as they relate to the focus of the doctoral program. This statement should include all of the following elements:
 - a description of research experience,
 - discussion of current substantive interests,
 - a brief description of a potential research project that might serve as a dissertation,
 - **a statement of career goals,**
 - **why the applicant is seeking doctoral training specifically in CHS,**
 - some sense of who the applicant is as an individual.

It is recommended that applicants contact in advance one or more members of the faculty whom they are considering as advisors. It is also recommended that applicants contact the Admissions Chair (or another member) of the CHS Doctoral Committee to ensure that there is a good match between the student's interest and the program, especially with regard to career objectives and the choice between the Dr.P.H. and the Ph.D. programs.

Although not required for admission, work experience in the field is viewed favorably when competing applications are judged. Relevant experience may partially compensate for deficiencies in prior academic achievement, but it is nonetheless essential that the applicant demonstrate his or her ability to do advanced scholarly work.

For application materials, see the Student Affairs website at http://www.ph.ucla.edu/students_affairs.html . All application materials for the School's graduate programs are available online for electronic submission at www.gdnet.ucla.edu and at www.sophas.org. Students are admitted to the doctoral programs in the Fall Quarter only.

III. ADVISING

A. Academic Advisor

An academic advisor is assigned to each new student by the Department Chair upon the recommendation of the faculty. The advisor supervises the student's completion of course work and preparation for the written qualifying examinations. The advisor usually serves as the chair of the guidance committee and the dissertation committee, although changes are not uncommon when the focus of the student's studies becomes more clearly defined over time. To change advisors, file a blue petition that is signed by both the current and new advisors, requesting the change.

B. Guidance Committee

Purpose. This committee functions as a group to assist in tailoring the program to the student's needs and objectives. The student is responsible for informing the committee about his or her progress and should turn to the committee first in the event that special assistance or intervention is required. The two faculty representing the major on this committee also administer the research area qualifying examination. Its members should be selected to ensure a good match between the student's interests and the faculty members' areas of expertise. Students should meet with potential members in advance of forming the committee to ensure compatibility in substance, method, and style.

Procedure. This committee must be fully established by the second year of graduate study. The three-member committee consists of the student's advisor, a second faculty member in CHS, and the student's advisor in the minor field. Its members must be full-time faculty with appointments in the professorial series (tenured, tenure-eligible, in-residence, acting, or emeritus) with the proviso that, for Dr.P.H. candidates, one of the committee members (including a co-chair if appropriate) may hold an appointment in the Clinical or Adjunct professorial series. The student and his/her advisor (who also serves as chair of the guidance committee) work together to nominate the remaining committee members. The membership of the committee must be approved by the Department Chair. The student then files Doctoral Form 1, "Petition to Establish a Three-Member Guidance Committee and Study in Minor Field for the Dr.P.H. / Minor Field for the Ph.D." (available from SAO).

C. Doctoral Committee

Purpose. The doctoral committee guides the student's progress toward completion of the dissertation. This includes preparation of the proposal, administration of the oral qualifying examination, preparation of the dissertation, and administration of the final oral examination.

Procedure. This committee is established after the written qualifying examinations have been completed and at least one month prior to the oral qualifying examination. It is advisable that this committee be established at least three months prior to the oral examination. The committee consists of at least four faculty members including the Chair, who hold professorial appointments at UCLA. Two of the faculty must be tenured. Eligible faculty are those in the tenure-eligible series, the in-residence series, and acting or emeriti in these series.

Dr.P.H.: Two of the four must hold appointments in Community Health Sciences; one must be an outside member who holds no appointment in the School of Public Health; one of the four must be from the minor field. One of the four committee members, who may also co-chair if appropriate, may hold an appointment in the adjunct or clinical professorial series.

Ph.D.: Three of the four must hold appointments in Community Health Sciences; one must be an outside member who holds no appointment in the School of Public Health; one of the four must be from the minor field. None of the four can hold adjunct professor or lecturer positions.

The student first selects the doctoral committee chair, who also serves as the advisor. The student and chair then work together to nominate the remaining committee members. The composition of the committee must be approved by the Department Chair and transmitted to the Dean of the Graduate Division, who makes the final committee appointments. Procedures for composition and appointment of doctoral committees are prescribed by the Graduate Council. The student then files the “Nomination of Doctoral Committee” form (online at <http://www.gdnet.ucla.edu/gasaa/library/docnomin.pdf>).

IV. DISTINCTION BETWEEN THE Dr.P.H. AND THE Ph.D.

The Dr.P.H. is a professional degree that prepares students for the highest level of practice in the Community Health Sciences, whereas the Ph.D. is an academic degree that prepares students for a career in which research predominates.

Training for the Dr.P.H. is multifaceted, encompassing the broad spectrum of expertise necessary for professional practice in the Community Health Sciences. These areas of expertise include program planning, implementation and evaluation; applied research, including program evaluation; policy analysis; communication and behavior change; health promotion; assessment, monitoring and surveillance of health status.

In contrast, training for the Ph.D. is more highly specialized, emphasizing the in-depth expertise necessary for a research career. It emphasizes the integration of theory and research in a focused substantive area. This content area is developed by each student in consultation with his or her guidance committee.

In terms of degree requirements, the Dr.P.H. is more highly specified than the Ph.D.:

- The coursework requirements for the Dr.P.H. are detailed to ensure that students attain the breadth of training necessary for professional practice. In contrast, fewer courses are required for the Ph.D.; the wide choice of electives enables students to tailor their coursework to their area of interest.
- For Dr.P.H. students, the minor is taken within another department in the SPH. For Ph.D. students, the minor must be taken in a Ph.D.-granting department outside the SPH.
- The degrees differ as well with regard to the content and structure of the written qualifying examinations. The Dr.P.H. examinations emphasize the full spectrum of substantive content forming the Community Health Sciences. All Dr.P.H. students take a common breadth examination and an individualized research area examination. For the Ph.D., the first examination is in the minor field (some minor departments may use other methods to satisfy the minor requirement). The second Ph.D. examination is the research area examination, which is tailored to the student’s area of interest.

These degree requirements embody the nature of the distinction between the two degrees: the Dr.P.H. emphasizes the development of expertise across the full spectrum of substance and skills necessary to professional practice; the Ph.D. emphasizes the development of specialized expertise in a specific area of substantive research.

Students preparing for academic careers may do so under either degree program; the choice depends upon the desired mix of practice, teaching, and research.

Although the programs differ in the relative emphasis placed on various areas of expertise, students in both degree programs are expected to be knowledgeable about the entire field of Community Health Sciences and to conduct original, high-quality research.

V. COURSE REQUIREMENTS

A. Completion of Prerequisites

Students who have not taken the following courses (or their equivalents) are required to do so: CHS 212; Biostatistics 100A, 100B, and 406. These courses do not count toward the minimum course requirements for the doctoral degree, and must be taken for a letter grade.

If the student does not have a master's degree in public health, the following courses are also required. These courses do not count toward the minimum course requirements for the doctoral degree, and must be taken for a letter grade.

- SPH core courses for the Master's in Public Health (M.P.H.): Biostatistics 100A, Environmental Health Sciences 100, Epidemiology 100, and Health Services 100.
- CHS core courses: CHS 210, 211A, and 211B.

B. Doctoral Course Requirements

Two course requirements apply to both Dr.P.H. and Ph.D. students:

Students are required to take the Doctoral Roundtable (CHS 286) every quarter until advanced to candidacy. With the exception of the first quarter of residency as a doctoral student, students can be waived out of the Roundtable by blue petition for up to two quarters. Requirements for the Roundtable, as well as other useful information for doctoral students, can be found at <http://www.ph.ucla.edu/class/chs/chs286/index.htm> .

Students are required to take a minimum of 48 units, taken for a grade (not Pass/Fail or Satisfactory/Unsatisfactory), in residence in the doctoral program. Only four units of individual studies (CHS 596) may be counted toward this requirement; the Doctoral Roundtable does not fulfill any of this requirement.²

Note: Courses that are multiple-listed in other departments (CHS M####) count toward requirements for the department of the faculty member's primary appointment, even if the student enrolls through another department. For example, a course taught by a CHS professor and multiple-listed in Psychology always counts as a CHS course, not a Psychology minor course. A multiple-listed course taught by an Anthropology professor will count towards an Anthropology minor, even if the number is CHS M####. The same course(s) cannot count toward both the minor and methods requirements.

² Students who have received a masters degree at UCLA should note that courses required for completion of that degree may *not* be re-used for credit in the doctoral program.

Within the 48-unit minimum, course requirements specific to the Dr.P.H. or the Ph.D. are as follows:

Dr.P.H.

It is *strongly recommended* that students take the 2-quarter theory class, CHS 270 A&B, Foundations of Community Health Sciences, in the Winter & Spring of their first year.

Twenty of the 48 units required must be taken within the department.

Students must take a minimum of two courses (8 units) in research methodology (i.e., data acquisition) and two courses (8 units) in statistics (i.e., data analysis). These courses may be taken inside or outside the SPH.

For the minor, six graduate-level courses (24 units) in other departments in the SPH; four of these courses must be taken within one department, and must not include a 596 course. Students must consult with their advisors before declaring a minor.

Ph.D.

Students are *required* to take the 2-quarter theory class, CHS 270 A&B, Foundations of Community Health Sciences, in the Winter & Spring of their first year.

Because the Ph.D. is a research degree, students are expected to take substantial course work in research methodology (i.e., data collection) and statistics (i.e., data analysis). The type of methods studied should be appropriate to the kind of research that will be conducted for the dissertation and thereafter.

Students minor in a Ph.D.-granting department outside the SPH in a discipline relevant to Community Health Sciences. The minor should provide a theoretical foundation and, therefore, may *not* be in methodology or statistics. Four graduate-level courses (16 units) are required, and must not include a 596 course. Students must consult with their advisors before declaring a minor.

NOTE: Only graded courses (not Pass/Fail or Satisfactory/Unsatisfactory) can be counted toward the degree requirements.

Recommended courses in methodology & statistics (beyond those specifically required):

Anthropology

Anthro 239P	Selected Topics in Field Ethnography
Anthro 244	Field Methods in Linguistic Anthropology
Anthro M249A	Ethnographic Methods in Language, Interaction and Culture I
Anthro M249B	Ethnographic Methods in Language, Interaction and Culture II
Anthro M249P	Ethnographic Technologies Laboratory I
Anthro M249Q	Ethnographic Technologies Laboratory II
Anthro 282	Research Design in Cultural Anthropology
Anthro 283	Formal Methods of Data Analysis in Anthropology
Anthro 284P	Anthropological Methods and Data Analysis

Biostatistics

Biostat 200A	Biostatistics (advanced students only)
Biostat 201 A&B	Topics in Applied Regression
Biostat 411	Analysis of Correlated Data

Community Health Sciences

CHS 213	Research in Community and Patient Health Education
CHS 214	Issues in Program Evaluation
CHS M216	Qualitative Research Methodology
CHS M218	Questionnaire Design and Administration
CHS 219	Theory-Based Data Analysis

Economics

Econ 203A	Probability and Statistics for Econometrics
Econ 203B	Introduction to Econometrics: Single Equation Models
Econ 203C	Introduction to Econometrics: Systems Models

Education

Educ 211A	Education and Psychological Measurement: Underlying Theory and Practice
Educ 211B	Education and Psychological Measurement: Generalizability and Validity Theory
Educ 222A	Introduction to Qualitative Methods and Design Issues in Educational Research
Educ 222B	Participant-Observation Field Methods
Educ 222C	Qualitative Data Reduction and Analysis
Educ 222D	Qualitative Inquiry: Special Topics
Educ 228	Observation Methods and Longitudinal Studies
Educ 230B	Linear Statistical Models in Social Science Research: Multiple Regression Analysis
Educ 230BL	Linear Statistical Models: Computer Laboratory
Educ 231A	Toolkit for Qualitative Methods Research
Educ M231B	Factor Analysis
Educ 231C	Analysis of Categorical and Other Nonnormal Data
Educ 231D	Advanced Quantitative Models in Nonexperimental Research: Multilevel Analysis
Educ M231E	Statistical Analysis with Latent Variables
Educ 255A	Seminar: Special Topics—Measurement
Educ 255B	Seminar: Special Topics—Design
Educ 255C	Seminar: Special Topics—Data Analysis

Epidemiology	
Epi 200A	Methods I: Basic Concepts and Study Designs
Epi 200B	Methods II: Prediction and Validity
Epi 200C	Methods III: Analysis
Epi 410	Management of Epidemiologic Data
Epi M418	Rapid Epidemiologic Surveys in Developing Countries
Health Services	
HS M233	Health Policy Analysis
HS 237 A&B	Special Topics in Health Services Research Methodology
HS 237C	Issues in Health Services Methodologies
Nursing	
Nursing 205B	Advanced Qualitative Research Methodology I
Nursing 205C	Advanced Qualitative Research Methodology II
Psychology	
Psych 249	Evaluation Research
Psych 250 A&B	Advanced Psychological Statistics
Psych 252A	Multivariate Analysis
Psych 252B	Discrete Multivariate Analysis
Psych M253	Factor Analysis
Psych 254A	Computing Methods for Psychology
Psych 255A	Quantitative Aspects of Assessment
Psych 255B	Item Response Theory
Psych 256	Advanced Regression Analysis
Psych M257	Multivariate Analysis with Latent Variables
Social Welfare	
Soc Wel 245B	Development of Social Work Practice Theory: Models of Social Work Practice Research
Soc Wel 280	Social Welfare Research
Soc Wel 281 A,B,C	Advanced Social Welfare Research
Soc Wel 285H	Program Evaluation Research
Soc Wel 286B	Advanced Research Methods
Sociology	
Soc 210 A,B,C	Intermediate Statistical Methods I, II, III
Soc 212 A&B	Quantitative Data Analysis
Soc 212C	Study Design and Other Issues in Quantitative Data Analysis
Soc M213A	Introduction to Demographic Methods
Soc 216 A&B	Survey Research Design
Soc 217A	Analyzing Ethnographies
Soc 217 B&C	Ethnographic Fieldwork
Soc 239 A&B	Quantitative Research on Social Stratification and Social Mobility
Soc M242	Analysis of Data with Qualitative and Limited Dependent Variables
Soc 285 A,B,C	Special Topics in Sociology

Urban Planning

UP M204	Research Design and Methods for Social Policy
UP M206A	Introduction to Geographic Information Systems
UP M206B	Advanced Geographic Information Systems
UP 207	Applied Microeconomics for Urban Planning
UP 208B	Introduction to Research Design
UP M215	Spatial Statistics
UP 220 A&B	Quantitative Analysis in Urban Planning I, II
UP M226A	Introduction to Computer-Aided Architectural Design, Two-Dimensional
UP M226B	Introduction to Computer-Aided Architectural Design, Three-Dimensional
UP 229	Special Topics in Planning Methods
UP 237A	Sectoral Analysis
UP 298	Special Topics in Emerging Planning Issues

A summary of the coursework requirements appears in Table 1. Table 2 summarizes the other requirements of the program.

Notes:

Not all of these courses are offered every year. Please check with each department or instructor to find out when a course will be offered, what the prerequisites are, and which statistical/analytical software is used. Refer to the Schedule of Classes each quarter for additional courses and seminars in other departments. The website www.sscnet.ucla.edu is also a good source of information on Sociology courses.

For a comprehensive listing of all statistics courses currently offered at UCLA, see www.ats.ucla.edu/stat/Schedule/UCLAStatcourses.htm .

**Table 1. Doctoral Degree Coursework Summary
Department of Community Health Sciences**

A. Prerequisites

(All students must complete these courses. They do not count toward the required 48 units.)

Prerequisites	Dr.P.H.	Ph.D.
Biostatistics 100B (Winter)	√	√
CHS 212, Advanced Social Research Methods (Winter)	√	√
Biostatistics 406, Applied Multivariate Statistics (Spring)	√	√

B. Course Requirements

(Student must complete at least 48 units of these courses. Only graded courses (not Pass/Fail or Satisfactory/Unsatisfactory) can be counted toward the degree requirements.)

Note: For Dr.P.H. students, at least 20 of the 48 units must be in CHS.

Requirements	Dr.P.H.	Ph.D.
CHS 270 A&B, Foundations of CHS (Winter, Spring)	Highly recommended	Required FIRST year
2 additional methods courses (8 units)	√	As determined by guidance committee, recommend at least 4 courses in this area
2 additional statistics courses (8 units)	√	
4 courses for minor (16 units)	√ (in 1 dept inside SPH)	√ (in 1 dept outside SPH)
2 additional SPH courses outside CHS (8 units)	√ (<i>cannot</i> be in minor dept)	(not required)
CHS 596, Independent Study	Optional, 4 units maximum	Optional, 4 units maximum
Additional electives to achieve a <i>minimum</i> of 48 units	√	√
CHS 286, Doctoral Roundtable (S/U, 4 units; required until advanced to candidacy, does not count towards 48 units)	√	√

**Courses required for Students with an MPH/MSPH that is NOT in Community Health
(Do not count toward required 48 units.)**

Those with a non-Community Health MPH/MSPH	Dr.P.H.	Ph.D.
CHS 210, Intro to CHS (Fall)	√	√

Those with <u>no</u> MPH/MSPH <u>also</u> add (do not count towards 48 units):		
Biostatistics 100A (Fall)	√	√
CHS 211 A&B (Winter, Spring)	√	√
Environmental Health 100A (2 nd or 3 rd year)	√	√
Epidemiology 100A (Spring)	√	√
Health Services 100A (Fall)	√	√
CHS 212 and Biostat 406 are best taken in the second year for these students.		

Table 2. Doctoral Degree Requirements (in Addition to Coursework)

Exams	Dr.P.H.	Ph.D.
Minor Area Exam	(not required)	Given by minor advisor
CHS Breadth Exam	Written exam given by the CHS Doctoral Committee	(not required)
“Research area” Exam (<i>must be filed with doctoral committee after passed</i>)	Written exam arranged with CHS guidance committee members: 2 readers	Written exam arranged with CHS guidance committee members: 2 readers
Oral exam (Defense of dissertation proposal)	Committee = 2 CHS faculty + 1 minor faculty + 1 non-SPH faculty (1 of above may be adjunct or clinical series)	Committee = 3 CHS faculty + 1 outside faculty (minimum 4 members including 2 tenured faculty; a 5 th member may be adjunct)
Dissertation Defense (Graduate Division has a package on how to file dissertation)	Same as Oral exam above	Same as Oral exam above
Reference	http://www.gdnet.ucla.edu/gasaa/pgmrq/pubhlth.asp	http://www.gdnet.ucla.edu/gasaa/pgmrq/comhlth.asp

Table 3. Required Forms and Timing

Action	Form to File with Student Affairs	When to File Form
Nominate guidance committee	Form 1 (Establish guidance committee) (from SAO)	During second year of doctoral program
Report on completion of qualifying exams	Dr.P.H.: Form 2 (CHS breadth exam) (from SAO) Form 3 (Research area exam) (from SAO)	After the completion of each exam
	Ph.D.: Form 2 (Research area/major exam) (from SAO) Form 3 (Minor exam) (from SAO)	
Nominate doctoral committee	“Nomination of Doctoral Committee” (available online)	Minimum of 4 weeks before oral exam
Report on oral exam	”Report on the Oral Qualifying Examination” (from SAO)	When oral proposal defense is completed
Report on final oral exam (defense of dissertation)	”Report on the Final Oral Examination for the (__) Degree” (from SAO)	When final oral dissertation defense is completed
File dissertation	Contact Graduate Division for the required forms	By June 1 to participate in graduation ceremonies

Maximum allowable time to degree: 8 years (including prior UCLA graduate work)

VI. WRITTEN QUALIFYING EXAMINATIONS

Preparation for these examinations entails a period of intense, individualized self-study. The purpose of this preparation is to develop a firm, basic knowledge in the areas of examination, a knowledge that goes considerably beyond that acquired solely through coursework. In addition, relevant methodological proficiency is to be demonstrated. Although the student consults with faculty advisors during this period, the ability to identify major issues, to integrate problem areas, and to locate relevant source materials is considered to be the essence of development as a doctoral candidate. Intellectual independence, self-initiation, and the ability to take charge of a body of knowledge with confidence and critical acumen are qualities to be developed prior to these examinations.

Students in both doctoral programs take two written examinations. The examinations for the Dr.P.H. emphasize the full scope of the substantive content of Community Health Sciences, whereas the examinations for the Ph.D. have a more specialized orientation. As shown in Table 2, the two Dr.P.H. exams are: (a) the CHS breadth exam given by the CHS Doctoral Committee and (b) an exam in the student's "research area." Dr.P.H. students complete the CHS breadth exam first and then take the research area exam. The two Ph.D. exams are: (a) a minor exam which is taken in the student's minor department (outside SPH) and (b) an exam in the student's "research area," often referred to as the major exam. Ph.D. students complete the minor exam first and then take the research area or major exam. Examinations are graded on a Pass/Fail basis and may be repeated only once. Both examinations must be completed in a satisfactory manner prior to the preparation of the proposal for the dissertation.

Departmental examinations are given by the faculty of the department, a responsibility that is delegated to the student's guidance committee, in all cases except the CHS breadth exam which is given by the CHS Doctoral Committee (see Table 2). For all exams except the CHS breadth exam, the student must file a copy of his/her exam questions with the Chair of the CHS Doctoral Committee at the time the second exam is taken. The committee reviews all doctoral examinations given in the department and makes an annual report to the full faculty.

The time required to prepare for these examinations depends upon the student's prior preparation, but it is not unusual for students to take two quarters of individual reading and study. During this period, the student enrolls in CHS 597, Preparation for Doctoral Qualifying Examination. The guidance committee provides counseling as to the student's readiness for examination.

The structure and content of the examinations are described in Table 4 for each of the degree programs.

Examples of qualifying exam questions are available on the CHS doctoral student-only webpage at http://www.ph.ucla.edu/chs/doctoral_only/chs_doctoral_only.htm .

Table 4. Doctoral Degree Examination Summary

Dr.P.H.

Exam 1: CHS Breadth Exam

Goal

Provides an assessment of the student's breadth of substantive knowledge, theory, and methods that are common to the disciplines that comprise the Community Health Sciences.

Content

Students are expected to demonstrate a coherent and well-synthesized command of core elements of the departmental program with regard to both substance and method.

Format

This examination is administered by the departmental Doctoral Committee; all students in a cohort take the same examination.

Preparation

Students should review material from their departmental course work. Students are also expected to do considerable additional reading on their own, some of which should be selected from a recommended reading list provided by the faculty.

Timing

This examination is given in the Fall quarter of each year; students usually take it in their third year of doctoral studies.

Form

Form 2, "Report on the CHS Department Qualifying Examination for the Dr.P.H." (from SAO).

Exam 2: Research Area Exam

Goal

Provides an assessment of the student's depth of expertise in a general CHS topic area that is significantly broader than a research topic.

Content

Students are expected to demonstrate in-depth knowledge in a subfield of Community Health Sciences and to be able to apply this knowledge (along with knowledge derived from the minor) to problems, practice, and policy. The application aspect of the examination focuses on the particular content area emphasized by each individual student.

Format (see Guidelines, below)

The examination is based on a reading list generated by the student in consultation with the student's guidance committee, which also administers the examination. Each student takes a unique examination. Exams usually consist of 3 to 4 questions. The student must file a copy of his or her exam questions with the CHS Doctoral Committee at the time the second exam is taken.

Preparation

Students should spend one to two quarters developing their reading lists in consultation with the members of the Guidance Committee. These lists should encompass material that reflects the breadth of the content area as well as the more focused interests of the student.

Timing

This examination is taken after the first examination at a time that has been agreed upon mutually by the student and the guidance committee. Students usually take this examination by the end of their third year (9 quarters) of doctoral studies.

Form

Form 3, "Report on the Completion of the Research Area Qualifying Exam for the Dr.P.H." (from SAO).

Table 4. Doctoral Degree Examination Summary, continued

Ph.D.

Exam 1: Minor Exam

Goal

Provides an assessment of the student's preparation in the minor field of study.

Content

Students are expected to demonstrate mastery over the course work for their minor discipline.

Format

It is administered by the minor department, usually by the minor member of the guidance committee. In many instances, each student takes an individualized examination; in some instances the examination is a paper.

Preparation

Depends upon the requirements of the minor department as suggested by the minor member of the Guidance Committee.

Timing

This examination is taken after the completion of course work for the minor, usually by the end of the third year (9 quarters) of doctoral studies and prior to the second examination.

Form

Form 3, "Report on the Minor Field Qualifying Examination for the Ph.D." (from SAO).

Exam 2: Research Area or Major Exam

Goal

Demonstrates in-depth knowledge of the student's specific research area.

Content

The scope of this content area is determined by the student and the guidance committee. As a rough rule of thumb, the substantive area should be the equivalent of the content of a doctoral-level course and have three to four sub-areas that are developed as thoroughly as would be the case for a term paper.

Format (see Guidelines, below)

The examination is based on a reading list generated by the student in consultation with the student's guidance committee, which also administers the examination. Each student takes a unique examination. Exams usually consist of 3 to 4 questions. The student must file a copy of his or her exam questions with the CHS Doctoral Committee at the time the second exam is taken.

Preparation

Students should spend one to two quarters developing their reading lists in consultation with the members of the Guidance Committee. These lists should encompass the student's area of interest and be both extensive and intensive.

Timing

This examination is usually administered after the minor examination at a time that has been agreed upon mutually by the student and the guidance committee; students usually take it by the end of their third year (9 quarters) of doctoral studies.

Form

Form 2, "Report on the Completion of the Major Field/Research Area Qualifying Exam for the Ph.D." (from SAO).

Guidelines for the Dr.P.H. Research Area Exam and the Ph.D. Major Exam

Prepared by CHS Doctoral Committee, effective Fall 2004

The Dr.P.H. Research Area exam and the Ph.D. Major Exam have the same general format, described below. The exam has two phases.

During the first phase, the doctoral student works together with his/her advisor and guidance committee to:

- Identify a public health research area in which to specialize. The research area chosen should be considerably broader than the student's dissertation topic;
- Compile a reading list covering the main substantive, theoretical, and methodological topics in this research area;
- Write several (usually 4 to 6) draft questions for his/her exam;
- Read, organize, and take notes on the literature in the reading list.

The student's advisor and second reader must read and approve the research area and the reading list before the student begins the second phase. The advisor and second reader will formulate the exam questions, based either on the draft questions provided by the student or on original questions in the substantive area agreed on by the committee and the student.

During the second phase, the doctoral student takes the exam. The exam has the following format:

- The exam will consist of 3-4 questions which the student receives from his/her advisor on the first day of the exam;
- The student will have a total of two weeks (14 days) to write answers to the questions;
- The answers to all questions combined should not exceed 60 pages, double-spaced, one-inch margins, 12-point font. The reference list is not included in the 60-page limit.

Grading of the exam will be as follows:

- The faculty advisor and second reader will both grade the exam at the same time and as quickly as possible after the exam is turned in. They will confer with each other, determine whether the student has passed or failed, and then report the grade to the student.
- A written substantive critique of the exam by the readers is required for a failing grade. Readers should give students who pass written comments on their exam.
- No revisions or rewrites of the exam answers (or parts of them) are permitted.
- A student who fails the exam is permitted to take it a second time but must wait at least one quarter before doing so. The questions on a retake exam should be a revision of the first set of questions, emphasizing the aspects of the first exam on which the student did particularly poorly.
- A student who fails the second exam will be dropped from the doctoral program.
- The student is required to attach a copy of the exam questions to Form 3 before turning it in.

VII. THE DISSERTATION PROPOSAL

A. Purpose

The proposal for the dissertation describes the research question to be addressed, the methods that will be used to examine relevant data, and the probable contribution to the field. It should demonstrate that the work has scientific merit and substantive importance. The proposal should also demonstrate that the student has mastered the substantive content and methods required to conduct the research.

B. Format

The proposal includes:

- A statement of the problem and its significance
- A review and critique of the literature (theory and research)
- A description of the specific aims of the proposed research
- A discussion of the methods to be used to collect and analyze data
- An evaluation of the strengths and limitations of the proposed research

C. Procedures

The student develops the proposal in consultation with the chair of his/her doctoral committee. The proposal is circulated to other members of the committee after it has been approved by the committee chair. The proposal is revised as appropriate in response to the comments made by committee members.

VIII. ORAL QUALIFYING EXAMINATION

The oral qualifying examination is a defense of the proposal for the dissertation.

A. Goal

The purpose of this examination is twofold: to evaluate the research being proposed for the dissertation and to assess the student's ability to conduct this research.

B. Content

The exam focuses on the proposal for the dissertation. It also includes the following as appropriate: theory and background research relevant to the proposed research beyond that reviewed in the proposal; methodological and analytic considerations pertinent to the proposed research, irrespective of whether these issues have been covered in the proposal; and feasibility. The proposed research must make an original contribution of merit to the field.

C. Format

The exam is administered by the student's doctoral committee. The student presents a brief overview of the research, describing its significance, the contribution that the work will make to the field, the methods to be used to collect and analyze data, and the strengths and limitations of the work. This presentation is followed by an extended question-and-answer period. The exam typically lasts two hours.

All committee members *must* be present; there are no exceptions to this rule. The examination is evaluated on a Pass/Fail basis; at least three members of the committee must approve the proposal. It may be repeated once if a majority of the committee so recommends. Only the student and committee members may attend this examination.

D. Preparation

The student submits the written proposal to his/her doctoral committee, meets with each member of the committee to obtain feedback, and revises the proposal as appropriate. Students are advised to allow sufficient time prior to the oral examination to obtain feedback from committee members. Students are expected to give their presentation at the CHS Doctoral Roundtable prior to the oral examination.

E. Timing

The oral qualifying examination is taken when the dissertation proposal is completed and after the written qualifying examinations have been successfully completed. The chair of the doctoral committee usually approves the proposal before it is distributed to other members of the committee. Sufficient time must be allocated for committee members to read the proposal. The minimum time required by most faculty is two weeks prior to the examination. Students are advised to plan ahead because it is sometimes

difficult to schedule a time when all committee members can meet. Students usually take this examination by the middle of the fourth year in residence (11 quarters).

F. Form

“Report on the Oral Qualifying Examination and Request for Advancement to Doctoral Candidacy” (from Student Affairs Office). All committee members must sign this form at the time of the exam.

***STUDENTS ARE ADVANCED TO CANDIDACY
AFTER PASSING THE ORAL QUALIFYING EXAM.***

IX. THE DISSERTATION

A. Purpose

The dissertation reports the results of the research conducted on the basis of the proposal. The dissertation should demonstrate the scientific merit of the work itself and the student's mastery over its substance and methods. It must demonstrate that the student is qualified to conduct independent research.

B. Format

Details for the physical appearance of the dissertation are prescribed by the Graduate Council; students should consult the Theses and Dissertation Advisor, 21560 Young Research Library. With regard to its content, the dissertation should include information isomorphic to the proposal, with the difference being that it is a report on the finished work. The length of the dissertation is dictated by the nature of the research. An optional format of three related publishable papers may be pursued, if agreed to by the student's committee at the proposal stage.

C. Procedures

The student develops the dissertation in consultation with the chair of his or her doctoral committee, with assistance from other committee members as appropriate. The draft of the dissertation is circulated to other members of the committee after it has been approved by the committee chair. It is revised as appropriate in response to the recommendations made by committee members. All members of the doctoral committee must read and certify that the dissertation satisfies the degree requirements. The time required to conduct the research and prepare the dissertation depends upon the nature of the research, but it is not unusual for students to take one to two years. During this period, the student enrolls in CHS 599, Doctoral Dissertation Research.

***A LIST OF TITLES OF RECENT DISSERTATIONS IS AVAILABLE
IN THE CHS DEPARTMENT OFFICE AND ON THE CHS DOCTORAL STUDENT
WEBPAGE AT http://www.ph.ucla.edu/chs/doctoral_only/chs_doctoral_only.htm***

X. FINAL ORAL EXAMINATION

The final oral examination is a defense of the dissertation.

A. Goal

The purpose of this examination is twofold: to evaluate the research conducted for the dissertation and to assess the student's ability to conduct independent research.

B. Content

The exam focuses on the dissertation.

C. Format

The exam is administered by the student's doctoral committee. The student presents a brief overview of the research, describing its significance, contribution to the field, methods used to collect and analyze data, substantive findings, and the strengths and limitations of the work. This presentation is followed by an extended question-and-answer period. The exam typically lasts two hours.

All committee members *must* be present; there are no exceptions to this rule. The examination is evaluated on a Pass/Fail basis. It may be repeated once if a majority of the committee so recommends. This examination is open to the UCLA community and may be attended by other faculty and students, although this rarely occurs.

This examination is required for all doctoral students.

D. Preparation

The student submits the dissertation to the doctoral committee, meets with each member of the committee to obtain feedback, and revises the dissertation as appropriate. Students are advised to allow sufficient time prior to the oral examination to obtain feedback from committee members.

E. Timing

The defense of the dissertation occurs when the dissertation is completed and approved by the chair of the dissertation committee. Sufficient time must be allocated for committee members to read the dissertation. The minimum time required by most faculty is two weeks prior to the examination. Students are advised to plan ahead because it is sometimes difficult to schedule a time when all committee members can meet. Students usually take this examination by the end of the sixth year (18 quarters). Students are advised to allow several weeks between the dissertation defense and the filing deadline, to allow time for any final changes and formatting.

F. Form

“Report on the Final Oral Examination for the (____) Degree” (from Student Affairs Office). All committee members must sign this form at the time of the exam.

***FILING THE DISSERTATION COMPLETES THE DOCTORAL DEGREE.
CONTACT GRADUATE DIVISION FOR ADDITIONAL FORMS REQUIRED
WHEN THE DISSERTATION IS FILED.***

***STUDENTS MUST COMPLETE ALL REQUIREMENTS
BEFORE THE SCHOOL OF PUBLIC HEALTH’S DEADLINE (GENERALLY JUNE 1)
TO BE ABLE TO PARTICIPATE IN THE GRADUATION CEREMONY.***

TABLE 5
CHS DEPARTMENT CLASSES OFFERED 2011-2012

As of 6/20/11

FALL 2011		WINTER 2012		SPRING 2012	
132	Health, Disease & Health Services in Latin America (Taub)	100	Introduction to Community Health Sciences (Aneshensel)	100	Introduction to Community Health Sciences (Siegel)
200	Global Health Problems (von Ehrenstein)	M140	Health Issues for Asian Pacific Islanders: Myth or Model? (Kagawa-Singer)	211B	Program Planning, Research, & Evaluation in Community Health Sciences (Wallace/TBA)
210	Community Health Sciences (Kagawa-Singer/Upchurch)	205	Immigrant Health (Wallace)	M216	Qualitative Research Methodology (Kagawa-Singer)
213	Research in Community & Patient Health Education (Morisky)	211A	Program Planning, Research, & Evaluation in Community Health Sciences (Prelip/TBA)	219	Theory-Based Data Analysis (Aneshensel)
M218	Questionnaire Design & Administration (Bourque)	212	Advanced Social Research Methods in Health (Bourque)	225	Writing for Publication in Public Health (Gee)
220	Racism and Public Health: Social Epidemiologic Approaches (Ford)	226	Women's Health & Well-Being (Upchurch)	246	Women's Roles and Family Health (Tavrow)
224	Social Determinants of Nutrition & Health (Wang)	247	Population Change & Public Policy (Gipson)	M250	HIV/AIDS and Culture in Latin America (Taub)
231	Maternal & Child Nutrition (Baer/ Herman)	M256	Interdisciplinary Response to Infectious Disease Emergencies: Public Health Perspective (Shoaf)	254	Intentional Disasters: War and Refugees (Halbert)
235	Influence of Social & Physical Environment on Racial Health Disparities (Gee)	258	Cooperative Interagency Management in Disasters (Rottman)	257	Program Planning in Community Disaster Preparedness (Shoaf)
238	Evolving Paradigms of Prevention: Interventions in Adolescence (D'Amico)	M260	Health & Culture in the Americas (Taub)	M264	Latin America: Traditional Medicine, Shamanism & Folk Illness (Taub)
257	Program Planning in Community Disaster Preparedness (Shoaf)	270A	Foundations of Community Health Sciences (Gee)	270B	Foundations of Community Health Sciences (TBA)
273	Social Epidemiology of Chronic Disease (Siegel)	271	Health-Related Behavior Change (Siegel)	283	Evidence-Based Health Promotion Programs for Older Adults (Frank)
286	Doctoral Roundtable in CHS (Glik)	276	Complementary and Alternative Medicine (Goldstein)	286	Doctoral Roundtable in CHS (Glik)
288	Health Communication in Popular Media (Glik)	282	Communication in Health Promotion & Education (TBA)	296	Advanced Research Topics in CHS (von Ehrenstein)
M428	Child & Family Health Program Community Leadership Seminar (DuPlessis/)	286	Doctoral Roundtable in CHS (Glik)	M428	Child & Family Health Program Community Leadership Seminar (DuPlessis)
451	Post-Disaster Community Health (Dorian)	M287	Politics of Health Policy (Roby)	435	Seminar: Advanced Issues in Women's Health (Upchurch)
		M294	Social & Behavioral Factors of HIV/AIDS: Global Perspective (Morisky)	440	Public Health & National Security at the US-Mexico Border (Greenwood/Stratton)
		295	Overview of Emergency Public Health (Dorian)	447	Health & Social Context in the Middle East (Galal)
		427	Reproductive Health in Sub-Saharan Africa (Tavrow)	CM470	Improving Worker Health: Social Movements, Policy Debates, & Public Health (Delp)
		M428	Child & Family Health Program Community Leadership Seminar (DuPlessis)	474	Self-Care and Self-Help in Community Health (Goldstein)
		432	Perinatal Health Care: Principles, Programs, & Policies (Lu)	484	Risk Communications (Glik)
		434A	Maternal & Child Health in Developing Areas (Galal)		
		443	Assessment of Family Nutrition (Harrison/Herman)		
		448	Nutrition Policies & Programs: Domestic & International Perspectives (Baer/Harrison)		
		477	Health Disparities, Health Equity, & Sexual Minority Populations (Ford)		
			New course (von Ehrenstein)		

CHS DEPARTMENT FACULTY AND THEIR RESEARCH INTERESTS

Core Faculty

CAROL ANESHENSEL, Ph.D.
Professor
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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.

LINDA B. BOURQUE, Ph.D.
Professor
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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.

CHANDRA FORD, Ph.D.
Assistant 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.

OSMAN GALAL, M.D., Ph.D.
Professor
ogalal@ucla.edu

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.

GILBERT C. GEE, Ph.D.
Associate Professor
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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 GIPSON, Ph.D., M.P.H.
Assistant Professor
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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 GLIK, Sc.D.
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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.

MICHAEL S. GOLDSTEIN, Ph.D.
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Sociology of medicine and health promotion; complementary and alternative medicine.

GAIL HARRISON, Ph.D.
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International health and nutrition; pediatric and maternal nutrition; dietary and nutritional status assessment.

**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, theoretically through the development of cross-culturally valid concepts and measures using qualitative research methods, and applied through intervention studies, primarily in Asian American communities; cultural competency training for health professionals; end-of-life care in multicultural populations.

SNEHENDU B. KAR, Dr.P.H., M.Sc.
Professor
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Health promotion, communication & education, multi-cultural issues in health promotion, empowerment of women & leadership development; Asian American studies; international health; indicators of health promotion and primary health care.

VIRGINIA C. LI, Ph.D., M.P.H., Professor
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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 a reproductive health website for rural health workers and teachers in poor counties in China.

MICHAEL C. LU, M.D., M.P.H.
Associate Professor
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Racial-ethnic disparities in birth outcomes; current projects include an NIH-funded collaborative research network on child health disparities, developing a framework for monitoring the quality of maternal health care in California, and developing a blueprint for improving birth outcomes in Los Angeles County.

DONALD E. MORISKY, Sc.D., M.S.P.H., Sc.M.
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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).

CHARLOTTE G. NEUMANN, M.D., M.P.H.
Professor
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Child health and nutrition in the U.S.A. and developing countries; functional outcomes of micronutrient deficiencies and food-based solutions. PI and co-investigator on a number of obesity prevention programs in the Los Angeles Unified School District and promotion of improved diet and exercise in the school setting.

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

KIMBERLEY SHOAF, Dr.P.H.
Associate Professor in Residence
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Public health impact of disasters; program planning and evaluation; international health; health in the Latino community.

JUDITH M. SIEGEL, Ph.D., M.S.Hyg.
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Psychological response to natural and human perpetrated disasters; health promotion in minority communities, with particular emphasis on chronic disease prevention.

DAWN UPCHURCH, Ph.D.
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Women's health and well-being over the life course; complementary and alternative medicine (CAM) and women's health, especially Traditional Chinese Medicine and women's reproductive health during mid-life; biosocial models of health; social demography; adolescent reproductive health.

ONDINE VON EHRENSTEIN, Ph.D., M.P.H., M.S.
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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.
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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., R.D.
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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.

Adjunct Professor/ Field Program Supervisor

MICHAEL PRELIP, D.P.A., M.P.H., C.H.E.S.
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Development and evaluation of the Nutrition Friendly Schools and Community Model; evaluation of the school-based nutrition programs of the Los Angeles Unified School District; health communication research focusing on Fetal Alcohol Syndrome prevention and a number of immunization campaigns. Lead faculty for the Pacific Public Health Training Center (PPHTC), a collaborative effort among the Schools of Public Health at UCLA, UCB, SDSU, Loma Linda University, and the University of Hawaii School of Nursing that develops training to meet the needs of the public health workforce.

Affiliated Faculty

HALLE M. ATEN, Ph.D.
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Psychological and learning disabilities; improved self-awareness and coping skills for college students.

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.

DIANA BONTÁ, R.N., Dr.P.H.
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Public health leadership and program development; managerial and policy solutions to community health issues.

E. RICHARD BROWN, Ph.D.
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Public health policy; health care policy; access to health care.

ALINA DORIAN, Ph.D.
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Emergency public health (domestic & international); disaster relief; health education and health systems management; child health; reproductive health.

HELEN DUPLESSIS, M.D., M.P.H.
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Managed care; prenatal care and substance abuse.

DANIEL ERSHOFF, Dr.P.H.
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Survey research methods; HMOs; smoking cessation; applied evaluation research; cost-effectiveness analysis.

JANET C. FRANK, Dr.P.H..
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Geriatrics and gerontology education and program evaluation; aging and health behavior; health promotion for older adults; translating geriatrics research into higher-quality health care practice.

TIFFANI BROWN GARNETT, M.P.H.
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College student health and wellness promotion and education; mind/body connection; stress reduction education; college alcohol use; fostering intergroup relations with respect to diversity and social justice issues in college and community settings.

KIMBERLY GREGORY, M.D., M.P.H.
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Health services research; maternal quality of care; cesarean delivery (appropriateness); VBAC; health disparities in pregnancy outcomes.

NIKITA GUPTA, M.P.H.
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Enhancement of student well-being through wellness education: stress management, meditation, cognitive theory, identity development. Campus harm reduction activities including alcohol risk minimization and peer health education program development.

RON HALBERT, M.D.
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Epidemiology of chronic respiratory disease; pharmaceutical and biotech industry; intentional disasters.

MARTINE U. HALL, M.S.
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Student residential life; alcohol and drug intervention; healthy eating; career and financial advisement; graduate school admission; diversity issues; conflict resolution and mediation; time management and study skills.

DAVID HEBER, M.D., Ph.D.
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Clinical nutrition and obesity; endocrinology and metabolism; cancer; women's health.

DENA HERMAN, Ph.D., M.P.H., R.D.
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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.

ROBERT KIM-FARLEY, M.D., M.P.H.
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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.

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.

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.

EVE LAHIJANI, M.S., R.D.
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Nutrition, fitness, body image and disordered eating; health promotion and risk reduction for students; program development and intervention.

CATHY 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.

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Psychology and eating disorders; individual and group therapy; empirically supported, peer-led, eating disorders prevention.

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Informal caregiving; health and aging of Latino populations; health insurance coverage and access to care for racial/ethnic minorities.

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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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Emergency medicine and disaster relief; infectious diseases; preparing public health agencies for man-made and natural disasters; interaction of public health other emergency management agencies; EMS systems and prehospital care.

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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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Health, food and nutrition security adaptation strategies to climate change; health impact assessment of agriculture and trade policies; risk-benefit analysis of food consumption, food production and new food technologies on health and environmental health; global food safety.

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Evaluation and educational assessment tools and programs.

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College student learning and development; stress reduction education; mind/body connection; intergroup dialogue; educational benefits of diversity; campus climate assessment practices; college experiences of students from foster care.

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College student development, particularly mental health and identity formation.

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

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