

DEPARTMENT OF
COMMUNITY HEALTH SCIENCES

PH.D.
PROGRAM

2017-2018

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DESCRIPTION OF DOCTORAL PROGRAMS

NOTE:

***ADMISSION TO THE Dr.P.H. PROGRAM
HAS BEEN SUSPENDED FOR FALL 2017.***

***REQUIREMENTS FOR THAT PROGRAM ARE INCLUDED HERE
FOR INFORMATIONAL PURPOSES ONLY.***

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

The doctoral program consists of a period of intense self-development under faculty guidance. Some of this development involves formal classroom activity, but a 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/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 Department of Community Health Sciences is concerned with health equity and well-being for all individuals and communities. To understand and foster optimal health among diverse communities, the mission of the Department is to (1) prepare students to be interdisciplinary, global leaders who can effectively address persistent and emerging public health issues, (2) conduct and disseminate innovative research on the social determinants of health, (3) translate the findings for public health practice, and (4) collaborate with communities in research and training.

The doctoral program 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:

¹ This 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 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.

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 (log in through the Department's website, <http://chs.ph.ucla.edu>). Contact chssao@ph.ucla.edu if you need the log-in information. Writing workshops and other resources are available through the UCLA Graduate Writing Center, <http://gsrc.ucla.edu/gwc/>.

A. Advising

Students are advised by the following faculty:

- *The advisor* and later *the doctoral committee chair*, who assist the student in developing his/her particular career interests and who supervise the student's course work, preparation for examinations, proposal and dissertation.

- *The three-person guidance committee*, who assist the student in developing his/her particular career interests and who supervise the student's course work and assist the student in defining his/her interests.
- *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/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 and the Department Doctoral Committee also evaluate the student's progress, making decisions regarding the quality of his/her scholarly work. In addition, the departmental faculty review the student's achievements annually.

B. 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.

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 the student 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. 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>.

E. 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.deanofstudents.ucla.edu/Portals/16/Documents/StudentGuide.pdf>. A useful guide on avoiding plagiarism is available at <http://guides.library.ucla.edu/citing>. Depending on the type of the lapse in integrity, action can be determined by the instructor in consultation with Department leadership,

or may be referred to the UCLA Dean of Students for evaluation of the charges and determination of sanctions.

F. 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>, provides a range of alternatives to the formal grievance process.

G. 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.

H. 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>.

I. Students with Disabilities

Students with documented permanent or temporary disabilities are encouraged to consult with the Center for Accessible Education (CAE) at <http://www.cae.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 course (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 percentiles for those offered admission to the doctoral program over the past three years are Verbal 82%, Quantitative 63%, and Analytic Writing 77%.
- 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.
- 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 that should come from professors (preferably two of the three) and employers, addressing past performance and potential as a doctoral student in public health.
- A clear statement of purpose, outlining goals, research interests, 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**
 - **an explanation of 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.

Although not required for admission, research-related as well as applied 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 the ability to do advanced scholarly work.

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 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 occur if the focus of the student's studies changes over time. To change advisors, the student files 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/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 for the Dr.P.H. 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 the 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. 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.

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.²

² A limited number of adjunct faculty hold waivers from the Graduate Division that allow them to be regular members of doctoral committees. The department SAO has a list of those faculty.

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.

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>). The Doctoral Committee must be approved by the Dean of the Graduate Division before a student may hold the oral qualifying exam (defense of dissertation proposal).

Guidelines for Advisor/Chair of Doctoral Committee. As part of the normal faculty advising of doctoral students, it is expected that faculty, in their role as chair, will work actively with the student to assure timely and successful completion of the program. These activities include but are not limited to the following:

1. Have frequent and regular meetings with the student. Assist the student in annual planning (via IDP) and provide relevant updates to department faculty and the CHS Doctoral Committee.
2. Advise and monitor performance in coursework.
3. Provide feedback to the student about their performance and progress.
4. Advise and assist the student’s preparation for Departmental Exams, Preliminary Oral Exam, Dissertation Defense.
5. Read student materials thoroughly and in a timely manner.
6. Engage the student in research activities whenever possible and feasible.
7. Apply departmental criteria to evaluate whether the student is prepared to advance to the next stage.

Additional guidelines and benchmarks for faculty advisor/chair can be found in Appendix I of this handbook (see page 32).

IV. 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, and at least one epidemiology course. 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 masters 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.

- School core courses for the Masters in Public Health (M.P.H.): Biostatistics 100A, Environmental Health Sciences 100, Epidemiology 100, and Health Policy & Management 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 Doctoral Roundtable (CHS 286) every quarter until advancement to candidacy. Students may waive out of the Roundtable by blue petition for up to two quarters, after their first quarter in the program.
- Students are required to take a minimum of 48 units, taken for a letter grade (not Pass/Fail or Satisfactory/Unsatisfactory) and receive a B-minus or better, in residence in the doctoral program. Only four units of individual studies (596) taken at any department in UCLA for a letter grade may be counted toward this requirement; the Doctoral Roundtable does not fulfill any of this requirement.³

Notes:

Students may submit a blue petition to substitute a more advanced course for a prerequisite or required course, except for CHS 270 A&B and CHS 286, which may not be waived.

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.

³ 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 course, CHS 270 A&B, Foundations of Community Health Sciences, in the Winter and 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 FSPH.

For the minor, four graduate-level courses (16 units) in other departments in the FSPH; must not include a 596 course. Students must consult with their advisors before declaring a minor. Final approval of minor courses rests with the Department Chair/Vice Chair via Doctoral Form 1.

Two additional FSPH courses (8 units) outside CHS.

Ph.D.

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

Students are ***required*** to take a broad public health course, to be approved by the advisor via blue petition.

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 FSPH 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. Final approval of minor courses rests with the Department Chair/Vice Chair via Doctoral Form 1.

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):

Biostatistics

Biostat 201 A&B	Topics in Applied Regression
Biostat M403B	Computer Management and Analysis of Health Data Using SAS
Biostat 411	Analysis of Correlated Data

Community Health Sciences

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

Education

Educ 211A	Education and Psychological Measurement: Underlying Theory and Practice
Educ 211B	Education and Psychological Measurement: Generalizability 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 230C	Linear Statistical Models in Social Science Research: Analysis of Designed Experiments
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

Health Policy & Management

HPM M233	Health Policy Analysis
HPM 237 A&B	Special Topics in Health Services Research Methodology
HPM 237C	Issues in Health Services Methodologies
HPM M422	Practices of Evaluation in Health Services: Theory and Methodology

Nursing	
Nursing 205A	Introduction to Qualitative Methods in Research (<i>note</i> : 205A or CHS M216 is prerequisite for 205 B&C)
Nursing 205B	Advanced Qualitative Research Methodology I (<i>note</i> : 205B is prerequisite for 205C)
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 (<i>note</i> : students are not allowed to use their own data)
Psych 254A	Computing Methods for Psychology
Psych 255A	Quantitative Aspects of Assessment
Psych 255B	Item Response Theory
Psych 256A	Introduction to Multilevel Modeling
Psych 256B	Advanced Multilevel Modeling
Psych M257	Multivariate Analysis with Latent Variables
Social Welfare	
Soc Wlf 281 A,B,C	Advanced Social Welfare Research
Soc Wlf 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	Social Stratification, Mobility, and Inequality
Soc 259	Social Structure and Economic Change: Historical and Comparative Perspectives
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 229	Special Topics in Planning Methods
UP 237A	Sectoral Analysis
UP 298	Special Topics in Emerging Planning Issues

The following courses meet the requirement, but generally are not open to students in Public Health:

Anthropology

Anthro 239P	Selected Topics in Field Ethnography
Anthro M249A	Ethnographic Methods in Language, Interaction, and Culture I
Anthro 282	Research Design in Cultural Anthropology
Anthro 284P	Anthropological Methods and Data Analysis

Economics

Econ 203A	Introduction to Econometrics I
Econ 203B	Introduction to Econometrics II
Econ 203C	Introduction to Econometrics III

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 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 in Health (Winter)	√	√
Biostatistics 406, Applied Multivariate Statistics (Spring)	√	√
An epidemiology course	√	√

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 outside FSPH)
2 additional FSPH courses outside CHS (8 units)	√ (cannot be in minor dept)	(not required)
CHS 596, Directed Individual Study or Research	Optional, 4 units maximum	Optional, 4 units maximum
A broad public health course to be approved by advisor via blue petition		√
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 100 (2 nd or 3 rd year)	√	√
Epidemiology 100 (Spring)	√	√
Health Policy & Mgmt 100 (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 following approval of Form 1
CHS breadth exam	Written exam given by the CHS Doctoral Committee following approval of Form 1	(not required)
“Research area” exam (Dr.P.H.) or “Departmental/Major” exam (Ph.D.) (<i>must be filed with doctoral committee after passed</i>)	Written exam arranged with CHS guidance committee members: 2 readers	Written exam arranged by the Department Doctoral Committee and administered at the end of the 2 nd year
Oral exam (defense of dissertation proposal)	Committee = 2 CHS faculty + 1 minor faculty + 1 non-FSPH faculty (1 of above may be adjunct or clinical series)	Committee = 3 CHS faculty ⁴ + 1 outside faculty (minimum 4 members including 2 tenured faculty); additional faculty, including adjuncts, may be added The Committee <i>must</i> be approved by the Dean of the Graduate Division before the exam may be held
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

Note: students are responsible for obtaining forms and bringing them to exams.

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 CHS doctoral-only website) Form 3 (Research area exam) (from CHS doctoral-only website) Ph.D.: Form 2 (Departmental/Major exam) (Department will file form on student’s behalf) Form 3 (Minor exam) (from CHS doctoral-only website)	After the completion of each exam
Nominate doctoral committee	“Nomination of Doctoral Committee” at https://grad.ucla.edu/gasaa/library/docnomin.pdf	Submit form a minimum of 4 weeks before oral exam to the SAO
Report on oral exam	”Report on the Oral Qualifying Examination” (from SAO)	When oral proposal defense is completed

⁴ A limited number of adjunct faculty hold waivers from the Graduate Division that allow them to be regular members of doctoral committees. The department SAO has a list of those faculty.

Report on final oral exam (Dissertation defense)	"Report on the Final Oral Examination for the (___) Degree" (from SAO)	When final oral dissertation defense is completed
File dissertation	See http://www.grad.ucla.edu/gasaa/library/thesisintro.htm	By June 1 to participate in graduation ceremonies

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

(Rev 9/14)

The table in Appendix I (page 32) describes quarterly and annual benchmarks for doctoral students, faculty advisors, and the CHS Doctoral Committee. Students are encouraged to review this table in detail, and at regular intervals, with their advisors to assure they are on track with regard to these benchmarks throughout the program.

Professional Development Activities

Students are strongly encouraged to participate in professional development activities above and beyond coursework and other degree requirements. The activities listed below provide opportunities for professional socialization and experiences that are considered central to a research-oriented career. Before completing the doctoral program, students are encouraged to:

1. Present (e.g., poster, oral presentation) at a minimum of two professional meetings, such as those of the American Public Health Association or another appropriate professional organization.
2. Participate in manuscript development leading to peer-review journal articles. Optimally, one of the presentations should result in a first-author manuscript submission. Minimally, it is advised that the student have at least a co-author publication with a faculty member.
3. Gain additional research experience working as a Graduate Student Researcher (GSR) on a research project. Research skills to be acquired include issues in study design and data collection, data management and cleaning, software expertise, and executing statistical analyses.
4. Gain some teaching experience as a Special Reader or Teaching Assistant.

V. 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 FSPH) and (b) a departmental or major exam given to all Ph.D. students at the end of their second year (Spring quarter), administered by the CHS Doctoral Committee. 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 and the departmental/major exam, which are given by the CHS Doctoral Committee (see Table 2). For all exams except the CHS breadth exam and departmental/major exam, the student must file a copy of his/her exam questions with the Chair of the CHS Doctoral Committee at the time the 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 common 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 (log in through the Department's website, <http://chs.ph.ucla.edu>).

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 coursework. 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 CHS doctoral-only website).

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 three to four questions. The student must file a copy of his/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 (nine quarters) of doctoral studies.

Form

Form 3, "Report on the Completion of the Research Area Qualifying Exam for the Dr.P.H." (from CHS doctoral-only website).

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 (nine 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 CHS doctoral-only website).

Exam 2: Departmental/Major Exam

Goal

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

Content

Students are expected to demonstrate mastery of material presented in required departmental doctoral courses and ability to understand and critically apply basic methods for conducting research, including the statistical analysis of quantitative data.

Format

This standardized examination is administered and graded by the CHS Doctoral Committee. The examination consists of two parts. Part I seeks to determine the student's ability to integrate and synthesize the key theoretical material presented in those courses required by the department for the completion of the doctoral degree (currently CHS 270A and CHS 270B). Part I will be given in a "take-home" format with 14 days allowed for completion. The length of response is fixed, 20 pages double-spaced, exclusive of references. Part II seeks to evaluate whether the student is able to critically understand and apply research methods used in current published research in community health sciences. Part II is given "in class" and students will have four (4) hours to complete their work.

Preparation

Students should review material from their departmental coursework, especially CHS 270A and CHS 270B, and material from the four methodological courses that are prerequisites for the doctoral program (CHS 212, Biostatistics 100A, 100B, and 406, or their equivalents). In addition, it is recommended that students complete at least one of the required methods courses and one of the required statistics courses

Exam 2: Departmental Major Exam (continued)

prior to taking the exam, and at least one course in their minor.

Timing

The major examination is taken at the end (Spring quarter) of the second year of doctoral studies. Under unusual circumstances requiring the completion of a blue petition signed by both the student's advisor and the Chair of the Doctoral Committee, the examination may be postponed to the end of the third year of doctoral studies. Only one extension is permitted. A student who fails the examination can retake it once at the end of the third year.

Form

Form 2, "Report on the Completion of the Departmental/Major Qualifying Exam for the Ph.D." (from CHS doctoral-only website).

**Guidelines for the Dr.P.H. Research Area Exam
and the Ph.D. Departmental/Major Exam**
Prepared by CHS Doctoral Committee

The Dr.P.H. Research Area exam has two phases.

During the first phase, the doctoral student works together with the 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 four to six) 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 three to four questions which the student receives from the 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.

The Ph.D. Departmental/Major exam:

The Departmental Exam is taken at the end of the student's second year (Spring quarter). The examination consists of two parts. Part I seeks to determine the student's ability to integrate and synthesize the key theoretical material presented in the courses required by the department for the completion of the doctoral degree (currently CHS 270A and CHS 270B). Part I will be given in a "take-home" format with 14 days allowed for completion. The length of response is fixed, 20 pages double-spaced, exclusive of references. Part II seeks to evaluate whether the student is able to critically understand and apply research methods used in current published research in community health sciences. Part II is given "in class" and students will have four (4) hours to complete their work.

Grading of the exam will be as follows:

- The CHS Doctoral Committee will review and grade the exam as quickly as possible after the exam is administered.
- Each section (Part I and Part II) will be given a numeric score. Students must pass both sections of the exam to receive a passing grade. A written substantive critique of the exam is required for a failing grade. Comments on the exam will also be provided for students who pass.
- A student who fails the exam is permitted to take it a second time ***but must wait at least one quarter before doing so***. However, the student must retake the exam within one year of the original exam date. The second exam will be entirely new questions for both Part I and II.
- A student who fails the second exam will be dropped from the doctoral program.

VI. DISSERTATION OPTIONS

Traditional and Three-Paper Options

In CHS, doctoral students, with the consent of their advisory committee, can choose to write either a traditional dissertation or a three-paper dissertation. Regardless of which format you and your committee choose, you must still fulfill all of the requirements for the doctoral dissertation described in the Doctoral Handbook. Specifically, you must:

1. Establish a doctoral committee. See section III-C.
2. Write a dissertation proposal that outlines the subject matter and structure of your dissertation and demonstrates to your committee members that the proposed dissertation is feasible and appropriate, and that you have the materials, background, and skills needed to complete the dissertation. See section VIII.
3. Successfully defend your proposal (oral qualifying examination) in front of your committee. Your committee chair can provide guidance about the normal format of this defense, but in general you should prepare a brief presentation of your dissertation proposal and be prepared to answer questions and discuss plans for your dissertation in detail. Both during the preparation of the proposal and during the exam, your committee can require changes in the structure and/or content of the dissertation. See section IX.
4. Once your exam is successfully completed and your committee has signed off, you must do the research associated with the topic(s) of your dissertation. At this point, you are considered a doctoral candidate.
5. Prepare a final draft of the dissertation. For the traditional dissertation, this typically includes an introduction and conclusion plus chapters presenting your theoretical background, methods and data, and main findings. For the three-paper option, this typically includes an introduction tying together the issues in the three papers from a theoretical and/or policy perspective, a conclusion which includes the findings from the three papers and how they are related to a larger issue or issues, and the three papers. (A three-paper option dissertation may also include other chapters describing, for example, common data or methods used in the three papers.) Note that the specific format of your dissertation chapters (for either the traditional dissertation or three-paper option) must be agreed to by all members of your committee. See section X.
6. Have a final oral exam in which you defend your dissertation in front of your committee. At this point, regardless of the format you choose, your committee may require changes in any part of the dissertation before they will agree to sign off on it. See section XI.
7. Turn in the completed dissertation in format specified by UCLA to Grad Division.
See <https://grad.ucla.edu/academics/graduate-study/file-your-thesis-or-dissertation/>.

These rules apply to both the traditional dissertation format and the three-paper option. The difference is the format of the dissertation itself. As noted above, typically, a traditional dissertation addresses one central over-arching issue in multiple chapters; in contrast, a three-paper dissertation generally consists of three papers of publishable quality on different, but generally related, topics, plus an introduction and conclusion tying the three papers together. The intent of the three-paper option is not to allow a student to take three papers that he/she has already published on diverse topics and put them together as a dissertation. Rather, a dissertation of either format is a part of doctoral training in which a student works with an experienced group of faculty to design, carry out, and write up in a professional manner an original piece of work.

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
- A presentation of the background and explanation of the 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 student is not allowed to provide food or drinks, although the chair may do so. The exam typically lasts two hours.

All committee members *must* be present; there are no exceptions to this rule. One member (not the chair) may attend by Skype; Graduate Division must be notified of this after the exam. The examination is evaluated on a Pass/Fail basis; all members must vote; 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. The entire proposal is to be circulated to the full committee only *after* the student's advisor/chair agrees that it is ready for distribution and has signed off on the contents of the full proposal. Students are advised to allow sufficient time prior to the oral examination to obtain feedback from committee members, generally at least four weeks before the defense date. 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. Sufficient time must be allocated for

committee members to read the proposal. It is recommended that the proposal be circulated at least four weeks prior to the exam date so that the student can respond to any comments and suggestions in the hearing. A faculty committee member can refuse to participate in the exam if these deadlines are not met. 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). Students are encouraged to review the timeline and benchmarks in Appendix I (see page 32) for further details.

F. Standards for Student Performance: Proposal and Oral Qualifying Examination

Criteria.

1. The proposed work must be scientifically meritorious. It should address a significant public health problem, be original, and use rigorous methods. The proposed research should be suitable for eventual publication in a peer-review journal.
2. The proposed research must be of sufficient scope, generally equivalent to three peer-review journal articles or a book (irrespective of whether the three-paper option is used).
3. The student must demonstrate that he or she has the expertise necessary to conduct the study. For instance: has experience with the method of data collection and study design, or had taken a class in the proposed method of analysis. This expertise should be described in the proposal and demonstrated at the oral qualifying exam in the presentation and responses to questions.

Standards on Grade.

The preliminary oral exam results in a pass or fail. In rare instances a provisional pass may be used when there are minor issues that the committee wants resolved before the research proceeds. This option should not be used when substantial changes are needed to satisfy one or more of the above criteria.

G. Form

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

Notes on Scheduling Exams:

The student’s Doctoral Committee **must** be officially approved by the Dean of the Graduate Division *before* the oral qualifying exam may be held.

Major exams, proposal defenses, and dissertation defenses normally occur only during the academic year. They do not occur during quarter breaks or the summer break except under exceptional and compelling circumstances. An exception to this policy requires a blue petition.

***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 Division; students should consult the *Thesis and Dissertation Formatting and Filing Information* at <http://www.grad.ucla.edu/gasaa/library/thesisintro.htm>. 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/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
ON THE CHS WEBPAGE.***

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 student is not allowed to provide food or drinks, although the chair may do so. The exam typically lasts two hours.

All committee members *must* be present; there are no exceptions to this rule. One member (not the chair) may attend by Skype; Graduate Division must be notified of this after the exam. 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. Students are advised to allow sufficient time prior to the final dissertation defense date to obtain feedback from committee members; specifically, a minimum of four weeks prior to the dissertation defense date is recommended. If input has already been received during the writing process from committee members, a minimum of two weeks prior to the dissertation defense date is required. A faculty committee member can refuse to participate in the final defense exam if these deadlines are not met. 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. Students are encouraged to review timeline and benchmarks highlighted in Appendix I (see page 32) for further information and detail.

F. Form

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

Upon completion, the dissertation is filed electronically with Graduate Division; see the *Thesis and Dissertation Formatting and Filing Information* at <http://www.grad.ucla.edu/gasaa/library/thesisintro.htm>.

Note on Scheduling Exams:

Major exams, proposal defenses, and dissertation defenses normally occur only during the academic year. They do not occur during quarter breaks or the summer break except under exceptional and compelling circumstances.

FILING THE DISSERTATION COMPLETES THE DOCTORAL DEGREE.

***STUDENTS MUST COMPLETE ALL REQUIREMENTS
BEFORE THE DISSERTATION FILING DEADLINE***

(<https://grad.ucla.edu/gasaa/library/thesismtg.htm>)

TO BE ABLE TO PARTICIPATE IN THE COMMENCEMENT CEREMONY.

XI. COMPETENCIES

A. Dr.P.H.

The School of Public Health has adopted the Dr.P.H. competencies set forth by the Association of Schools of Public Health. These competencies cover seven domains: advocacy, communication, community/cultural orientation, critical analysis, leadership, management, and professionalism and ethics. The competencies within each of these domains can be accessed at:

<http://www.aspph.org/app/uploads/2014/04/DrPHVersion1-3.pdf>.

B. Ph.D.

Upon graduation, a student with a Ph.D. should be able to do the following:

Competency	Source of Training & Evaluation
1. Locate, identify, critically evaluate, and synthesize social, behavioral, and public health research literature.	Proposal/Dissertation***
2. Explain, critique, synthesize, and elaborate major social, behavioral, and public health theories about the social determinants of health and health behavior and apply these theories to an area of research.	CHS 270 A&B Required minor courses (4)* Proposal/Dissertation**
3. Review and critique in-depth both foundational and cutting-edge work in the student's specific research area, and identify avenues for new research and/or theoretical development.	Proposal**
4. Demonstrate expertise in advanced research methods (including research design and implementation, data analysis, and statistics) in the social and behavioral sciences and apply these methods to conduct hypothesis-testing and/or hypothesis-generating research in the student's own area of research.	Required: methods courses (2) statistic courses (2) CHS 219 Proposal/Dissertation
5. Formulate a research question on an important public health topic, design a rigorous and original empirical study to answer it, conduct that study, interpret the results, and draw conclusions.	Required: methods courses (2) statistic courses (2) CHS 219 Proposal/Dissertation
6. Design and implement research that is responsive to potential concerns about research, research methods, and public health issues among diverse social groups, including cultural, racial/ethnic, national origin, linguistic, gender, sexual orientation, and community groups.	CHS 286 Proposal/Dissertation**
7. Be prepared to teach a course in public health, including: develop a teaching philosophy and apply it to the originating of a syllabus and course materials, incorporate core competencies, and identify pedagogical tools for communicating information and ideas to students.	CHS 286

Competency	Source of Training & Evaluation
8. Disseminate research findings, including: prepare a scientific article suitable for a refereed journal based on an original research project, submit the article for publication, respond to critiques of journal reviewers, and take appropriate action in response to a rejection.	CHS 225 CHS 286
9. Make comprehensible and articulate presentations at national and international professional conferences and to lay audiences.	CHS 286
10. Explain the principles of research ethics and apply these principles to specific research projects, and be able to identify and resolve the specific ethical considerations likely to arise in particular research designs in the student's own area of research.	CHS 286 Proposal/Dissertation

Evaluation of competencies to be demonstrated through course exams and papers.

* Also evaluated in the minor department's qualifying exam.

** Also evaluated in the departmental qualifying exam.

***THE DOCTORAL THESIS MUST EXHIBIT EXPERTISE IN EACH OF THE
COMPETENCIES FOR THAT DEGREE.***

**TABLE 5
CHS DEPARTMENT COURSES OFFERED 2017-18**

As of 7/18/17 ‡

FALL 2017		WINTER 2018		SPRING 2018	
132	Health, Disease & Health Services in Latin America (Taub)	100	Introduction to Community Health Sciences (Beltrán-Sánchez)	100	Introduction to Community Health Sciences (Sudhinaraset)
200	Global Health Problems (von Ehrenstein)	200	Global Health Problems (von Ehrenstein)	211B	Program Planning, Research, & Evaluation in Community Health Sciences (Kuhn/Wallace)
210	Community Health Sciences (Macinko)	205	Immigrant Health (Wallace)	M216	Qualitative Research Methodology (George)
226	Women's Health & Well-Being (Upchurch)	211A	Program Planning, Research, & Evaluation in Community Health Sciences (Gipson/Prelip)	246	Women's Roles and Family Health (Tavrow)
238	Evolving Paradigms of Prevention: Interventions in Adolescence (D'Amico)	212	Advanced Social Research Methods in Health (Kuhn)	M250	HIV/AIDS and Culture in Latin America (Taub)
247	Population Change & Public Policy (Pebley)	224	Social Determinants of Nutrition & Health (Wang)	258	Cooperative Interagency Management in Disasters (Stratton)
254	Intentional Disasters: War & Refugees (Halbert)	231	Maternal & Child Nutrition (M. Baer/Herman)	M263	Social Demography of Los Angeles (Pebley)
286	Doctoral Roundtable in CHS (Gipson)	240	Child & Reproductive Health in Communities: Global Environmental Perspective (von Ehrenstein)	M264	Latin America: Traditional Medicine, Shamanism, & Folk Illness (Taub)
288	Health Communication in Popular Media (Glik)	M260	Health & Culture in Americas (Taub)	270B	Foundations of Community Health Sciences (Pebley)
296 s. 1	Advanced Research Topics in CHS: Population Models & Dynamics [new course] (Beltrán-Sánchez)	270A	Foundations of Community Health Sciences (Ford)	284	Sociocultural Aspects of Mental Health (Thomas)
440	Public Health & National Security at US-Mexico Border (Stratton)	276	Complementary & Alternative Medicine (Upchurch)	286	Doctoral Roundtable in CHS (Gipson)
485	Resource Development for Community Health Programs (Prelip)	282	Social Marketing for Health Promotion & Communication (TBD)	296 s. 1	Advanced Research Topics in CHS [new course] (Upchurch)
487	Community Organization for Health (TBD)	286	Doctoral Roundtable in CHS (Gipson)	M430	Building Advocacy Skills: Reproductive Health Focus (Elginer)
		291	Health Policy & Aged (Villa)	431	Foundations of Reproductive Health (Gipson)
		292	Information Technology for Health Promotion & Communication (Glik/Lang)	449	Nutrition & Chronic Disease (Hunnes)
		296 s. 1	Advanced Research Topics in CHS [new course] (Ford)	CM470	Improving Worker Health: Social Movements, Policy Debates, & Public Health (Delp)
		296 s. 2	Advanced Research Topics in CHS [new course] (Thomas)	484	Risk Communications (Glik)
		427	Reproductive Health in Sub-Saharan Africa (Tavrow)		

‡ NOTE: Course offerings subject to change. Check the Registrar's Schedule for updates: <https://sa.ucla.edu/ro/public/soc/>.

APPENDIX I.

ANNUAL AND QUARTERLY BENCHMARKS FOR DOCTORAL STUDENTS, FACULTY ADVISORS, AND DEPARTMENT DOCTORAL COMMITTEE

	STUDENT	ADVISOR	DEPT. DOCTORAL COMMITTEE
YEAR 01			
FALL	<ul style="list-style-type: none"> • Complete IDP to set goals in collaboration with advisor • Submit IDP electronically to SAO 	<ul style="list-style-type: none"> • Assist student with IDP and discuss plans to achieve goals 	<ul style="list-style-type: none"> • Orientation for new students • Monitor implementation of IDP
SPRING	<ul style="list-style-type: none"> • Submit materials for First Year Review (FYR) early in Spring qtr. (transcript; copies of original written materials from doctoral-level courses; 1-page statement summarizing progress toward goals for year) • Review Fall IDP with advisor • Submit any additional progress materials to SAO if needed 	<ul style="list-style-type: none"> • Assist student in preparation of FYR materials • After full faculty review, discuss with student • Write letter to student summarizing faculty review re: FYR. Co-signed by dept. chair. • Review student IDP & discuss with student • Complete & submit faculty IDP report to SAO 	<ul style="list-style-type: none"> • Facilitate administration of FYR • Review & discuss FYRs of all first year students at faculty meetings • Assure FYR letters are written by advisors • Review IDP & faculty IDP report • Send Warning Letters as necessary
YEAR 02			
FALL	<ul style="list-style-type: none"> • Same as Fall Year 01 • Ph.D.: Continue preparation for 2nd Year Departmental Exam • <i>Dr.P.H.: Continue preparation for Breadth & Research Area Exams</i> 	<ul style="list-style-type: none"> • Same as Fall Year 01 • Ph.D.: Advise re: preparation for 2nd year exam; Guidance Committee • <i>Dr.P.H.: Advise re: preparation Guidance Committee</i> 	<ul style="list-style-type: none"> • Monitor implementation of IDP
SPRING	<ul style="list-style-type: none"> • Review Fall IDP with advisor • Establish Guidance Committee • Ph.D.: 2nd Year Departmental Exam (standardized, given to all 2nd year Ph.D. students). See Doctoral Handbook for details.* • <i>Dr.P.H.: Continue preparation for Breadth & Research Area Exams</i> 	<ul style="list-style-type: none"> • Review student IDP & discuss with student • Complete & submit faculty IDP report to SAO • Ph.D.: Advise re: preparation for 2nd year exam; Guidance Committee • <i>Dr.P.H.: Advise re: preparation Breadth & Research Area Exams; Guidance Committee</i> 	<ul style="list-style-type: none"> • Review IDP & faculty IDP report • Send Warning Letters as necessary • Ph.D.: Administer & grade 2nd Year Departmental Exam

	STUDENT	ADVISOR	DEPT. DOCTORAL COMMITTEE
YEAR 03			
FALL	<ul style="list-style-type: none"> • Same as Fall Y01 • Ph.D.: Prepare for Minor Exam • <i>Dr.P.H.: CHS Breadth Exam (Exam 1: See Doctoral Handbook)*</i> 	<ul style="list-style-type: none"> • Same as Fall Y01 • Advise re: Minor Exam or CHS Research Exam 	<ul style="list-style-type: none"> • Monitor implementation of IDP • <i>Dr.P.H.: Administer & grade Exam 1</i>
SPRING	<ul style="list-style-type: none"> • Review Fall IDP with advisors • Ph.D.: Prepare for Minor Exam* • <i>Dr.P.H.: CHS Research Area Exam (Exam 2: See Doctoral Handbook)*</i> 	<ul style="list-style-type: none"> • Review student IDP & discuss with student • Complete & submit faculty IDP report to SAO • Advise re: Minor Exam or CHS Research Exam 	<ul style="list-style-type: none"> • Review IDP & faculty IDP report • Send warning letters as necessary • <i>Dr.P.H.: Administer & grade Exam 2</i>
YEAR 04			
FALL	<ul style="list-style-type: none"> • Same as Fall Y01 • Prepare for Oral Qualifying Exam 	<ul style="list-style-type: none"> • Same as Fall Y01 • Advise & work with student on Oral Qualifying Exam 	<ul style="list-style-type: none"> • Monitor implementation of IDP
SPRING	<ul style="list-style-type: none"> • Review Fall IDP with advisor • Oral Qualifying Exam 	<ul style="list-style-type: none"> • Review student IDP & discuss with student • Complete & submit faculty IDP report to SAO • Advise & work with student in preparation of Oral Qualifying Exam 	<ul style="list-style-type: none"> • Review IDP & faculty IDP report • Send warning letters as necessary
YEAR 05 & BEYOND	<ul style="list-style-type: none"> • Prepare & review IDP • Dissertation work • Final defense 	<ul style="list-style-type: none"> • Assist & review IDP • Ongoing advising re: dissertation work 	<ul style="list-style-type: none"> • Review IDP & faculty IDP report • Send warning letters as necessary

NOTES:

Ph.D.-specific benchmarks are in **bold**; Dr.P.H. benchmarks are in *italic*.

* These are expected deadlines and key benchmarks by Graduate Division and/or the Department of Community Health Sciences and are described elsewhere in the CHS Doctoral Handbook.

CHS DEPARTMENT FACULTY AND THEIR RESEARCH INTERESTS

Core Faculty

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

CHANDRA L. FORD, Ph.D.
Associate Professor
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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
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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 D. GIPSON, Ph.D., M.P.H.
Associate 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 C. GLIK, Sc.D.
Professor
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Health communication research including implementation and evaluation of a corner-store conversion project; pretesting and scripting of bioterrorism preparedness messages; risk communication research for emergencies, disasters, and environmental hazards; entertainment media advocacy in areas of childhood disease prevention, injury prevention, smoking, reproductive health and disaster preparedness; transmedia research with a current focus on West African contexts; development of digital and multimedia health materials for children, patients, and providers.

RANDALL KUHN, Ph.D.
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Statistical evaluation of health interventions at local and global scales; health and development; migration; forecasting; global health; survey design; analysis of administrative data; South Asia and Middle East.

JAMES A. MACINKO, Ph.D.
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Global health; public health policy; health services research; primary care; health inequalities; Brazil.

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

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

MAY SUDHINARASET, Ph.D.
Assistant Professor
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Social epidemiology; vulnerable populations; health equity; adolescent health; migration; undocumented immigration; social policies; urbanization; qualitative research; mixed-methods research; ecological frameworks; sexual and reproductive health; Asia; health services; quality of care.

COURTNEY S. THOMAS, Ph.D.
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Psychobiology of stress and coping; aging and the life course; mental health; developing racially relevant measures of social stressors and coping resources; racial and socioeconomic health disparities.

DAWN M. UPCHURCH, Ph.D., L.Ac.
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Women's health and health disparities; social and behavioral determinants of women's health; psychosocial stressors and health; biopsychosocial models of women's health; biomarkers and allostatic load; complementary and alternative medicine; acupuncture.

ONDINE S. VON EHRENSTEIN, Ph.D., M.P.H., M.S.
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Global 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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Equities in health status and health care 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; immigrant health; social policy as a social determinant of health.

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

Affiliated Faculty

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.

NEAL A. BAER, M.D., A.M., Ed.M.
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Health communications; promoting health among high-risk populations; identifying how to reach popular audiences with health messages.

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

ELIZABETH D'AMICO, Ph.D.
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Substance use and risk behaviors among adolescents; prevention and intervention; clinical psychology.

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

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

DAVID EISENMAN, M.D., M.S.H.S.
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Community resilience; disasters; climate change.

JULIE ELGINER, Dr.P.H.
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Community, media, legislative and organizational advocacy; reproductive health; global health.

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; evidence-based health promotion and disease management programs for older adults.

SHEBA M. GEORGE, Ph.D.
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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.

KIMBERLY D. 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.

RON J. HALBERT, M.D., M.P.H.
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Preventive medicine; clinical informatics; value in healthcare; program evaluation; respiratory epidemiology; pharmaceutical and biotech industry; intentional disasters.

DENA R. 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.

DANA E. HUNNES, Ph.D., M.P.H., R.D.
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Nutrition in clinical and public health practice; dietetics practice; food security and nutrition.

ROBERT J. 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.

LOULOU KOBEISSI, Ph.D.
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Middle Eastern women's health; epidemiology; maternal and child health; mental health in refugee populations; sustainable development.

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

CATHY M. LANG, Ph.D., M.P.H.
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Health communication research, in particular the design and evaluation of digital and traditional forms of health education materials.

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

NATALIE D. MUTH, M.D., M.P.H., R.D.N.,
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Nutrition, obesity, physical activity and exercise, motivational interviewing and behavior change, pediatrics and child health.

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

MICHAEL G. ROSS, M.D., M.P.H.
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Pregnancy, prenatal care and fetal development.

MARY JANE ROTHERAM-BORUS, Ph.D.
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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.

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

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

BONNIE TAUB, Ph.D.
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Medical anthropology; disease and health services in Latin America.

PAULA A. TAVROW, Ph.D.
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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.

VALENTINE M. VILLA, Ph.D.
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Gerontology and aging; social, health, and economic issues affecting minority elderly and their families.

Emeritus Faculty

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

<p>LINDA B. BOURQUE, Ph.D. Professor Emerita lbourke@ucla.edu</p>	<p>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.</p>
<p>MICHAEL S. GOLDSTEIN, Ph.D. Professor Emeritus msgoldst@ucla.edu</p>	<p>Sociology of medicine and health promotion; complementary and alternative medicine.</p>
<p>MARJORIE KAGAWA-SINGER, Ph.D., M.A., M.N., R.N. Research Professor / Professor Emerita mkagawa@ucla.edu</p>	<p>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.</p>
<p>SNEHENDU B. KAR, Dr.P.H., M.Sc. Professor Emeritus kar@ucla.edu www.snehendukarucla.com</p>	<p>Multicultural health communication, global health education and promotion with an emphasis in India, and community empowerment and leadership development; international health.</p>
<p>VIRGINIA C. LI, Ph.D., M.P.H. Research Professor / Professor Emerita vcl@ucla.edu</p>	<p>International health emphasizing women's reproductive health and HIV prevention in China; reproductive health indicators for rural areas of developing countries. Presently piloting tobacco substitution strategies in China.</p>
<p>DONALD E. MORISKY, Sc.D., M.S.P.H., Sc.M. Research Professor / Professor Emeritus dmorisky@ucla.edu</p>	<p>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).</p>
<p>CHARLOTTE G. NEUMANN, M.D., M.P.H. Research Professor / Professor Emerita cneumann@ucla.edu</p>	<p>Nutrition research and intervention studies in Africa to improve growth, cognition, and school performance of Kenyan children and currently of HIV+ mothers and their children to slow disease progress and improve nutrition. Directs Drabkin/Neumann International Field Experience funding for CHS students.</p>
<p>KIMBERLEY I. SHOAF, Dr.P.H. Professor Emerita kimberley.shoaf@utah.edu</p>	<p>Public health impact of disasters; program planning and evaluation; international health; health in the Latino community.</p>
<p>JUDITH M. SIEGEL, Ph.D., M.S.Hyg. Professor Emerita jmsiegel@ucla.edu</p>	<p>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.</p>
<p>ISABELLE F. HUNT, Dr.P.H., R.D., Professor Emerita ALFRED K. NEUMANN, M.D., M.P.H., Professor Emeritus</p>	