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DESCRIPTION OF DOCTORAL PROGRAMS

This document describes the doctoral programs (Dr.P.H. and Ph.D.) in the Department of Community Health Sciences (CHS), 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). 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:

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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 two members from CHS administer the written qualifying exam.

- *The four-person doctoral committee*, who assist the student in the preparation of the proposal and the dissertation and who evaluate these documents during oral examinations.

These committees are chosen by the student in consultation with his/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/report.html, 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 Office for Students with Disabilities (OSD) at http://www.osd.ucla.edu, (310) 825-1501. The philosophy and mission of the program is to encourage independence, assist students in realizing their academic potential, and facilitate the elimination of physical, programmatic, and attitudinal barriers. Students are advised to register and to make arrangements for accommodations for 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 school over the past three years are Verbal: 86%, and Quantitative: 70%. The averages are generally higher for those admitted into the doctoral program than for those admitted into the masters program. The analytical writing section is reviewed also.
- 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
  - why the applicant is seeking doctoral training specifically in CHS
  - some sense of who the applicant is as an individual.

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

Although not required for admission, 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](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/](https://grad.ucla.edu/) and at [www.sophas.org](http://www.sophas.org). Students are admitted to the doctoral programs in the Fall Quarter only.

**NOTE:**

ADMISSION TO THE Dr.P.H. PROGRAM WILL BE SUSPENDED EFFECTIVE FALL 2016.

### 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 when the focus of the student’s studies becomes more clearly defined over time. To change advisors, file a blue petition that is signed by both the current and new advisors, requesting the change.

#### B. Guidance Committee

**Purpose.** This committee functions as a group to assist in tailoring the program to the student’s needs and objectives. The student is responsible for informing the committee about his/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,
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.

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

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

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

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

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

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

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

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

- The coursework requirements for the Dr.P.H. are detailed to ensure that students attain the breadth of training necessary for professional practice. In contrast, fewer courses are required for the Ph.D.; the wide choice of electives enables students to tailor their coursework to their area of interest.

- For Dr.P.H. students, the minor is taken within another department in the FSPH. For Ph.D. students, the minor must be taken in a Ph.D.-granting department outside the FSPH.

- The degrees differ as well with regard to the content and structure of the written qualifying examinations. The Dr.P.H. examinations emphasize the full spectrum of substantive content forming the Community Health Sciences. All Dr.P.H. students take a common breadth examination and an individualized research area examination. For the Ph.D., the first examination is in the minor field (some minor departments may use other methods to satisfy the minor requirement). Starting with the incoming cohort of Fall 2013, all Ph.D. students take a common, standardized departmental/major exam at the end of the second year (Spring quarter).

These degree requirements embody the nature of the distinction between the two degrees: the Dr.P.H. emphasizes the development of expertise across the full spectrum of substance and skills necessary to professional practice; the Ph.D. emphasizes the development of specialized expertise in a specific area of substantive research. Students preparing for academic careers may do so under either degree program; the choice depends upon the desired mix of practice, teaching, and research.

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

A. Completion of Prerequisites

Students who have not taken the following courses (or their equivalents) are required to do so: CHS 212; Biostatistics 100A, 100B, and 406, 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 the Doctoral Roundtable (CHS 286) every quarter until advanced to candidacy. With the exception of the first quarter of residency as a doctoral student, students can be waived out of the Roundtable by blue petition for up to two quarters.

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

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.

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

2 Students who have received a masters degree at UCLA should note that courses required for completion of that degree may not be re-used for credit in the doctoral program.
Within the 48-unit minimum, course requirements specific to the Dr.P.H. or the Ph.D. are as follows:

**Dr.P.H.**

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

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

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

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 & 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.

**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 200A  Biostatistics (advanced students only)
- 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 230BL  Linear Statistical Models: Computer Laboratory
- Educ 231A  Toolkit for Qualitative Methods Research
- Educ M231B  Factor Analysis
- Educ 231C  Analysis of Categorical and Other Nonnormal Data
- Educ 231D  Advanced Quantitative Models in Nonexperimental Research: Multilevel Analysis
- Educ M231E  Statistical Analysis with Latent Variables
- Educ 255A  Seminar: Special Topics—Measurement
- Educ 255B  Seminar: Special Topics—Design
- Educ 255C  Seminar: Special Topics—Data Analysis

**Epidemiology**
- Epi 200A  Methods I: Basic Concepts and Study Designs
- Epi 200B  Methods II: Prediction and Validity
- Epi 200C  Methods III: Analysis
- Epi 410  Management of Epidemiologic Data
- Epi M418  Rapid Epidemiologic Surveys in Developing Countries

**Health 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

* Recommended by students enrolled in Doctoral Roundtable, Spring 2012.
Nursing

Nursing 205A  Introduction to Qualitative Methods in Research
  (note: 205A or CHS M216 is prerequisite for 205 B&C)

Nursing 205B  Advanced Qualitative Research Methodology I
  (note: 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 (note: 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

Social Welfare

Soc Wlf 280A  Knowledge Acquisition, Evidence-Based Practice, and Research in Social Welfare
Soc Wlf 286B  Advanced Research Methods

Sociology

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](http://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](http://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.)

<table>
<thead>
<tr>
<th>Prerequisites</th>
<th>Dr.P.H.</th>
<th>Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics 100B (Winter)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CHS 212, Advanced Social Research Methods (Winter)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Biostatistics 406, Applied Multivariate Statistics (Spring)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>An epidemiology course</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Dr.P.H.</th>
<th>Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS 270 A&amp;B, Foundations of CHS (Winter, Spring)</td>
<td>Highly recommended</td>
<td>Required FIRST year</td>
</tr>
<tr>
<td>2 additional methods courses (8 units)</td>
<td>✓</td>
<td>As determined by guidance committee, recommend at least 4 courses in this area</td>
</tr>
<tr>
<td>2 additional statistics courses (8 units)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4 courses for minor (16 units)</td>
<td>✓</td>
<td>✓ (in 1 dept outside FSPH)</td>
</tr>
<tr>
<td>2 additional FSPH courses outside CHS (8 units)</td>
<td>✓ (cannot be in minor dept)</td>
<td>(not required)</td>
</tr>
<tr>
<td>CHS 596, Independent Study</td>
<td>Optional, 4 units maximum</td>
<td>Optional, 4 units maximum</td>
</tr>
<tr>
<td>A broad public health course to be approved by advisor via blue petition</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Additional electives to achieve a minimum of 48 units</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CHS 286, Doctoral Roundtable (S/U, 4 units; required until advanced to candidacy, does not count towards 48 units)</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Those with a non-Community Health MPH/MSPH</th>
<th>Dr.P.H.</th>
<th>Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS 210, Intro to CHS (Fall)</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Those with no MPH/MSPH also add (do not count towards 48 units):</th>
<th>Dr.P.H.</th>
<th>Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics 100A (Fall)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CHS 211 A&amp;B (Winter, Spring)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Environmental Health 100 (2nd or 3rd year)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Epidemiology 100 (Spring)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Health Policy &amp; Mgmt 100 (Fall)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CHS 212 and Biostat 406 are best taken in the second year for these students.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Doctoral Degree Requirements (in Addition to Coursework)

<table>
<thead>
<tr>
<th>Exams</th>
<th>Dr.P.H.</th>
<th>Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor area exam</td>
<td>(not required)</td>
<td>Given by minor advisor</td>
</tr>
<tr>
<td>CHS breadth exam</td>
<td>Written exam given by the CHS Doctoral Committee</td>
<td>(not required)</td>
</tr>
<tr>
<td>“Research area” exam (Dr.P.H.) or “Departmental/Major” exam (Ph.D.) <em>(must be filed with doctoral committee after passed)</em></td>
<td>Written exam arranged with CHS guidance committee members: 2 readers</td>
<td>Written exam arranged by the Department Doctoral Committee and administered at the end of the 2nd year</td>
</tr>
<tr>
<td>Oral exam (defense of dissertation proposal)</td>
<td>Committee = 2 CHS faculty + 1 minor faculty + 1 non-FSPH faculty (1 of above may be adjunct or clinical series)</td>
<td>Committee = 3 CHS faculty + 1 outside faculty (minimum 4 members including 2 tenured faculty; a 5th member may be adjunct)</td>
</tr>
<tr>
<td>Dissertation defense (Graduate Division has a package on how to file dissertation)</td>
<td>Same as oral exam above</td>
<td>Same as oral exam above</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Form to File with Student Affairs</th>
<th>When to File Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominate guidance committee</td>
<td>Form 1 (Establish guidance committee) (from SAO)</td>
<td>During second year of doctoral program</td>
</tr>
<tr>
<td>Report on completion of qualifying exams</td>
<td>Dr.P.H.: Form 2 (CHS breadth exam) (from CHS doctoral-only website) Form 3 (Research area exam) (from CHS doctoral-only website)</td>
<td>After the completion of each exam</td>
</tr>
<tr>
<td></td>
<td>Ph.D.: Form 2 (Departmental/Major exam) (Department will file form on student’s behalf) Form 3 (Minor exam) (from CHS doctoral-only website)</td>
<td></td>
</tr>
<tr>
<td>Nominate doctoral committee</td>
<td>“Nomination of Doctoral Committee” (available online)</td>
<td>Minimum of 4 weeks before oral exam</td>
</tr>
<tr>
<td>Report on oral exam</td>
<td>&quot;Report on the Oral Qualifying Examination” (from SAO)</td>
<td>When oral proposal defense is completed</td>
</tr>
<tr>
<td>Report on final oral exam (Dissertation defense)</td>
<td>&quot;Report on the Final Oral Examination for the (__) Degree” (from SAO)</td>
<td>When final oral dissertation defense is completed</td>
</tr>
<tr>
<td>File dissertation</td>
<td>See <a href="http://www.grad.ucla.edu/gasaa/library/thesisintro.htm">http://www.grad.ucla.edu/gasaa/library/thesisintro.htm</a></td>
<td>By June 1 to participate in graduation ceremonies</td>
</tr>
</tbody>
</table>

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 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.

VI. WRITTEN QUALIFYING EXAMINATIONS

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

Students in both doctoral programs take two written examinations. The examinations for the Dr.P.H. emphasize the full scope of the substantive content of Community Health Sciences, whereas the examinations for the Ph.D. have a more specialized orientation. As shown in Table 2, the two Dr.P.H. exams are (a) the CHS breadth exam given by the CHS Doctoral Committee and (b) an exam in the student’s “research area.” Dr.P.H. students complete the CHS breadth exam first and then take the research area exam. The two Ph.D. exams are (a) a minor exam which is taken in the student’s minor department (outside 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. 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:

Starting with the incoming class of Fall 2013, all Ph.D. students will take a common standardized departmental/major exam at the end of their second year (Spring quarter). All Ph.D. students who enrolled prior to Fall 2013 should consult the Doctoral Handbook corresponding to their year of enrollment for information on the nature and structure of their second exam.

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, failing students 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.
VII. THE DISSERTATION PROPOSAL

A. Purpose

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

B. Format

The proposal includes:

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

C. Procedures

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

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

A. Goal

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

B. Content

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

C. Format

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

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

D. Preparation

The student submits the written proposal to his/her doctoral committee, meets with each member of the committee to obtain feedback, and revises the proposal as appropriate. 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.

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. 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.

X. FINAL ORAL EXAMINATION

The final oral examination is a defense of the dissertation.

A. Goal

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

B. Content

The exam focuses on the dissertation.

C. Format

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

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

This examination is required for all doctoral students.

D. Preparation

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

E. Timing

The defense of the dissertation occurs when the dissertation is completed and approved by the chair of the dissertation committee. Sufficient time must be allocated for committee members to read the dissertation. 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. An exception to this policy requires a blue petition.

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, professionalism and ethics. The competencies within each of these domains can be accessed at: http://www.aspph.org/wp-content/uploads/2014/04/DrPHVersion1-3.pdf.

B. Ph.D.

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

<table>
<thead>
<tr>
<th>Competency</th>
<th>Source of Training &amp; Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Locate, identify, critically evaluate, and synthesize social,</td>
<td>Proposal/Dissertation***</td>
</tr>
<tr>
<td>behavioral, and public health research literature.</td>
<td></td>
</tr>
<tr>
<td>2. Explain, critique, synthesize, and elaborate major social,</td>
<td>CHS 270 A&amp;B Required minor courses (4)* Proposal/Dissertation**</td>
</tr>
<tr>
<td>behavioral, and public health theories about the social determinants</td>
<td></td>
</tr>
<tr>
<td>of health and health behavior and apply these theories to an area of</td>
<td></td>
</tr>
<tr>
<td>research.</td>
<td></td>
</tr>
<tr>
<td>3. Review and critique in-depth both foundational and cutting-edge</td>
<td>Proposal**</td>
</tr>
<tr>
<td>work in the student’s specific research area, and identify avenues</td>
<td></td>
</tr>
<tr>
<td>for new research and/or theoretical development.</td>
<td></td>
</tr>
<tr>
<td>4. Demonstrate expertise in advanced research methods (including research</td>
<td>Required: methods courses (2) statistic courses (2) CHS 219 Proposal/Dissertation</td>
</tr>
<tr>
<td>design and implementation, data analysis, and statistics) in the</td>
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<tr>
<td>social and behavioral sciences and apply these methods to conduct</td>
<td></td>
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<tr>
<td>hypothesis-testing and/or hypothesis-generating research in the</td>
<td></td>
</tr>
<tr>
<td>student’s own area of research.</td>
<td></td>
</tr>
<tr>
<td>5. Formulate a research question on an important public health topic,</td>
<td>Required: methods courses (2) statistic courses (2) CHS 219 Proposal/Dissertation</td>
</tr>
<tr>
<td>design a rigorous and original empirical study to answer it,</td>
<td></td>
</tr>
<tr>
<td>conduct that study, interpret the results, and draw conclusions.</td>
<td></td>
</tr>
<tr>
<td>6. Design and implement research that is responsive to potential</td>
<td>CHS 286 Proposal/Dissertation**</td>
</tr>
<tr>
<td>concerns about research, research methods, and public health issues</td>
<td></td>
</tr>
<tr>
<td>among diverse social groups, including cultural, racial/ethnic,</td>
<td></td>
</tr>
<tr>
<td>national origin, linguistic, gender, sexual orientation, and</td>
<td></td>
</tr>
<tr>
<td>community groups.</td>
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</tr>
<tr>
<td>7. Be prepared to teach a course in public health, including: develop</td>
<td>CHS 286</td>
</tr>
<tr>
<td>a teaching philosophy and apply it to the originating of a syllabus</td>
<td></td>
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<tr>
<td>and course materials, incorporate core competencies, and identify</td>
<td></td>
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<tr>
<td>pedagogical tools for communicating information and ideas to students.</td>
<td></td>
</tr>
<tr>
<td>Competency</td>
<td>Source of Training &amp; Evaluation</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>8. Disseminate research findings, including: prepare a scientific article</td>
<td>CHS 225</td>
</tr>
<tr>
<td>suitable for a refereed journal based on an original research project,</td>
<td>CHS 286</td>
</tr>
<tr>
<td>submit the article for publication, respond to critiques of journal</td>
<td></td>
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<tr>
<td>reviewers, and take appropriate action in response to a rejection.</td>
<td></td>
</tr>
<tr>
<td>9. Make comprehensible and articulate presentations at national and</td>
<td>CHS 286</td>
</tr>
<tr>
<td>international professional conferences and to lay audiences.</td>
<td></td>
</tr>
<tr>
<td>10. Explain the principles of research ethics and apply these principles</td>
<td>CHS 286</td>
</tr>
<tr>
<td>to specific research projects, and be able to identify and resolve the</td>
<td>Proposal/Dissertation</td>
</tr>
<tr>
<td>specific ethical considerations likely to arise in particular research</td>
<td></td>
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<tr>
<td>designs in the student’s own area of research.</td>
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</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>FALL 2015</th>
<th>WINTER 2016</th>
<th>SPRING 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>130 Nutrition and Health (Leader)</td>
<td>100 Introduction to Community Health Sciences</td>
<td>100 Introduction to Community Health Sciences</td>
</tr>
<tr>
<td>132 Health, Disease &amp; Health Services in Latin</td>
<td>105 Immigrant Health (Wallace)</td>
<td>(TBA)</td>
</tr>
<tr>
<td>America (Taub)</td>
<td>205 Immigrant Health (Wallace)</td>
<td>200 Global Health Problems (von Ehrenstein)</td>
</tr>
<tr>
<td>200 Global Health Problems (von Ehrenstein)</td>
<td>211A Program Planning, Research, &amp; Evaluation</td>
<td>211B Program Planning, Research, &amp; Evaluation</td>
</tr>
<tr>
<td>210 Community Health Sciences (Upchurch)</td>
<td>in Community Health Sciences (Glik/TBA)</td>
<td>in Community Health Sciences (Bourque/Wang)</td>
</tr>
<tr>
<td>213 Research in Community &amp; Patient Health</td>
<td>212 Advanced Social Research Methods in Health</td>
<td>M218 Questionnaire Design &amp; Administration</td>
</tr>
<tr>
<td>Education (Morisky)</td>
<td>(Bourque)</td>
<td>(Bourque)</td>
</tr>
<tr>
<td>M218 Questionnaire Design &amp; Administration</td>
<td>231 Maternal &amp; Child Nutrition (Baer/Herman)</td>
<td>235 Influence of Social &amp; Physical Environment</td>
</tr>
<tr>
<td>(Bourque)</td>
<td>247 Population Change and Public Policy (Gipson)</td>
<td>on Racial Health Disparities (Gee)</td>
</tr>
<tr>
<td>219 Theory-Based Data Analysis (Aneshensel)</td>
<td>247 Population Change and Public Policy (Gipson)</td>
<td>246 Women’s Roles and Family Health (Tavrow)</td>
</tr>
<tr>
<td>220 Racism &amp; Public Health: Social</td>
<td>247 Population Change and Public Policy (Gipson)</td>
<td>246 Women’s Roles and Family Health (Tavrow)</td>
</tr>
<tr>
<td>Epidemiologic Approaches (Ford)</td>
<td>248 Social Determinants of Nutrition &amp; Health</td>
<td>254 Intentional Disasters: War &amp; Refugees (Halbert)</td>
</tr>
<tr>
<td>224 Social Determinants of Nutrition &amp; Health</td>
<td>249 Social Marketing for Health Promotion &amp;</td>
<td>258 Cooperative Interagency Management in</td>
</tr>
<tr>
<td>(Wang)</td>
<td>Communication (TBD)</td>
<td>Disasters (Stratton)</td>
</tr>
<tr>
<td>238 Evolving Paradigms of Prevention:</td>
<td>282 Social Marketing for Health Promotion &amp;</td>
<td>M263 Social Demography of Los Angeles (Pebley)</td>
</tr>
<tr>
<td>Interventions in Adolescence (D’Amico)</td>
<td>Communication (TBD)</td>
<td>M264 Latin America: Traditional Medicine,</td>
</tr>
<tr>
<td>286 Doctoral Roundtable in CHS (Gee)</td>
<td>283 Evidence-Based Health Promotion Programs for</td>
<td>Shamanism &amp; Folk Illness (Taub)</td>
</tr>
<tr>
<td>288 Health Communication in Popular Media (Glik)</td>
<td>284 Social Determinants of Nutrition &amp; Health</td>
<td>M270B Foundations of Community Health Sciences</td>
</tr>
<tr>
<td>440 Public Health &amp; National Security at the</td>
<td>285 Social Determinants of Nutrition &amp; Health</td>
<td>(Upchurch)</td>
</tr>
<tr>
<td>US-Mexico Border (Stratton)</td>
<td>(Wang)</td>
<td>284 Sociocultural Aspects of Mental Health</td>
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<tr>
<td></td>
<td></td>
<td>286 Doctoral Roundtable in CHS (Gee)</td>
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<tr>
<td></td>
<td></td>
<td>290 Race, Class, Culture, &amp; Aging (Wallace)</td>
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<td></td>
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<td>M430 Building Advocacy Skills: Reproductive</td>
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<td></td>
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<td>Health Focus (Elginer)</td>
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<td></td>
<td></td>
<td>431 Foundations of Reproductive Health</td>
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<tr>
<td></td>
<td></td>
<td>(Gipson)</td>
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<td></td>
<td></td>
<td>449 Nutrition &amp; Chronic Disease (Hunnes)</td>
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<tr>
<td></td>
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<td>CM470 Improving Worker Health: Social Movements,</td>
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<td></td>
<td></td>
<td>Policy Debates, &amp; Public Health (Delp)</td>
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<tr>
<td></td>
<td></td>
<td>484 Risk Communications (Glik)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(new course) (Pebley)</td>
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<tr>
<td>YEAR</td>
<td>STUDENT</td>
<td>ADVISOR</td>
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</tbody>
</table>
| 01   | FALL    | • Complete IDP to set goals in collaboration with advisor  
• Submit IDP electronically to SAO | • Assist student with IDP and discuss plans to achieve goals  
• Orientation for new students  
• Monitor implementation of IDP | • 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 | • 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 |
| SPRING | • 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 | • 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 | | |
| YEAR | STUDENT | ADVISOR | DEPT. DOCTORAL COMMITTEE |
| 02   | FALL    | • Same as Fall Year 01  
• Ph.D.: Continue preparation for 2nd Year Departmental Exam  
• Dr.P.H.: Continue preparation for Breadth & Research Area Exams | • Same as Fall Year 01  
• Ph.D.: Advise re: preparation for 2nd year exam; Guidance Committee  
• Dr.P.H.: Advise re: preparation Guidance Committee | • Monitor implementation of IDP |
| SPRING | • 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.*  
• Dr.P.H.: Continue preparation for Breadth & Research Area Exams | • Review student IDP & discuss with student  
• Complete & submit faculty IDP report to SAO  
• Ph.D.: Advise re: preparation for 2nd year exam; Guidance Committee  
• Dr.P.H.: Advise re: preparation Breadth & Research Area Exams; Guidance Committee | • Review IDP & faculty IDP report  
• Send Warning Letters as necessary  
• Ph.D.: Administer & grade 2nd Year Departmental Exam |
<table>
<thead>
<tr>
<th>YEAR 03</th>
<th>STUDENT</th>
<th>ADVISOR</th>
<th>DEPT. DOCTORAL COMMITTEE</th>
</tr>
</thead>
</table>
| FALL    | Same as Fall Y01  
Ph.D.: Prepare for Minor Exam  
Dr.P.H.: CHS Breadth Exam (Exam 1: See Doctoral Handbook)* | Same as Fall Y01  
Advise re: Minor Exam or CHS Research Exam | Monitor implementation of IDP  
Dr.P.H.: Administer & grade Exam 1 |
| SPRING  | Review Fall IDP with advisors  
Ph.D.: Prepare for Minor Exam*  
Dr.P.H.: CHS Research Area Exam (Exam 2: See Doctoral Handbook)* | Review student IDP & discuss with student  
Complete & submit faculty IDP report to SAO  
Advise re: Minor Exam or CHS Research Exam | Review IDP & faculty IDP report  
Send warning letters as necessary  
Dr.P.H.: Administer & grade Exam 2 |
| YEAR 04 | FALL    | Same as Fall Y01  
Prepare for Oral Qualifying Exam | Same as Fall Y01  
Advise & work with student on Oral Qualifying Exam | Monitor implementation of IDP |
| SPRING  | Review Fall IDP with advisor  
Oral Qualifying Exam | Review student IDP & discuss with student  
Complete & submit faculty IDP report to SAO  
Advise & work with student in preparation of Oral Qualifying Exam | Review IDP & faculty IDP report  
Send warning letters as necessary |
| YEAR 05 & BEYOND | Prepare & review IDP  
Dissertation work  
Final defense | Assist & review IDP  
Ongoing advising re: dissertation work | 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.
Core Faculty

CAROL S. ANESHENSEL, Ph.D.
Professor, Department Vice Chair
anshnsl@ucla.edu
Disparities in mental health risk, especially gender and SES; social stress and psychosocial resources such as social support; impact of neighborhood structure, caregiving; adolescent and aged populations.

HIRAM BELTRÁN-SÁNCHEZ, Ph.D.
Assistant Professor
beltrans@ucla.edu
Latin American health & aging and comparisons with Hispanics in the United States; 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.

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

CHANDRA L. FORD, Ph.D.
Associate Professor
clford@ucla.edu
Social epidemiology, in particular racism-related factors as social determinants of health; health disparities/health inequities; HIV/AIDS prevention; Critical Race Theory; sexual minority health; access to care.

GILBERT C. GEE, Ph.D.
Professor
gilgee@ucla.edu
Racism and other forms of structural oppression (e.g., ageism, classism); racial and ethnic health disparities; stressors at the individual and community level; environmental justice.

JESSICA D. GIPSON, Ph.D., M.P.H.
Assistant Professor
jgipson@ucla.edu
International reproductive health; fertility preferences; family planning; unintended pregnancy; abortion; HIV/AIDS; influence of gender and socio-cultural context on couple communication, reproductive decision-making and outcomes; mixed-method research.

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

JAMES A. MACINKO, Ph.D.
Professor
jmacinko@ucla.edu
Global health; public health policy; health services research; primary care; health inequalities; Brazil.
DONALD E. MORISKY, Sc.D., M.S.P.H., Sc.M.
Professor
dmorisky@ucla.edu
Planning and evaluation of patient- and community-based health education programs; international health; adherence to medical recommendations; STI/HIV-AIDS prevention; hypertension, diabetes, and tuberculosis control (adolescents and adults).

 ANNE R. PELEY, Ph.D.
Professor
peley@ucla.edu
Demographic and population policy; maternal and child health; social determinants of health behavior.

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

STEVEN P. WALLACE, Ph.D.
Professor, Department Chair
swallace@ucla.edu
Access to health care and health equity for older people; inequities in health status and in the use of long-term care for Latino, African American, Asian American, and American Indian elders; organizational capacity-building projects in communities of color; equity of access for the elderly to health resources within and between countries in Latin America.

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

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

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

**MARION TAYLOR BAER, Ph.D., R.D.**
Adjunct Associate Professor  
mibaer@ucla.edu

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.**
Adjunct Professor  
nebaerасst@gmail.com

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.,**
Adjunct Professor  
diana_bonta@hotmail.com

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

**ELIZABETH D’AMICO, Ph.D.**
Adjunct Professor  
Elizabeth_D’Amico@rand.org

Substance use and risk behaviors among adolescents; prevention and intervention; clinical psychology.

**LINDA DELP, Ph.D.**
Adjunct Associate Professor  
dlelp@ucla.edu

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.**
Adjunct Assistant Professor, Associate Director of Field Studies  
adorian@ucla.edu

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.**
Associate Professor in Residence  
deisenman@mednet.ucla.edu

Community resilience; disasters; climate change.

**JULIE ELSINGER, Dr.P.H.**
Lecturer  
jaelginer@hotmail.com

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

**JANET C. FRANK, Dr.P.H..**
Adjunct Associate Professor  
jcfrank@ucla.edu

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.

**DAPHNA GANS, Ph.D.**
Adjunct Assistant Professor  
dgans@ucla.edu

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

** TIFFANI BROWN GARNETT, M.P.H.**
Lecturer  
TGarnett@saonet.ucla.edu

Student health and wellness promotion and education; mind/body connection; stress reduction education; intergroup dialogue and intergroup relations; diversity program development and implementation in college settings.
**Sheba M. George, Ph.D.**
Adjunct Associate Professor
shebageorge@ucla.edu

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.**
Professor in Residence
gregory@cshs.org

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

**Ron J. Halbert, M.D.**
Adjunct Professor
halbert@ucla.edu

Epidemiology of chronic respiratory disease; pharmaceutical and biotech industry; intentional disasters.

**Dena R. Herman, Ph.D., M.P.H., R.D.**
Adjunct Assistant Professor
dena.herman@gmail.com

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.**
Adjunct Assistant Professor
dhunnes@mednet.ucla.edu

Nutrition in clinical and public health practice; dietetics practice; food security and nutrition.

**Robert J. Kim-Farley, M.D., M.P.H.**
Professor in Residence
rkimfarley@ph.ucla.edu

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.**
Lecturer
susan@kirbymcs.com

Working with health-related organizations to integrate social marketing and health communication into programmatic and organizational change efforts; research and evaluation for social marketing projects.

**Joel D. Kopple, M.D.**
Professor in Residence
jkopple@labiomed.org

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.**
Adjunct Assistant Professor
clang@ucla.edu

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

**Vanessa Luke, M.A.**
Lecturer
vluke@saonet.ucla.edu

Identity development, social justice, stress management, communications, teacher training, social media, branding, higher education, active learning, gender & sexuality, culture creation, cosmopolitanism, Latin American human rights, acting pedagogy, media/visual anthropology, performance studies, cinema arts and cultures.
KRISTEN J. MCKINNEY, Ph.D.
Lecturer
kmckinney@saonet.ucla.edu
Student learning and development, particularly mental health and identity formation; program evaluation and assessment of learning outcomes.

MICHAEL G. ROSS, M.D., M.P.H.
Professor
mikeross@ucla.edu
Pregnancy, prenatal care and fetal development.

MARY JANE ROTHERAM-BORUS, Ph.D.
Professor in Residence
rotheram@ucla.edu
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.
Adjunct Professor
wslusser@mednet.ucla.edu
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.
Adjunct Professor
strattos@ucla.edu
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.
Lecturer
btaub@ucla.edu
Medical anthropology; disease and health services in Latin America.

PAULA A. TAVROW, Ph.D.
Adjunct Associate Professor
ptavrow@ucla.edu
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.
Adjunct Associate Professor
vvilla@ucla.edu
Gerontologicy and aging; social, health, and economic issues affecting minority elderly and their families.
Emeritus Faculty

OSMAN M. GALAL, M.D., Ph.D.
Professor Emeritus
ogalal@ucla.edu
International health policies; health in developing countries with particular emphasis on the Middle East; growth and development in children; schoolchildren’s health and nutrition as related to education.

MICHAEL S. GOLDSTEIN, Ph.D.
Professor Emeritus
msgoldst@ucla.edu
Sociology of medicine and health promotion; complementary and alternative medicine.

GAIL G. HARRISON, Ph.D.
Research Professor / Professor Emerita
gailh@ucla.edu
International health and nutrition; pediatric and maternal nutrition; dietary and nutritional status assessment.

MARJORIE KAGAWA-SINGER, Ph.D., M.A., M.N., R.N.
Research Professor / Professor Emerita
mkagawa@ucla.edu
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.

SNEHENDU B. KAR, Dr.P.H., M.Sc.
Professor Emeritus
kar@ucla.edu
www.snehendukarucla.com
Multicultural health communication, global health education and promotion with an emphasis in India, and community empowerment and leadership development; international health.

VIRGINIA C. LI, Ph.D., M.P.H.
Research Professor / Professor Emerita
vcl@ucla.edu
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.

CHARLOTTE G. NEUMANN, M.D., M.P.H.
Research Professor / Professor Emerita
cneumann@ucla.edu
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.

KIMBERLEY I. SHOAF, Dr.P.H.
Professor Emerita
kshoaf@ucla.edu
Public health impact of disasters; program planning and evaluation; international health; health in the Latino community.

JUDITH M. SIEGEL, Ph.D., M.S.Hyg.
Professor Emerita
jmsiegel@ucla.edu
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.

ISABELLE F. HUNT, Dr.P.H., R.D., Professor Emerita
ALFRED K. NEUMANN, M.D., M.P.H., Professor Emeritus

39