Master of Public Health Program

A Proposal to the Graduate Council of the University of California, Riverside Academic Senate
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Executive Summary

This is a proposal for a new Master of Public Health (MPH) degree program to start in Fall 2022. We propose to establish an interdepartmental MPH program to train the next generation of public health leaders. The program will build upon existing strengths of UCR in teaching, research, and service in the core principles of public health and other fields related to public health. Our overarching goal is to create a program that will serve the needs of Inland Southern California.

The University of California, Riverside (UCR) recently identified increasing graduate enrollment as a campus priority. Establishment of an MPH program at UCR will contribute to the goal, articulated in UCR’s Strategic Plan, of doubling student enrollment in master’s programs. The proposed MPH program will build on and complement:

- Existing School of Medicine (SOM) and campus educational and research programs, which will help fulfill its mission of training the next generation of health professionals
- Campus-wide faculty expertise in key public health issues, such as obesity; HIV/AIDS and other infectious diseases; mental health; substance misuse; chronic diseases in children, adolescents, and adults caused by environmental exposures; and social determinants of health; as well as health inequities
- Recent campus-wide expansions in research, training, and service in the health of communities and populations. These include the UCR Center for Health Disparities Research, the Center for Healthy Communities, and the Center for Social Innovation.

The program will recruit and train graduates of UCR and other undergraduate programs from Inland Southern California and beyond for careers in public health practice. The program will also provide public health training to individuals who are trained in the health professions, including resident physicians and fellows as the program continues to grow.

Our proposed 66-unit interdisciplinary program can be completed in two years. Students will be provided rigorous instruction in the core public health disciplines of biostatistics, epidemiology, environmental health sciences, health policy and management, and social and behavioral health. Coursework will be made up of core and elective courses, a practicum experience, and a capstone project.

We aim to enroll the first MPH class in Fall 2022. The program will be marketed to UCR graduates as well as graduates from institutions from throughout Southern California and beyond, including individuals with undergraduate, medical, health professional (e.g., PharmD, MSN, DDS), and other degrees (MPP, MEd, MSW, JD, PhD) who seek training in public health. We project that 20 students will matriculate in the first year of the program and 22 students in the second year of the program. Subsequently, we estimate enrollment increasing 10% each year, year reaching 30 students admitted per year by the fifth year of the program.

In summary, the proposed MPH program will address the increasing local, national and global demand for public health expertise; build on existing strengths of UCR faculty in research and teaching; and provide students with exemplary education to prepare them for successful and impactful careers in public health.
Section 1. Introduction

This is a proposal to establish an interdepartmental graduate program in public health to train the next generation of public health leaders. We aim to build on the considerable existing strengths of UCR in teaching, research, and service in fields related to public health to create an academically rigorous and in-demand program that will serve the health needs of Inland Southern California and beyond.

The public health needs of Inland Southern California are pronounced. Based on the Robert Wood Johnson Foundation’s 2020 County Health Rankings (https://www.countyhealthrankings.org/reports/state-reports/2020-california-report), out of California’s 58 counties, Riverside County ranks 26th in health outcomes and 35th in health factors. San Bernardino ranks 40th in health outcomes and 41st in health factors. While these statistics are concerning, they mask pockets of extreme public health need such as the eastern Coachella Valley while failing to accurately convey the pronounced disparities in health by race, Hispanic ethnicity, and location affecting the region.

UCR has demonstrated unique and pronounced strengths that will serve as a foundation for a program of excellence in public health. These strengths include expertise in understanding and effectively intervening upon key public health issues, such as obesity; HIV/AIDS and other infectious diseases; mental health; substance misuse; chronic diseases in children, adolescents, and adults caused by environmental exposures; and social determinants of health. Another strength is the widespread interest of many UCR faculty in health disparities and health equity; one reflection of this is the Inequities in Health scholarly community supported by the Faculty Commons Pilot Program. UCR’s Center for Health Disparities Research, funded by the National Institute on Minority Health and Health Disparities, provides critical infrastructure and support for faculty, postdoctoral fellows, graduate and undergraduate students, and staff with interests in health disparities. UCR’s longstanding status as both a Hispanic-Serving Institution and an Asian American and Native American Pacific Islander-Serving Institution is an additional institutional strength for public health. Finally, a key strength is the expertise of UCR faculty in community-engaged research, coupled with robust relationships with community organizations and community members sustained by such units as the Center for Healthy Communities, the Center for Social Innovation, and the Center for Health Disparities Research.

We propose a master of public health program that will build and expand upon UCR’s existing strengths to better serve the public health needs of the region. The program we propose is aligned with UCR’s mission of providing routes to educational success for underrepresented and first-generation college students. The proposed program is also consistent with UCR School of Medicine’s mission to “improve the health of the people of California and, especially, to serve Inland Southern California by training a diverse workforce of physicians and by developing innovative research and health care delivery programs that will improve the health of the medically underserved in the region and become models to be emulated throughout the state and nation.” We believe that the proposed master’s program mission focus, along with our effort to intentionally build on institutional strengths, will result in a program that is distinct from others in the region, state, and nation. The strong focus on health disparities and underserved populations is expected to attract well-qualified and motivated degree-seeking students from Inland Southern California and beyond—providing excellent training and growing the public health force in the region.
1.1 Program Aims and Objectives

The overall aim of the proposed MPH Program is to prepare well-trained professionals to plan, implement, and evaluate public health efforts in Inland Southern California and beyond. The program will also prepare selected students to pursue doctoral training in public health at UC and other institutions.

We envision a program that is closely aligned with UCR’s educational mission to foster educational success for underrepresented and first-generation college students, and social mission to improve the health and well-being of the population of Inland Southern California and beyond—with a particular focus on underserved communities. By building on the existing strengths of UCR in teaching, research, and service related to public and population health, the program will be optimally positioned to promote and achieve academic excellence. We have designed the program to reflect the evolution of the field of public health to meet the needs of the 21st Century, including the increased awareness among the public and students over the past year of the important role of public health in society (Galea and Vaughn, 2020).

The MPH Program will include training in the core areas of public health, which include biostatistics, epidemiology, social and behavioral health, environmental health, and health policy and management. It will also provide both didactic and applied training in essential public health methods, including needs assessment and program evaluation. Reflecting a growing recognition of the tools needed for effective public health practice, the program will cultivate students’ skills in interdisciplinary teamwork, coordination, management, and leadership. Positioning our program as a singular force in the public health arena, our program will also increase the readiness and skills of students to work with underserved communities and patients and target the root causes of health disparities (e.g., food deserts, poor healthcare access) using innovative community-based public health strategies.

1.2 Historical Development of the Field and Department Strengths

The genesis of public health as a field of study is usually identified with the 1915 Welch and Rose report to the Rockefeller Foundation, which advocated for development of a system of graduate education, mainly targeting health practitioners (such as physicians and nurses) and others (such as engineers), who would then be equipped to lead federal, state, and local government public health agencies (Riegelman et al., 2015). The American Public Health Association (APHA) was instrumental in identifying and promoting a somewhat standardized curriculum, beginning in 1919 (Leider et al., 2018). Initiatives to establish some degree of uniformity in a broad field that educated individuals who would go on to work in a wide variety of roles (e.g., toxicology, sanitation, public health education, epidemiology, and government and health care administration) continued through subsequent decades, first led largely by APHA, and, starting in 1974, by the newly established Association of Schools of Public Health (subsequently renamed the Association of Schools and Programs of Public Health) (Leider et al., 2018).

There has been continuing growth in MPH degrees awarded throughout the 20th Century and first decades of the 21st Century, with corresponding growth in doctoral degrees in public health (both Ph.D. and Dr.P.H. degrees) and, more recently, baccalaureate degrees (Leider et al., 2018). At the time of the preparation of this proposal, there are over 100 MPH programs accredited by the Council on Education in Public Health (CEPH),
with about 60% situated in a School of Public Health and about 40% in a different setting, such as a School of Medicine or other campus unit (Association of Schools and Programs of Public Health, 2021).

Curricula associated with the MPH degree continue to evolve, largely corresponding to the changing roles and needs of the workforce. Historically, the core subdisciplines in public health education have included biostatistics, epidemiology, social and behavioral health, environmental health, and health policy and management. In recent years, in addition to these core areas, curricula have also expanded to include an intentional focus on “soft skills” often identified as critical for work in public health (e.g., teamwork, coordination, management, and leadership), as well as social determinants of health, health disparities, and population health management (DeSalvo et al., 2017; Maani and Galea, 2020).

We propose an interdepartmental program, which will best serve the multi- and inter-disciplinary nature of public health education and practice. The Department of Social Medicine, Population, and Public Health (SMPPH), which is a unit within the UCR School of Medicine, will provide administrative support for the program. The School of Medicine’s Center for Healthy Communities (CHC), which was founded in 2014, preceded the development of the department. Faculty at that time had primary appointments in CHC. SMPPH was subsequently established as a department in 2016. It currently has four ladder rank faculty: Dr. Mark Wolfson (Professor and Chair), Dr. Brandon Brown (Associate Professor), Dr. Ann Cheney (Assistant Professor), and Dr. Andrew Subica (Assistant Professor). There are also two adjunct faculty: Dr. Priya Batra (Assistant Adjunct Professor) and Dr. Sunshine Nakae (Associate Adjunct Professor). Other members of SMPPH include Ms. Michelle Burroughs, MPH, who is the Director of Community Engagement and Outreach in the Center for Health Communities, as well as three postdoctoral fellows and additional staff. The Department is slated for growth: there is a current search for a senior tenured faculty member (Associate Professor or Professor) with expertise in health equity, as well as two additional ladder rank faculty lines. SMPPH will bring substantive and methodological expertise in several key areas of public health, including health disparities, substance misuse and mental health, public policy, obesity, HIV/AIDS, research ethics, and community-based participatory research. In addition, SMPPH’s organizational location within the UCR School of Medicine is a strength. The School of Medicine, which has a strong focus on primary care, includes several faculty members and administrators with public health training or focus. Beyond SMPPH (described above), these units include the Department of Family Medicine, the Department of Internal Medicine, the Department of Pediatrics, and the Department of Psychiatry. This will facilitate educational and research experiences that bridge public health and medicine. In addition, the Division of Biomedical Sciences includes expertise in biological mechanisms that contribute to population health, including genetics, cardiovascular disease, environmental health, and brain science, as well as methodological expertise in health informatics.

We propose an interdepartmental program, which will build on strengths associated with multiple departments and centers across campus. These strengths include expertise in understanding and effectively intervening upon key public health issues, such as obesity; HIV/AIDS and other infectious diseases; mental health; substance misuse; environmental exposures; health disparities, and social determinants of health. This expertise is distributed across multiple units on campus, including the Departments of Anthropology, Economics, Gender and Sexuality Studies, Political Science, Psychology, and Sociology in the College of Humanities, Arts, and Social Sciences; the Departments of Environmental Sciences and Statistics in the College
of Natural and Agricultural Sciences; the School of Public Policy; the Departments of Chemical &
Environmental Engineering and Computer Science & Engineering in the Marlan and Rosemary Bourns College
of Engineering; the Departments of Management and Marketing in the A. Gary Anderson Graduate School of
Management; and the Graduate School of Education.

Several existing UCR centers provide additional strengths that are relevant to the proposed MPH program.
These include UCR’s Center for Health Disparities Research, funded by the National Institute on Minority
Health and Health Disparities, which provides critical infrastructure and support for faculty, postdoctoral
fellows, graduate and undergraduate students, and staff with interests in health disparities and community
engagement. In addition, the Center for Healthy Communities and the Center for Social Innovation provide
additional strengths in community engagement, and the Center for Geospatial Sciences provides strength in
spatial aspects of health. Finally, UCR’s longstanding status as both a Hispanic-Serving Institution and an Asian
American and Native American Pacific Islander-Serving Institution is an additional institutional strength for
public health

1.3 Relation of Proposed Program to Existing Program’s/Departments on Campus

As described in Section 1.2 above, the proposed MPH program will draw on faculty in multiple departments
across campus. We anticipate that in addition to the faculty who are already identified in this proposal, other
faculty, from departments across campus, will be invited and choose to affiliate with the MPH program. The
UCR School of Medicine has extensive experience with these arrangements, as it is the sponsoring college for
interdepartmental master’s and doctoral programs in Biomedical Sciences. As explained in Section 8
(“Governance”) below, faculty affiliated with the program, convened by the Program Director, will develop and
annually update (as needed) bylaws and operating procedures. Participating faculty will meet annually to
review the performance and outcomes of the program, and review and make decisions on changes in
curriculum, recruitment and advising, and other aspects of program governance to recommend to the UCR
Graduate Council. Affiliated faculty will participate in teaching (as course directors of core courses and
electives and as guest lecturers), advising, and by serving on thesis committees. Affiliated faculty in
departments from across campus will also play a critical role in educating undergraduate majors in their home
departments about public health as an option for graduate study and professional careers.

1.4 Program Differentiation

We propose a program that will be markedly distinct from existing programs in Southern California and at the
five University of California campuses that offer an MPH degree (UC-Davis, UCLA, UC-Berkeley; UC-San Diego,
UC-Irvine; see Section 1.4 for details on these programs). Differentiation of the proposed MPH program from
these existing programs stems from (1) tailoring of the proposed UCR program to serve the unmet public
health needs of Inland Southern California, and (2) building on the distinct strengths of UCR in such areas as
health disparities, community-engaged research, public policy, and environmental health.

1.4.1 Relation to Campus Priorities and Enrollment
The proposed MPH Program aligns with several components of the February 2021 penultimate draft of UCR’s Strategic Plan. These include the following institutional goals and objectives.

I. Distinctive, Transformative Research and Scholarship

While not its primary objective, we believe that the development of an interdepartmental graduate program in public health will help establish a community or scholars interested in public health research at UCR. This will contribute to the Strategic Plan objective of enhancing UCR’s research profile in alignment with the institution’s mission and vision. Development of this community of scholars positions the campus for growth in the extramurally-funded research enterprise (including increases in the number of foundation, multi-campus, training, and center grants applied for and awarded), strengthening of key research centers and core facilities to promote their long-term sustainability (including the Health Disparities Research Center and the Center for Healthy Communities), and expanding the number and depth of international research collaborations.

II. A Rigorous, Engaging, and Empowering Learning Environment

The Strategic Plan calls for expansion of engagement and collaboration throughout the University as one means for achieving this goal. The proposed MPH program, which will draw on at least five UCR schools and colleges (CHASS, CNAS, SPP, BCOE, SOM), can serve as a critical mechanism for expanding engagement across campus. The Strategic Plan also calls for “[making] campus-community boundaries more permeable.” The focus of the proposed MPH program on community engagement as an essential feature of public health practice, which will be realized not only by didactic instruction but also by providing students with direct experience working in community agencies and with community residents, will further UCR’s achievement of this objective. We also propose a Community Advisory Board for the program; this will also contribute to enhancing UCR’s campus-community connections and community input and support for future UCR educational and health initiatives. Development of the MPH program will also further the Strategic Plan’s vision of “[expanding] the number, depth, and geographic scope of performances, talks, and symposia that showcase UCR and are responsive to community interests, and [increasing] campus and community attendance at these events.”

III. A Welcoming, Inclusive, and Collaborative Community

The Strategic Plan speaks of “[building] an educational community of diverse learning partners.” The proposed MPH program includes features that dovetail with several of the mechanisms the plan puts forward to achieve this. These include “broadening the scope of professional student advising to better coordinate academic, co-curricular, and professional/career advising and peer mentoring.” We envision professional/career advising and peer mentoring as essential features of the MPH program. The Plan also envisions “creating opportunities for each graduate and undergraduate student to make an original intellectual or creative contribution to their field.” The thesis option we propose for the MPH program will serve to advance UCR’s realization of this goal. Similarly, the Plan’s vision of “engaging community and alumni partners to expand on- and off-campus and remote experiential learning opportunities that foster research and professional skills in students and strengthen
stakeholder connections to the university” should be well served by the proposed MPH’s program’s concerted focus on student experiential learning experiences in community organizations.

IV. Advancing the Public Good.

The proposed MPH program will contribute in a number of ways to the Plan’s vision of advancing the public good. For example, the Plan proposes “[creating] infrastructure and incentives for sustained community engagement.” The proposed MPH program will, by choice and by necessity, involve community engagement that is both broad and deep. The Plan also envisions “[widening] education pipelines,” extending UCR’s established reputation as “a university where a diverse student body succeeds.” As detailed below, we propose to incorporate tested strategies for establishing pipelines of underrepresented students into the MPH program. The MPH program will also reflect the Plan’s vision of “integrating opportunities for and the examination of contributions to the public good into formal curricula.” Finally, the proposed program will further the Plan’s aspiration for UCR to “provide leadership on pressing societal issues” through community education and engagement and translation of knowledge into widespread practice in Inland Southern California and beyond.

1.5 Interrelationship of the Program with Other UC Institutions

Existing MPH programs at five other University of California campuses—UC Davis, UCLA, UC Berkeley, UC San Diego, and UC Irvine—are described below. We envision a productive, synergistic relationship with the existing UC MPH programs, whereby we learn from each other with respect to best practices in professional education for the public health workforce. We believe that the development of the proposed MPH program at UCR will also contribute to the furtherance of research collaborations across the UC campuses to improve the health of the people of California.

1.5.1 UC Davis MPH Program

The UC Davis M.P.H. Program is an accelerated, 56-unit program that focuses on the essentials of public health. It offers students three concentration areas – General Public Health, Epidemiology, & Biostatistics – and includes a practicum experience, or internship, in a public health setting. The program consists of 40-units of core public health courses, which includes a 10-unit practicum as stated above. The program also consists of 16-units of electives that students select based on their area of concentration.

1.5.2 UCLA Fielding School of Public Health (FSPH)

The UCLA Fielding School of Public Health is comprised of five departments: Biostatistics, Community Health Sciences, Environmental Health Sciences, Epidemiology, and Health Services. Programs leading to the MPH and DrPH degrees emphasize solving public health problems by applying professional disciplinary approaches and methods in professional environments such as local, state, or national public health agencies and health care organizations. Three of the programs (Community Health Sciences, Environmental Health Sciences, and
Epidemiology), and a certificate in Global and Immigrant Health have elements in common with some of those in the proposed program.

1.5.3 UC Berkeley School of Public Health

The UC Berkeley School of Public Health offers a two-year and an eleven-month Master’s of Public Health degree, as well as a six-semester, on-line, part-time program. Students applying to the eleven-month program must hold a Ph.D. or doctoral level clinical degree. Students in the two-year program must complete a 3-month internship. Students must either pass a comprehensive final examination or complete a master’s thesis. Students in the two-year program may obtain the degree with an area of concentration in: Environmental Health Sciences, Epidemiology/Biostatistics, Health and Social Behavior, Health Policy and Management, Infectious Disease, and Maternal & Child Health and Public Health Nutrition. Students in the eleven-month program may concentrate in Environmental Health Sciences, Epidemiology, Health Policy and Management, and Maternal and Child Health.

UC Berkeley also offers a Master of Science in Global Health & Environment that is oriented towards students in environmental sciences. This is an interdisciplinary, campus-wide program based in the School of Public Health. The objective of the program is to help people in developing countries achieve a sustainable level of well-being and to stabilize populations, while protecting the local, community, and global environments. The program requires two years of study (plus one summer) in several departments across the campus, including environmental health sciences, biostatistics, epidemiology, development theory and policy, and risk analysis.

1.5.4 UC San Diego MPH Program

The UCSD MPH Program requires the completion of 64-units, and is comprised of 36-units of core courses, 16-units within the student’s area of concentration, and 12-units of elective courses. Areas of concentration include epidemiology, health behavior, public mental health, technology & precision health, and general public health. The program also requires students to complete a public health practicum and a capstone project/thesis.

1.5.5 UC Irvine MPH Program

The UCI MPH Program offers four areas of concentration: (1) environmental health, (2) epidemiology, (3) sociocultural diversity and health and (4) biostatistics. The latter area of concentration is a 63-unit program consisting of seventeen courses. Fourteen of those courses must be taken including a public health practicum in addition to three elective courses. The concentrations in environmental health, epidemiology, and sociocultural diversity & health are all 64-unit programs consisting of seventeen courses. Thirteen of those must be taken including a public health practicum in addition to three elective courses.
1.6 Timeline for Development of the MPH Program

As shown in Figure 1 (below), we have engaged in a process of interdepartmental planning and development of this proposal which started in Fall 2020, continuing to the present. This proposal will be submitted to UCR’s Graduate Council in June, 2021. In the event that final UC-approval for the program is obtained by December 31, 2021, we will begin the student recruitment process in Spring 2022, with the first class enrolling in Fall 2022. If final approval is granted after December 31, 2022, we will begin student recruitment in Fall 2022, with the first class enrolling in the MPH program in Fall 2023. The target enrollment for the initial cohort will be 20 students. Thereafter, new cohort size will increase by 10% year-over-year.

1.7 Contributions to Diversity

The proposed MPH program will contribute to diversity in at least three ways. First, the faculty and staff supporting the program will reflect racial, ethnic, and socioeconomic diversity. While academic public health is more diverse than many other academic fields, there is still a long way to go to achieve equity. For example, 2017 data on faculty at member institutions of the Association of Schools and Programs of Public Health indicate that 74.5% are White, 13.6% are Asian, 5.9% are Hispanic, 5.7% are Black, and 0.3% are Native American (Goodman et al., 2020). Data from multiple sources used to estimate the diversity of the pool of applicants for our current faculty search in SMPHP indicate that 49.3% of the members of the pool are female; in terms of racial and ethnic diversity 62.1% are White, 12.7% are Asian, 7.6% are African American, 3.5% are Hispanic, and 0.0% are Native American. As we recruit new faculty to the administering department, SMPPH, we will aggressively implement best practices in recruitment and hiring, supported by the affirmative action goals of the School of Medicine and UCR at large.

A second contribution to diversity will involve recruitment of a highly diverse student body, reflecting the diversity of the population of Inland Southern California. UCR, including the School of Medicine, has been extremely successful in recruiting and retaining a highly diverse student body. For example, U.S. News & World Report rated the School of Medicine 6th in the country with respect to recruitment and retention of a diverse student body. We will use best practices in recruitment in retention, including the development of “pipeline” programs at UCR and other undergraduate programs with diverse student bodies (e.g., UC-Merced), implementation of a holistic admissions strategy, and intensive advising and student support practices. The School of Medicine’s Student Affairs office has agreed to support the new program in these efforts.

Finally, the curriculum of the proposed MPH program will contribute to student understanding of diversity, equity, and inclusion and their relevance for public health. This will be achieved by offering courses related to these topics (e.g., Social Determinants of Health, Racial Inequality in Politics and Policy, Methods in Health Disparities Research, Advanced Methods in Health Disparities Research—see Table 1), as well as integrating considerations of diversity, equity, and inclusion across the curriculum (i.e., we plan to require that each core course will include a focus on these issues). In the proposed practice-focused courses and the practicum, we will include skill-based training in effectively addressing issues of diversity, equity, and inclusion.
1.8 Administering Department

The MPH program falls under the governance of the UCR Graduate Division and will be administered by the Department of Social Medicine, Population, and Public Health within the UCR School of Medicine.

1.9 Evaluation Plan for Program

Graduate programs at UCR are formally evaluated in their third year (initially, after launch of the program) and then every seven years thereafter. This includes both an external review by a panel of nationally recognized scholars and an internal review by a subcommittee of the UCR Graduate Council.

The MPH program will conduct both formative and summative evaluation activities. **Formative evaluation** will assess institutional development with the purpose of improving implementation and/or procedures. **Summative evaluation** will assess the overall impact of the program. Taken together, both methods provide considerable insight concerning overall program performance against set objectives. Specific methods used to systematically gather data can be employed in both categories of evaluation and will include annual surveys of students, alumni, faculty and employers, as well as syllabi audits and institutional reports (e.g., GPA, graduation rates, attrition rates). Data collection will involve the efforts of many program constituents, including current students, alumni, program faculty and staff, community partners, institutional officers, and employers. The evaluation processes used by the MPH program will enable faculty, staff, students and community partners to enhance program operations and student learning.

**Section 2. MPH Application Requirements/Program Implementation**

2.1 Preparation for Admission

To be eligible to apply to the MPH Program, an applicant must meet the minimum academic requirements:

1. Successful completion or expected completion of a bachelor’s degree from a recognized, accredited institution prior to enrollment in the program.
2. Have a minimum cumulative undergraduate grade point average of 3.0 (B average)

As the Master of Public Health is an interdisciplinary program, we encourage students from a variety of majors to apply.

In addition, applicants must submit the following materials:

1. Three (3) letters of recommendation, including at least two (2) from faculty who are in applicant’s major area and can assess the applicant’s academic ability and potential to succeed in our program.
2. Official transcripts from all institutions
3. Resume/CV
4. One (1) Personal Statement that describes the following criteria:
   a. What is your interest in Public Health?
   b. Short and Long-Term goals you look to accomplish
2.2 Foreign Language

Although there will not be a specific language requirement for all students, basic proficiency in a second language is highly encouraged among applicants. Fluency in Spanish is very useful for public health practice in Inland Southern California, where Spanish is widely spoken as a first language in many households. Fluency in other languages, such as Tagalog, Mandarin, Cantonese, Vietnamese, Korean, Punjabi, and Armenian, may be desirable for working with specific populations.

2.3 UCR Program Description

The proposed program will require completion of 66 units. All students will receive formal instruction in the traditional core areas of public health, including epidemiology, environmental health, social and behavioral health, biostatistics, and health policy and management. In addition, students will be trained in an integrated approach to examining public health issues that are not attributable to a single cause, but are instead the result of a confluence of factors related to socio-economic factors, the built environment, and social disparities and inequities that work concurrently and synergistically to adversely affect human health. This is consistent with the evolution of the field of public health—sometimes dubbed “Public Health 3.0” (Shah, 2020; DeSalvo et al., 2017). It also exploits the strengths of UCR faculty and staff—who bring specialized expertise in health disparities, community-engaged research, and social determinants of health.

The proposed program will employ an approach to education that is interdisciplinary and requires bringing a diverse group of faculty and students to work together to understand the social-biological-cultural determinants of health. The goal is not to simply juxtapose different perspectives, but instead to bring them into rapprochement through a process of creative, cross-disciplinary engagement focused on a shared object of scrutiny. Students will learn to assess and respond to public health problems and to design, implement, and evaluate practical, cost-effective, and sustainable solutions that focus on the foundations of health in collaboration with local partners. Students will demonstrate competencies in communicating public health information, in both oral and written forms, and to locate, use, evaluate, and synthesize public health information. The ultimate goal is to develop public health professionals who will be equipped to provide integrated public health and policy interventions that holistically address the multiple causes of poor human health in Inland Southern California and beyond.

2.3.1 Degree Type

All qualified students will obtain the Master’s degree in Public Health (MPH).

2.3.2 Curriculum Track(s)

The UCR MPH Program will be a two-year, full-time program. The program will require students to complete 66 units composed of core and elective courses, a practicum, and capstone project.
2.3.3 Unit Requirements

All candidates for the degree will required to complete all the general requirements specified below:

1. A core curriculum, which will consist of 28 units.
2. Three courses in health behavior & policy interventions (12 units).
3. One course in theory/evaluation methods (4 units).
4. Four elective courses (16 units).
5. A practicum course. The practicum will enable students to apply learned knowledge in a practical experience working in partnership with a community organization.
6. A Capstone Experience. The Capstone Experience will have two options. The first option involves directly building on knowledge and competencies acquired during the practicum and would involve a critical analysis of the practicum. The second option would be a thesis option. The thesis will enable research-focused students to conduct research that will demonstrate the student’s ability to study a research area, identify an open problem, and make a research contribution in the area of public health. Each option will require a formal presentation and written report.

The course breakdown to fulfill these requirements is presented in Table 1, below:

Table 1. MPH Course Breakdown

<table>
<thead>
<tr>
<th>Category</th>
<th>Units</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBHL 2xx: Foundations of Public Health</td>
<td>4.0</td>
<td>Must be taken Fall I</td>
</tr>
<tr>
<td>PBHL 2xx: Health Services Administration</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>PBHL 2xx: Epidemiology</td>
<td>4.0</td>
<td>Must be Taken Winter I</td>
</tr>
<tr>
<td>PBHL 2xx: Biostatistics</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>PBHL 2xx: Environmental Health Sciences</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>PBHL 2xx: Community Theory and Practice I</td>
<td>4.0</td>
<td>Must be Taken Winter I</td>
</tr>
<tr>
<td>PBHL 2xx: Ethics in Public Health</td>
<td>4.0</td>
<td>Must be taken Fall I</td>
</tr>
<tr>
<td>PBHL 298i: Applied Practice Experience (Practicum)</td>
<td>3.0</td>
<td>Taken over summer session or during regular quarter (students convenience)</td>
</tr>
<tr>
<td>PBHL 299 Integrative Practice Experience (Thesis)</td>
<td>3.0</td>
<td>Must be taken in final quarter</td>
</tr>
<tr>
<td>Health Behavior &amp; Policy Interventions Courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC 286: Life Course and Health</td>
<td></td>
<td>12 Units taken from these courses</td>
</tr>
<tr>
<td>SOC 287: Migration and Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC 288: Social Determinants of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBPL 271: Racial Inequality in Politics and Policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC 284: Medical Sociology Graduate Seminar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBPL 230F: Public Policy and Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theory/Evaluation Methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Theory and Practice II</td>
<td>4.0</td>
<td>Must be Taken Spring I</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Electives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANTH 262: Seminar in Medical Anthropology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECON 275: Health Economics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBPL 220: Policy Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBPL 230 (E-Z): Topics in Health Policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBPL 264: Methods in Health Disparities Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBPL 265: Advanced Methods in Health Disparities Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC 288: Social Determinants of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STAT 231 (A-B): Statistics for Biological Sciences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STAT 2555: Advanced Topics in Health Statistics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBHL 290: Directed Studies</td>
<td></td>
<td>16 Units taken from these courses</td>
</tr>
</tbody>
</table>

2.3.4 Applied Practice Experience

All accredited MPH programs must incorporate an applied practice experience. The proposed program includes a required Public Health Practicum (4 units), in which students must complete at least 150 hours at a pre-approved field experience placement. This is equivalent to approximately one month (4 weeks) of full-time (8 hours per day) work. Students can complete the field experience as a full-time or part-time experience in the summer months between the first and second year, or they can complete the field experience longitudinally throughout the first year during the Fall, Winter, and/or Spring quarters. Through the applied practice experience students will have the opportunity to integrate and apply their learning in a practical and pragmatic way during their applied practice experience.

The Practicum sites will be outside of academic and classroom settings and meet the criteria set forth by the Council on Education for Public Health (CEPH), which is the accrediting body for MPH programs. CEPH delineates that sites may include governmental, non-governmental, non-profit, and for-profit settings. Sites may also include practice-based settings associated with UCR, but only within specific parameters: university-affiliated sites must be primarily focused on community engagement, typically with partners external to the university. Sites such as university health promotion or wellness centers may also be appropriate sites. Decisions on the Practicum site, nature of the work, specific learning objectives, and activities of the practicum are arrived at following discussions and agreements among the student, the program coordinator (who reports to the MPH Director), and the site preceptor. The Center for Healthy Communities will serve as liaisons to pair students with community partners within the IE, in the case that the student chooses to gain Practicum experience within the IE. The Practicum experiences will allow each student to demonstrate attainment of at least five foundational competencies. Competency attainment is assessed through the “portfolio approach” recommended by CEPH, and may include one or more of the following to demonstrate the designated competencies: written assignments, journal entries, completed tests, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning.
2.3.5 Public Health Core Knowledge

The areas of knowledge basic to public health include the following:
- Biostatistics
- Environmental Health Sciences
- Epidemiology
- Health Policy and Management
- Social and Behavioral Sciences

All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge as identified in the section 2.3.2.

2.3.6 Required and Recommended Courses

A description of the required and recommended courses is listed in Section 5 of this proposal.

2.3.7 Licensing or Certification

There will be no specialized licensing or certification required for the degree in public health.

2.4 Field Examinations

There will be no field examinations required for the degree in public health.

2.5 Qualifying Examinations

There will be no qualifying examinations required for the degree in public health.

2.6 Capstone Experience Requirements

Successful completion of the MPH degree will require a capstone experience. The MPH program will adopt an academically rigorous approach for the capstone, and include both a project and thesis option as described in sections 2.6.1 and 2.6.2. We anticipate that many research-oriented MPH students will select the thesis option. However, the MPH will also include capstone experiences and projects more suitable for students focused on public health practice. Each option will require a formal presentation and written report.

2.6.1 Capstone Project Option

The capstone will be designed to review, integrate, and apply concepts and methods presented in the MPH curriculum, and enhance the student’s preparation for post-graduation public health practice, research, or education. Many capstones will build upon the practicum field-experience and integrate classroom learning with the public health field experience gained during the practicum. The breadth of capstone options will be
similar to that offered at other UC campuses as part of their MPH programs as described below. Students will need to complete an individual written report approved by their faculty academic advisor and the graduate committee as part of the capstone. A capstone agreement form will be completed and signed prior to the start of the project. All capstone reports will be reviewed by two or more independent faculty reviewers. A faculty capstone coordinator will be designated and will review and approve all capstone projects. The capstone project may focus on public health field-work or training, a public health practice or program proposal, a report on epidemiology or behavioral science methods, or be based upon the student’s practicum experience. In all cases the capstone must be a product demonstrating mastery and synthesis of public health principles consistent with the MPH degree and will lead to a written report.

2.6.2 Thesis Option

The MPH program will adopt an academically rigorous approach for the capstone, including a thesis option. We anticipate that many research-oriented MPH students will select the thesis option. The scope of the thesis will be decided by mutual agreement among the student, thesis advisor, and thesis committee members, and a thesis agreement form will be completed and signed. Students and their advisors will be responsible for identification of appropriate thesis topics. Each student will be required to prepare a thesis proposal that will be reviewed and approved by the entire thesis committee before embarking on the thesis project.

The MPH thesis’ provides an opportunity for students to demonstrate their understanding of public health principles and methodology applied to a specific topic. The student may define a research or public health practice problem and, using existing data or field experiences, carry out the necessary data synthesis and/or analysis to answer or illuminate the problem. The student may also define a research problem and design and carry out the research necessary to answer or illuminate the problem posed. The thesis may also be based upon an in-depth analysis of existing literature leading to the development of a research proposal. The proposal should include objectives, rationale, well-defined methods, and a discussion of proposed analyses; moreover, the proposal should represent a feasible project, particularly with respect to human subjects review. The thesis must meet University standards, and can be structured to facilitate preparation of one or more manuscripts for submission to the peer-reviewed literature, although acceptance of publication is not a requirement. Students will also be encouraged, but not required, to defend their thesis in public academic settings. The thesis report should follow the usual research paper format.

2.7 Special Requirements Over and Above Minimum Requirements

There will be no special requirements required for the degree in public health.

2.8 Sample Program

A sample program outline can be found in Appendix A.
2.9 Normative Time from Matriculation to Degree Confirmation

The normative time to complete the MPH degree will be six quarters (approximately 24 months), with the option to continue beyond the two-years if needed. For all students, there will be a 5-year time limit from matriculation to completion of the MPH degree. Students who cannot complete degrees in that time period may petition for extended time periods. The program Director will have ultimate authority to approve or deny petitions, and will act in accordance with University policy.

2.10 Professional Fees

Students in this program will pay a professional fee of $1,984 per quarter for a total annual amount of $5,952 for three quarters in addition to other fees. The choice of assessing a Professional Degree Supplemental Tuition (PDST) fee aligns with other graduate professional degree programs throughout the University of California (UC) system with over 90% of students enrolled in graduate programs paying PDST. The amount of PDST was set based on comparing the proposed MPH program with similar programs across the UC system.

Below is a table comparing PDST fees at several UC locations:

<table>
<thead>
<tr>
<th>University</th>
<th>In-State PDST</th>
<th>Out-of-State PDST</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Berkley</td>
<td>$7,974.00</td>
<td>$7,974.00</td>
</tr>
<tr>
<td>UC Davis</td>
<td>$7,638.00</td>
<td>$8,121.00</td>
</tr>
<tr>
<td>UCLA</td>
<td>$7,200.00</td>
<td>$7,656.00</td>
</tr>
<tr>
<td>UC Irvine</td>
<td>$6,189.00</td>
<td>$6,189.00</td>
</tr>
</tbody>
</table>

Given these comparisons and the PDST level for the UCR Master’s in Public Policy being $5,952 annually, we propose that the PDST amount administered to incoming UCR MPH students be set at $5,952 for both in-state and out-of-state students.

The revenue provided by the PDST will be used to maintain program quality and expand access to resources for students and faculty within the program. A majority of PDST revenue will be used towards faculty, instructional resources, and student resources that are necessary to train future generations of highly skilled professionals. PDST revenue will also be used for financial aid that will allow the program to provide targeted grant and scholarship assistance to allow the program to be more accessible and affordable for students.

Below is the annual breakdown for matriculating students:
Section 3. Projected Need

3.1 Student Demand

According to the Association of Schools of Public Health (ASPH), 250,000 more public health workers were needed in the U.S. by 2020; that demand has still not been met as evidenced by an expected job growth of between 10 to 21 percent through 2022. Many of these positions require MPH graduates.

California in particular ranks high in terms of job growth projections. According to the U.S. Bureau of Labor Statistics, California is projected to see a strong growth in public health sector jobs over the 10-year period from 2016-2026 (Public Health Degrees California, 2021).

In response to growing demand for public health professionals, programs across the country have seen increased growth in student enrollment. To determine the student demand here in California, an EMSI marketing tool was used to gauge student demand and the viability of an MPH program at UCR. The research, conducted by UC Extension, focused on a 150 mile radius of the local area (eight counties, including Riverside County and San Bernardino County). The market report found growth regionally, state-wide, and nationally with respect to public health programs. Notably, among target occupations tied to Public Health majors, local growth is expected to increase 24.8% by 2024, exceeding national growth, which is expected to increase 19.6% by 2024. Thus, offering an MPH program at UCR that is accessible and affordable is likely to prove effective in attracting students and fulfilling the need for well-trained public health professionals.

This analysis was completed prior to our having a full understanding of the scope of the COVID-19 pandemic. Recent data shows a 20% increase in applications for admission to accredited MPH programs in 2020,
compared to the previous year (Smith and Young, 2020). Moreover, the pandemic has sparked widespread awareness of U.S. underinvestment in public health, which is expected to contribute to continued growth in support for, and careers in, the field (Maani and Galea, 2020).

3.2 Opportunities for Placement of Graduates

Individuals who have earned the MPH degree are competitive to fill positions with a number of job titles, including health educator, public health educator, health promotion specialist, health education coordinator, community health educator, and epidemiologist.

Self-report data from individuals graduating from an accredited MPH program from 2015 through 2018 indicate that 95% were employed; 4% of those not employed were seeking employment, and 1% were not seeking employment. Among those who were employed, 29% reported working in a health care organization; 21% in a for-profit organization (exclusive of health care); 19% in federal, state, or local government; 18% in an academic setting, and 12% in a nonprofit organization (Plepys et al., 2020).

Examples of typical settings into which persons earning this degree are hired into include:
- Health Care Organizations
- For-Profit Organizations
- Non-Profit Organizations
- Federal, State, and Local Government Agencies
- Academic Settings
- Health Systems

3.3 Importance to the Discipline and Community

We face unprecedented health challenges in the United States and around the world. As a public research university and school of medicine, it is our responsibility to protect and improve the health of individuals and communities while training the next generation of health professionals. Public health has a responsibility to protect and care for the population at large by (1) assuring an adequate local public health infrastructure, (2) promoting healthy communities and healthy behaviors, (3) preventing the spread of communicable disease, (4) protecting against environmental health hazards, (5) preparing for and responding to emergencies, and (6) assuring health services. The proposed MPH program will provide students with rigorous academic training in the core public health disciplines. The training received during the MPH program will ultimately equip students to pursue careers in public health and provide valuable services to society by conducting health research, community interventions, and developing policy to protect the population from health hazards and address the aspects of public health identified above.

3.4 Relation to Professional Interests of the Faculty

The interdisciplinary nature of the proposed MPH program will bring together individual faculty members who conduct research on specific aspects of public health. These include faculty in the biological, social, physical,
medical, and engineering sciences. Bringing this expertise together in a graduate program in public health will strengthen interactions among these faculty members, likely leading to increased inter- and trans-disciplinary research. Prominent examples of ongoing research include studies of HIV & aging, mental health & mental health services, health behavior interventions in underserved populations, tobacco control interventions, epidemiologic studies of the health consequences of environmental toxicants, and assessments of policies & introducing interventions to improve the well-being of the Inland Empire community. The combined strengths of the faculty and their research interests will come together to enhance students’ experience.

Section 4. Faculty

Participating faculty will include a program director and an interdisciplinary group of faculty to create the curriculum, teach, and advise students in the MPH program. The program director, assisted by a program coordinator, will oversee administrative and day-to-day operational tasks of the program.

Core faculty will be comprised of interested faculty from across campus. In addition to teaching in the MPH program, faculty will also serve as faculty advisors to assigned MPH students. All students will be advised by an assigned faculty advisor, who will meet with the student to assess initial skills and learning needs, review program requirements, serve as a mentor for students, provide feedback on academic progress, and assist with career planning.

A preliminary list of potential faculty members is provided in Table 2, below:

Table 2. MPH Program Faculty List

<table>
<thead>
<tr>
<th>Core Faculty</th>
<th>Primary Affiliation</th>
<th>Courses Able to Teach/Research Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Wolfson PhD.</td>
<td>Professor &amp; Chair, SMPPH</td>
<td>Foundations of Public Health; Substance Misuse; Public Health Policy; Social &amp; Behavioral Health</td>
</tr>
<tr>
<td>Moazzum Bajwa, MD, MPH</td>
<td>Assistant Clinical Sciences, Family Medicine</td>
<td>Medical-Public Health Linkages, Health Promotion in Community Settings; Cased-Based and Active Learning</td>
</tr>
<tr>
<td>Brandon Brown PhD., MPH</td>
<td>Associate Professor, SMPPH</td>
<td>Public Health Ethics; Infectious Disease; HIV/AIDS; Epidemiology</td>
</tr>
<tr>
<td>Ann Cheney PhD, MA</td>
<td>Assistant Professor, SMPPH</td>
<td>Structural Inequities in Health; Substance abuse and Mental health services; Latinx Immigrant Health; Community Assessment; Community Engagement</td>
</tr>
<tr>
<td>Andrew Subica PhD</td>
<td>Assistant Professor, SMPPH</td>
<td>Intersection of Health and Mental Health Disparities among Vulnerable Populations; Native Hawaiian &amp; Pacific Islander Health</td>
</tr>
<tr>
<td>Jennifer Syvertsen PhD, MPH</td>
<td>Assistant Professor Anthropology</td>
<td>Ethnographic Methods; Global Health; Cultural Factors affecting Health, Illicit Drug Use; Harm Reduction</td>
</tr>
<tr>
<td>Richard Carpiano PhD, MPH</td>
<td>Professor of Public Policy and Sociology</td>
<td>Ethics and Professionalism; Sociological Aspects of Public Health; Infectious Disease Prevention &amp; Control; Public Policy</td>
</tr>
<tr>
<td>Bruce Link PhD.</td>
<td>Distinguished Professor of Public Policy and Sociology</td>
<td>Social Epidemiology; Mental Health; Social Determinants of Health</td>
</tr>
</tbody>
</table>
Faculty with expertise and interest in issues related to public health are widely distributed across campus. We anticipate recruiting several additional individuals with relevant expertise to be members of the program faculty prior to the program start up.

### Section 5. Courses

#### 5.1 Courses and Course Descriptions

The MPH Program will consist of required core courses for all students, in addition three courses focused on health behavior and policy intervention, four elective courses totaling, one practicum and a thesis totaling 66 units. Below is a description of each course:

**Table 3. MPH Program Course Descriptions**

<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBHL 2xx: Foundations of Public Health (4 units)</td>
<td>This course provides an introduction to the history, science, and principles of public health, as well as opportunities to learn about current issues and approaches in the field. The course will also provide a public health perspective and provide insight into social, cultural, behavioral, biological, environmental, and economic factors and how they manifest to impact the health of the public.</td>
</tr>
<tr>
<td>PBHL 2xx: Health Policy and Administration (4 units)</td>
<td>Structure and function of public and private medical care. Topics include categories and trends in national medical spending, predictors of patient use, causes of death, managed care, HMOs, Medicare, Medicaid, costs of technology, and medical care in other countries.</td>
</tr>
<tr>
<td>PBHL 2xx: Epidemiology (4 units)</td>
<td>Basic epidemiologic concepts and approaches to epidemiologic research, with examples from veterinary and human medicine, including outbreak investigation, infectious disease epidemiology, properties of tests, and an introduction to epidemiologic study design and surveillance.</td>
</tr>
<tr>
<td>PBHL 2xx: Biostatistics (4 units)</td>
<td>An introductory statistics course. Students will understand principles of measurement of clinical data, recognize data types, and correctly identify statistical methods appropriate for analysis of a given data set. They will gain experience in assembling a dataset in formats suitable for analysis by STATA or other comparable statistical packages. They will learn skills to conduct graphical...</td>
</tr>
</tbody>
</table>
and numerical exploratory data analysis, comparative tests of categorical, ordinal, and continuous data, linear and logistic regression analysis applied in a health science context.

- **PBHL 2xx: Environmental Health Sciences (4 units)**
  - Interdisciplinary examination of the relationship between environmental health and social justice emphasizing gender, race, class, and globalization as analytical lenses. Topics include urban pollution, workplace exposure, industrial catastrophe, invisible environmental hazards, community activism, reproductive health, global capitalism, and new health challenges imposed by climate change.

- **PBHL 2xx: Community Theory and Practice I (4 units)**
  - This course examines personal, social, and environmental factors that influence health-related behaviors, as well as the role of individuals, groups, institutions, societal structures, and policy in encouraging and discouraging healthy behaviors. The course focuses on behavior change theories and application of these theories to health promotion.

- **PBHL 2xx: Ethics in Public Health (4 units)**
  - Introduction to ethical issues in public health practice/policy. Ethical analysis, recognizing/analyzing moral issues concerning public health topics such as weighing individual versus community rights, health inequalities, surveillance, interventions, and policies.

- **PBHL 2xx: Community Theory and Practice II (4 units)**
  - Skill development for developing community health interventions, budgets, implementation plans, and grant proposals.

- **PBHL 2xx: Health Behavior & Policy Interventions (12-units in total)**
  - Catalog of courses to choose from as identified in Table 1 from section 2.3.3. Courses will be cross-listed with other departments across campus.

- **PBHL 298i: Public Health Practicum (4 units)**
  - The Public Health Practicum is a hands-on opportunity to implement public health knowledge and skills in a real world setting as described in section 2.3.3.

- **PBHL 299: Thesis/Project (4 units)**
  - An integrated learning experience that demonstrates synthesis of foundational and program competencies as described in section 2.6.1 & 2.6.2.

- **PBHL 2xx: Public Health Elective (16-units in total)**
  - Catalog of courses to choose from as identified in Table 1 from section 2.3.3. Courses will be cross-listed with other departments across campus.

### 5.1.1 Core Competencies of Healthy Policy and Management

Health policy and management is a multidisciplinary field of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations as well as laws and regulations aimed at influencing health-related behaviors. Upon graduation, a student with an MPH should be able to:

- Define public health and the related roles and responsibilities of government, non-government agencies, and private organizations.
- Recognize the impact of policies, laws, and regulations on both individual behaviors and population health.
- Apply the principles of policy analysis to the evaluation of policy interventions.
- Undertake analyses of legislation, administrative regulations, and interpretations of judicial opinions and agency rulings.

### 5.1.2 Core Competencies of Epidemiology
Epidemiology is the study of the distribution and determinants of disease, disabilities, and death in human populations; the characteristics and dynamics of human populations; the natural history of disease and the biologic basis of health. Upon graduation, a student with an MPH should be able to:

- Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues
- Define the basic concepts and terminology used in epidemiology
- Calculate basic epidemiology measures
- Describe the leading causes of mortality, morbidity, and health disparities among local, regional, and global populations
- Describe the risk factors and modes of transmission for infectious and chronic diseases and explain how these diseases affect both personal and population health
- Apply epidemiology measures to evaluate strategies to safeguard the population’s health

5.1.3 Core Competencies of Biostatistics

Biostatistics is the development and application of statistical reasoning and methods in addressing, analyzing and solving problems in public health; health care; and biomedical, clinical and population-based research. Upon graduation, a student with an MPH should be able to:

- Describe the basic concepts of probability, random variation, and commonly used statistical probability distributions
- Explain common descriptive techniques used to summarize public health data
- Analyze basic public health data using common statistical methods for inference
- Interpret results of statistical analyses found in public health studies

5.1.4 Core Competencies of Environmental Health Services

Environmental health sciences represents the study of environmental and occupational factors including biological, physical, and chemical factors that affect the health of a workforce and the community. Upon graduation, a student with an MPH should be able to:

- Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents
- Describe federal and state regulatory programs, guidelines and authorities that control environmental and occupational risk assessment methods
- Specify current environmental and occupational risk assessment methods
- Evaluate different approaches for assessing and controlling environmental hazards that affect occupational and community health

5.1.5 Core Competencies of Social and Behavior Sciences

The social and behavioral sciences in public health address the behavioral, social, economic, political, and cultural factors related to individual and population health and health disparities over the life course. Research and practice in this area contribute to the development, administration and evaluation of programs and
policies in public health and health services to promote and sustain healthy environments and healthy lives for individuals and populations. Upon graduation, a student with an MPH should be able to:

- Describe the multiple determinants of health and the interconnectedness of the physical, social, and environmental levels of influence
- Identify the basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice
- Identify the causes of, and disparities in, social and behavioral factors that affect the health of individuals and populations
- Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions to improve public health.

Section 6. Resource Requirements

Program revenue collected via tuition and PDST are projected to fully support the program expenses by year three and at a steady state thereafter. The budget builds to 20 incoming students with an increase in cohort size of 10% year-over-year. The budget also takes into account for the costs of the Program Director, Program Coordinator, Administrative Specialist, costs to buy-out courses, faculty stipends (to incentivize faculty from outside the program to teach in the program), financial aid, and all other operational costs. The proposed program also has a commitment for using FTE faculty within the UCR School of Medicine Department of Social Medicine, Population, and Public Health (SMPPH) as core program faculty. The program has the ability to adjust revenue (student numbers) and costs to refine the budget model as needed. The use of the course buy-out model for some of the course load is one lever to manage costs.

6.1 FTE Faculty

As noted above, the proposed program has a commitment of 4.0 FTE faculty from SMPPH for dedicated teaching in this program. The program will look to add 3.0 FTE additional faculty via SMPPH prior to the proposed start in Fall 2022. Remaining courses will be taught on a course buy-out basis, through cross listing, and the addition of FTE faculty in the Department of SMPPH.

6.2 Other Operating Costs

The program will require administrative support and student services support. Students in the MPH Program will need to be recruited and given support during their time in the program in their program, especially in career exploration and job placement. The Program Director will provide support in the first year. Over time, the Program Director will provide mainly program oversight, with the Program Coordinator taking on full-time day-to-day duties of the program.

An operating budget for the first five years is shown below:
5-Year MPH Program Operating Costs

<table>
<thead>
<tr>
<th>Monetary Category</th>
<th>2022-23</th>
<th>2023-24</th>
<th>2024-25</th>
<th>2025-26</th>
<th>2026-27</th>
<th>2027-28</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>$25,000.00</td>
<td>$25,000.00</td>
<td>$25,000.00</td>
<td>$25,000.00</td>
<td>$25,000.00</td>
<td>$25,000.00</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>$70,000.00</td>
<td>$72,100.00</td>
<td>$74,263.00</td>
<td>$76,490.88</td>
<td>$78,785.62</td>
<td>$81,149.19</td>
<td>$75,464.78</td>
</tr>
<tr>
<td>Administrative Specialist</td>
<td>$36,357.00</td>
<td>$37,447.71</td>
<td>$38,571.14</td>
<td>$39,728.28</td>
<td>$40,920.12</td>
<td>$42,147.73</td>
<td>$39,195.33</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$45,690.72</td>
<td>$48,091.44</td>
<td>$49,534.19</td>
<td>$51,020.21</td>
<td>$52,550.82</td>
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<td>$10,000.00</td>
<td>$10,000.00</td>
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<td>$10,000.00</td>
<td>$10,000.00</td>
<td>$10,000.00</td>
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<tr>
<td>Course Buy-Out for Teaching Courses</td>
<td>$40,000.00</td>
<td>$40,000.00</td>
<td>$40,000.00</td>
<td>$40,000.00</td>
<td>$40,000.00</td>
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<td>Student Recruitment Costs</td>
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<td>$12,000.00</td>
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<td>$25,000.00</td>
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<td>$25,000.00</td>
<td>$25,000.00</td>
</tr>
<tr>
<td><strong>Total Operating Cost</strong></td>
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<td>$274,639.15</td>
<td>$278,868.33</td>
<td>$283,289.38</td>
<td>$287,901.56</td>
<td>$292,704.76</td>
<td>$283,408.48</td>
</tr>
</tbody>
</table>

Notes:

1. Teaching will be done by core faculty in the program, including faculty from the Department of SMMPH as well as faculty from other departments across campus and adjunct faculty. Funds are included for teaching stipends and course buy-outs, as needed. As additional faculty are recruited in the Department of SMPPH, the need for course buy-outs and stipends will diminish.

2. Student Recruitment Cost and Faculty Equipment also factored to diminish as the program grows and is established.

3. Fringe Benefits are based on UCR established benefit guidelines for staff members qualified for full benefits at 43.9%. [https://accounting.ucr.edu/payroll-coordination/benefits-and-assessments](https://accounting.ucr.edu/payroll-coordination/benefits-and-assessments)

4. Course Buy-Outs:
   a. Internal buyout (from other campus departments or units): $8,000 per course
   b. External buyout (from extramural funding): 10% of 9-month salary and benefits for one course and 25% of 9-month salary and benefits for two courses
   c. Units reserve the right to approve buyout requests at lower rates; if a course or buyout is granted at a negotiated rate, it must be used in the unit in which it was granted.

6.2.1 Library Acquisitions

No major library acquisitions will be needed for the MPH Program, as most journals (printed and electronic) and books in the area of public health are already available in the UCR and UC library system.

6.2.2 Space and Other Capital Facilities:

The program will require the following space to begin operation:

- Administrative office space, with furniture, computers, etc.
- Office for the program director
- Office space for student services assistant
- Group workspace for student projects

As enrollment and faculty FTEs are hired, additional office space will be needed. Classrooms will be scheduled through the Registrar’s office in general campus classroom space, including the new School of Medicine Education Building. The costs above will be funded in part from income from professional fees.
6.2.3 Overall MPH Program Cost Structure

<table>
<thead>
<tr>
<th>Monetary Category</th>
<th>2022-23</th>
<th>2023-24</th>
<th>2024-25</th>
<th>2025-26</th>
<th>2026-27</th>
<th>2027-28</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-State Student Tuition</td>
<td>$273,490.00</td>
<td>$374,290.00</td>
<td>$631,760.00</td>
<td>$694,938.00</td>
<td>$764,431.90</td>
<td>$840,875.09</td>
<td>$929,971.00</td>
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<tr>
<td>Less Campus Distribution (75% of Rev.)</td>
<td>$68,372.50</td>
<td>$143,582.25</td>
<td>$157,940.48</td>
<td>$173,784.52</td>
<td>$191,107.97</td>
<td>$210,218.77</td>
<td>$215,492.75</td>
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<tr>
<td>Out-of-State Student Tuition</td>
<td>$-</td>
<td>$51,841.00</td>
<td>$57,025.10</td>
<td>$62,727.61</td>
<td>$69,000.37</td>
<td>$75,900.41</td>
<td>$52,749.08</td>
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<tr>
<td>Less Campus Distribution (100% Rev.)</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>$119,040.00</td>
<td>$261,888.00</td>
<td>$288,076.80</td>
<td>$316,884.48</td>
<td>$348,572.93</td>
<td>$383,430.22</td>
<td>$386,315.40</td>
</tr>
<tr>
<td>Less 1/3 Professional Fees for Student Aid</td>
<td>$39,680.00</td>
<td>$87,296.00</td>
<td>$96,250.60</td>
<td>$105,628.16</td>
<td>$116,190.58</td>
<td>$127,810.07</td>
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<tr>
<td>Adjusted Tuition Fees Retention</td>
<td>$79,360.00</td>
<td>$174,592.00</td>
<td>$192,051.20</td>
<td>$211,256.32</td>
<td>$232,381.95</td>
<td>$255,620.15</td>
<td>$190,876.84</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$147,732.50</td>
<td>$318,174.25</td>
<td>$349,991.68</td>
<td>$384,990.84</td>
<td>$423,489.93</td>
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<td>$384,369.69</td>
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<tr>
<td>Total Adjusted Revenue</td>
<td>$140,345.88</td>
<td>$302,265.54</td>
<td>$332,492.09</td>
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<td>$402,315.43</td>
<td>$442,546.97</td>
<td>$330,951.20</td>
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</tbody>
</table>

Operating Cost

| Program Director                        | $25,000.00    | $25,000.00    | $25,000.00    | $25,000.00    | $25,000.00    | $25,000.00    | $25,000.00    |
| Program Coordinator                     | $70,000.00    | $72,100.00    | $74,263.00    | $76,490.88    | $78,785.62    | $81,149.19    | $75,464.78    |
| Administrative Specialist               | $36,357.00    | $37,447.71    | $38,571.14    | $39,728.28    | $40,920.12    | $42,147.73    | $39,195.33    |
| Fringe Benefits                         | $46,690.72    | $48,091.44    | $49,534.19    | $51,020.21    | $52,550.82    | $54,127.34    | $50,335.70    |
| Faculty Stipend                         | $10,000.00    | $10,000.00    | $10,000.00    | $10,000.00    | $10,000.00    | $10,000.00    | $10,000.00    |
| Course Buy-Out for Teaching Courses     | $40,000.00    | $40,000.00    | $40,000.00    | $40,000.00    | $40,000.00    | $40,000.00    | $40,000.00    |
| Student Recruitment Costs               | $10,000.00    | $10,000.00    | $10,000.00    | $10,000.00    | $10,000.00    | $10,000.00    | $10,000.00    |
| Faculty Equipment                       | $20,000.00    | $20,000.00    | $20,000.00    | $20,000.00    | $20,000.00    | $20,000.00    | $20,000.00    |
| Miscellaneous                           | $25,000.00    | $25,000.00    | $25,000.00    | $25,000.00    | $25,000.00    | $25,000.00    | $25,000.00    |
| Total Operating Cost                    | $283,047.72   | $274,639.15   | $278,868.53   | $283,289.38   | $287,980.56   | $292,704.76   | $281,400.48   |
| Total Operating Income                  | $192,701.85   | $206,628.38   | $213,423.76   | $222,541.92   | $231,413.87   | $240,642.22   | $264,542.72   |

Note:
1. This projection doesn’t have GHSSIP calculated in student tuition & has a starting cohort in 2022 of 20 students.
   a. Starting in 2024-2025 cohort size takes into account two simultaneous cohorts with a 10% increase in entering cohorts moving forward.
2. Currently, graduate programs affiliated with SOM retain 25% of In-State Student Tuition generated.
3. Program would not retain Out-of-State Student Tuition revenue.
4. Retain all professional fees
   a. 1/3 of retained professional fees have to be reinvested in students

6.3 Future Program Development Plans

As the proposed MPH program becomes further established, we intend to develop formalized tracks of specialization in core public health disciplines. Once the MPH program has been approved and is enrolling and graduating students, UCR will meet the CEPH requirements for a Public Health Program. At that point we will advise CEPH of this change and begin the process of seeking accreditation as a Public Health Program. CEPH accreditation and ASPPH membership will be covered by Department and Institutional funds.

Section 7. Graduate Student Support

Students enrolled in the MPH program will pay a professional fee of $1,984.00 per quarter in addition to quarterly resident or non-resident graduate fees and tuition. For 2022-2023, projected costs are $22,944.29 for in-state and $35,190.29 for out-of-state students without GSHIP. If students require UC-mandated insurance, those projected costs will go up to $26,785.97 and $36,031.97, respectively. In addition, as per UC
policy, one-third of the fees will be put towards financial aid, with the remaining professional fees returned to the program. Therefore, the importance of structuring the portion of the professional fee monies to be used for student support in the most impactful way will be a top priority of the program.

7.1 Financial Aid, Awards, and Fellowships

The primary goal is to ensure that financial issues do not prevent qualified, motivated students from matriculating into, and graduating from, the MPH Program. The School of Medicine financial aid department will provide prospective students and enrolled students with information and resources to facilitate access to their educational needs. The MPH Program will award aid to students based on the program’s mission as well as student financial need, ensuring federal, state, and university compliance. These awards will include a combination of need-based and merit-based grants, student-aid packages, and scholarships. The MPH Program will also encourage students to compete for campus, state, federal, and foundation awards and fellowships.

7.2 Underrepresented Students

A central goal of the proposed MPH program is to provide routes to educational success for underrepresented and first-generation college students and to build a diverse workforce that will serve Inland Southern California. This will be accomplished through a concerted and intentional approach that will include (1) cultivation of “pipeline” programs, (2) a holistic admissions process, (3) a robust and targeted financial aid program, (4) intensive mentoring and advising, and (5) evaluation and assessment.

We will model our pipeline program after the highly successful pipeline initiatives of UCR’s School of Medicine, which is recognized as a national leader among medical schools in recruitment and retention of a diverse student body. Specifically, we will target undergraduate programs in Inland Southern California with highly diverse student bodies (e.g., UCR, UC-Merced, California State University-San Bernardino) to educate potential applicants about careers in public health and opportunities provided by the UCR MPH program. UCR’s Health Professions Advising Center encounters many UCR undergraduates who express interest in graduate education in public health, and will serve as an effective vehicle for connecting with those students.

We will also model our holistic admissions process after the approaches used by the UCR School of Public Policy and UCR School of Medicine. A holistic admissions process creates a structure by which members of the admissions committee consider students’ experiences, attributes, and metrics (or “EAMs”) to provide a wider lens for assessing applicants. Following best practices in holistic review, reviewers will be blinded to the student’s academic performance (including GPA and GRE scores) while evaluating EAMs. This will include an interview process, modelled after the multi-mini interview process used by the UCR SOM; this approach has demonstrated a reduction in the role of subjective bias compared with traditional interviews (Bates et al., 2020).

Financial aid for students will be another means by which we will work to recruit a diverse student body. As noted in Section 2.10, a significant portion of revenue from Professional Degree Supplemental Tuition will be allocated to provide targeted grant and scholarship assistance to allow the program to be more accessible.
and affordable for students, with an emphasis on students historically underrepresented in graduate and professional education.

Mentoring and advising is a critical element in ensuring the success of all students, especially students who are historically underrepresented. All students will be assigned a faculty advisor, who will meet with the student to assess initial skills and learning needs, review program requirements, serve as a mentor, provide feedback on academic progress, and assist with career planning.

A critical element of program evaluation and assessment (see Section 7.4) will be a systematic annual assessment of the extent to which the program is meeting its goals with respect to recruitment, retention, and job placement of historically underrepresented students. We will establish metrics for each of these objectives; compilation of these data will be one of the responsibilities of the Program Coordinator. The data will be reviewed by the Program Director on a routine basis, and by all affiliated faculty in the annual governance meeting of program faculty.

7.3 Additional Financial Aid Programs

Additional resources can be found at the UCR graduate program funding site at the link provided below:

https://graduate.ucr.edu/funding#fellowships

7.4 Program Evaluation, Assessment, & Feedback

The results of the evaluative measures discussed in Section 1.9 will be regularly used to enhance the quality of the program. Course evaluations will be compiled and reviewed by the MPH program director. These evaluations can impact subsequent teaching assignments, sequencing of course offerings, or specific teaching strategies. In the event of lower than average scores, MPH teaching faculty will be counseled and opportunities provided for professional development with respect to teaching philosophy and skills. Course content or evaluative criteria may also be revised in the light of student comments. Student surveys, particularly exit and alumni surveys, will provide important information concerning student satisfaction with program curriculum, attainment of competencies, and overall program operations. These data will be used by the MPH program director and appropriate program committees to identify new content areas and methods to improve student services. In addition, shortly prior to graduation from the program, each student’s advisor will conduct an exit interview to gather information on student perspectives of, and experience in, the program. These data will be compiled and reviewed collectively by program faculty to inform quality improvement efforts, including needed revisions of the curriculum. We will also develop and implement a system for tracking alumni to assess job placement, career satisfaction, and post-employment perspectives on strengths and weaknesses of the MPH program.
Section 8. Governance

8.1 Program Governance

We propose an interdepartmental program drawing faculty from throughout campus, including adjunct faculty. The program will be sponsored by the UCR School of Medicine, with administrative support provided by the Department of Social Medicine, Population, and Public Health. Bylaws and operating procedures will be developed by the faculty affiliated with the program, convened by the Program Director. The participating faculty will meet annually to review and make decisions on any changes in curriculum structure, student mentorship, collaborations with faculty across schools, and relationships with local, state, and government agencies.

Section 9. Changes in Senate Regulations

No changes in Senate Regulations are required for the MPH Program.
References


Appendix A: Sample MPH Program Outline

### Sample Year 1

<table>
<thead>
<tr>
<th>Course</th>
<th>Quarter</th>
<th>Units</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations of Public Health</td>
<td>Fall I</td>
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<td>Must be taken Fall I</td>
</tr>
<tr>
<td>Health Services Administration</td>
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<td></td>
</tr>
<tr>
<td>Ethics in Public Health</td>
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</tr>
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<td>Community Theory and Practice I</td>
<td>Winter I</td>
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<td>Must be taken Winter I</td>
</tr>
<tr>
<td>Biostatistics</td>
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</tr>
<tr>
<td>Health Behavior &amp; Policy Interventions Course</td>
<td>Spring I</td>
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<td>Epidemiology</td>
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<td><strong>Summer Session</strong></td>
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</tr>
<tr>
<td>Practicum (Requires x amount of hours)</td>
<td>Summer I&amp;II</td>
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<td>Taken over summer session or during semester (students convenience)</td>
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### Sample Year 2

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</tr>
<tr>
<td>Health Behavior &amp; Policy Interventions Course</td>
<td>Winter I</td>
<td>4.0</td>
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</tr>
<tr>
<td>Elective</td>
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<td><strong>Total Units Fall Quarter II</strong></td>
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<td>Health Behavior &amp; Policy Interventions Course</td>
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</tr>
<tr>
<td>Elective</td>
<td>Fall II</td>
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<td>Thesis</td>
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<td>Elective</td>
<td>Spring I</td>
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### Category

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<tr>
<td>Theory/Evaluation Methods</td>
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<td>Applied Practice Experience (Practicum)</td>
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<tr>
<td><strong>Total</strong></td>
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Appendix B: UCR Letters of Support

Deborah Deas, M.D., M.P.H., Vice Chancellor for Health Sciences & Dean, School of Medicine
May 14, 2021

Dear Members of the UCR Graduate Council,

I am writing to express my highest degree of support for the proposal from a cross-campus committee, led by Dr. Mark Wolfson of the Department of Social Medicine, Public, and Population Health within the School of Medicine, to establish a master of public health (MPH) program here at the University of California, Riverside.

I believe that establishing a UCR MPH program is the right thing to do, and it is the right time to do it. Inland Southern California has critical public health needs, including unaddressed health disparities that have become even more apparent since the onset of the COVID-19 pandemic. An MPH program would build directly on existing strengths of UCR, including faculty expertise in a variety of health issues and conditions, including environmental health, health disparities, and social determinants of health. This expertise is distributed widely across UCR’s schools and colleges, indicating that an interdepartmental program, such as the one proposed, is the right approach.

The program would benefit from infrastructure that has already been put in place, including the School of Medicine’s Health Disparities Research Center and Center for Healthy Communities, the Center for Social Innovation, and the Center for Geospatial Sciences, as well as the School of Public Policy.

The MPH Program will also help advance a number of institutional goals articulated in UCR’s Strategic Plan, including furthering “distinctive, transformative research and scholarship,” “a rigorous, engaging, and empowering learning environment,” “a welcoming, inclusive, and collaborative community,” and “advancing the public good.”

Having earned a MPH degree prior to my medical degree, I am quite familiar with the content and methods of public health. I commit to supporting the success of the proposed MPH program, which I firmly believe will benefit UCR, the community we serve, and the State of California.
Please do not hesitate to contact me if you have any questions or if I can provide any additional information on the commitment of the UCR School of Medicine to this critical initiative.

Sincerely,

Deborah Deas, MD, MPH
Vice Chancellor for Health Sciences
Mark and Pam Rubin Dean