Summary

Response to Senate Committee and School/College Executive Committee Reviews of MPH Proposal

Mark Wolfson, Ph.D. on behalf of the Master of Public Health Degree Development Committee

10/31/2022

Background

The original version of the proposal was submitted on May 17, 2021. Feedback from multiple Senate committees and school and college executive councils was received on July 29, 2021. Since that time the cross-campus planning committee for the MPH program worked to revise the proposal, including consultations with various partners and stakeholders across campus.

The planning committee believes that we have responded to all of the questions and concerns that were raised in the review of the original proposal. Please note that significant endorsement and support was expressed in the original review of the proposal. We believe that our revisions in response to the feedback provided has made this an even stronger proposal. We are happy to answer any remaining questions or address any remaining concerns on the part of the Senate leaders and committees.

Summary of Response/Revisions

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<tr>
<th>Committee</th>
<th>Feedback</th>
<th>Response/Revisions</th>
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<tr>
<td>Riverside Division</td>
<td>• During their July 26, 2021 meeting, Executive Council discussed the subject proposal for a Master of Public Health (MPH) degree program and had no comments to add to the attached consultative feedback memos from Senate standing committees and college and school faculty executive committees. I trust this feedback proves helpful to the proponents.</td>
<td>• The feedback was extremely useful. Our planning committee carefully considered all feedback that was provided. Our responses to the feedback, including modifications and/or clarifications reflected in this version of the proposal, are noted below.</td>
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<td>Committee on Diversity, Equity, &amp; Inclusion</td>
<td>• The Committee on Diversity, Equity, and Inclusion reviewed the proposed Master of Public Health degree program and unanimously supports the proposal.</td>
<td>• We appreciate the endorsement and support.</td>
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| Committee on Courses | • The Committee on Courses reviewed the proposal for a Master in Public Health Program at their June 2, 2021 meeting and are generally supportive of the proposal.  
• The Committee does recommend that the proposal be updated to include letters of support from the departments whose courses will be used for the program including Sociology, Economics, Public Policy, and Statistics. | • We appreciate the support.  
• We have engaged in productive conversations with chairs/deans of each of these departments or schools, as well as other key UCR partners for the proposed MPH program. **Letters of support may be found in Appendix B of the proposal.** These include letters from the Dean of the School of Public Policy; the Chair of the Department of Anthropology, the Chair of the Department of Statistics; a leader of the proposal to establish a Department of Society, Environment, and Health Equity; and the Program Directors of the Data Science Major. We also have a commitment to being provided a letter from the Department of Economics, and are in discussions about a letter from the Department of Sociology, but did not have these letters in hand at the time of this submission.  
• We consulted with Melinda Miller, Course Specialist in the Office of the Registrar. She confirmed that the PBHL code is available for use by the proposed MPH program. |
| Committee on Planning and Budget | - The Committee also recommends that the program consult with the Registrar’s Office and Business Services to coordinate the fees for the program. |
| - We consulted with Linda Coco, Assistant Registrar, Courses and Academic Scheduling, in the Office of the Registrar. She directed us to the Tuition and Fees page of the website. The tuition and fees presented in our proposal are based on the information contained on that webpage. |

| Committee on Planning and Budget | - The committee requests a letter of commitment from the SoM Dean clearly outlining the economic responsibility between the college and the program. The proposal outlined the need for space, staff, and financial support, but the Dean’s letter does not commit those resources. |
| - Two letters from the Dean of the School of Medicine are provided in this version of the proposal, and may be found in Appendix B. The letter dated 10/24/2022 states the School of Medicine’s financial commitment to the program (above and beyond ongoing financial support provided to the home department, Social Medicine, Population, and Public Health). The letter dated 10/27/2022 states the School of Medicine’s commitment to provide space for instructional and administrative activities of the program. Please also see Section 6, Resource Requirements, for additional details. |
| - It is unclear to the committee who will cover the deficit from the program’s first year. |
| - The $66,728.52 deficit projected in the first year of the program (2024-2025) will be covered by $100,000 in funds in the Department of Social Medicine, Population, and Public Health budget that have been earmarked for initial support of the MPH program. (Please see P. 28 of the proposal and Letter of Support from Dr. Mark Wolfson in Appendix B.) |

| Graduate Council | - The Council was supportive and enthusiastic about the proposed new program as there is great need for a program like this at UCR. |
| - The Council would like clarification about the faculty and staff support. Some interdepartmental graduate programs appear |

| Graduate Council | - We appreciate Graduate Council’s support, enthusiasm, and recognition of need for the program. |
| - We appreciate the concern about adequacy of institutional support, as this has been an issue for some interdepartmental programs, and is critical to the proposed program’s |
to struggle from lack of institutional support. Are the FTE, staff, and tuition revenues mentioned in the proposal enough to support the program?

success. We believe that this revised version of the proposal will demonstrate that generous institutional support has been committed, and that resources will be more than adequate to support the program’s success. Specifically:

- **FTE.** As noted in Section 6.1 (starting on P. 26), the department that will administer the program (the Department of Social Medicine, Population, and Public Health, or “SMPPH”) has a commitment of 7.0 FTE ladder rank faculty for dedicated teaching in the program. Funds have been included in the proposed budget for the program for the Department of Statistics to teach a 2-course statistics series (see P. 26). As noted in this section (as well as in the Budget Narrative—see Appendix C), we have budgeted for paid (or in some cases, volunteer) adjunct faculty to cover one or two classes, as needed). We will also benefit from electives offered by other schools and departments, as they will correspondingly benefit from our allowing enrollment of their majors in elective courses in the MPH program.

- **Staff.** As noted in Section 6.2 (starting on P. 27), we have budgeted for 1.25 staff FTE. As noted on P. 27 and P. 28, in addition to these new positions specifically budgeted for the program, several existing (or in one case, planned) staff members in SMPPH will have a percentage of their time allocated to the program. These allocations will provide a total of an additional 1.0 FTE.
The Council would also like to encourage that the recommended basic proficiency in a second language be folded into the language describing the admissions criterion and explained as a valuable attribute in prospective students that will serve to augment the program's diversity.

We agree with this recommendation, and have incorporated this into the current version of the proposal (see Pp. 21-22). Please also note that we propose to offer a 3-series course, HABLAMoS for Public Health, which will enable students to obtain Spanish language and Latinx cultural competence/humility (please see Pp. 23-24).

Tuition Revenues. As shown in our financial projects (P. 28 and P. 30), the program is projected to be in a deficit at the end of the first year, and generate small to moderate surpluses in subsequent years. As noted elsewhere in this response, the School of Medicine has committed financial support by sharing 90% of Actual Campus Allocation of In-State Student Tuition generated for Years 1-3, and 50% of Actual Campus Allocation generated in Years 4 and 5 (see P. 30 and SOM Dean's letters of support in Appendix B). (This is in addition to providing space for the program in Medical Education Building I and recurring allocations for operating expenses to the Department of SMPPH).

We agree and have collaborated with the ESHQ (now SEHE) program leaders to foster a productive collaboration. We have provided a letter of support for the proposal to establish the SEHE department. One of the program leaders in the effort to establish SEHE, Dr. Dana Simmons, has provided a letter of support for the MPH proposal (please see Appendix B).

- The CHASS Executive Committee reviewed and approved the proposal for a Master of Public Health Program for its possible impact on CHASS. In particular, we hope that this program will develop a fruitful collaboration with the proposed Department.

- We agree and have collaborated with the CHASS Executive Committee on the proposal for a Master of Public Health Program for its possible impact on CHASS. In particular, we hope that this program will develop a fruitful collaboration with the proposed Department.
The CNAS Executive Committee supports this proposal. Some comments follow.

- A goal of 30 students admitted a year (so 60 student program?) seems high for such a tiny hosting department.

- How many students will exercise the thesis option? Who will supervise those?

- Master’s programs with capstones generally result in less faculty time available for proposal writing and other scholarship, not more. The demands of this student population should not be underestimated.

We appreciate the support.

- We appreciate this feedback. The planning committee considered this carefully, and decided to revise the program goals with respect to enrollment. We now project that 15 students will matriculate in the first year of the program, increasing 10% each year. Total enrollments in the 2-year program are projected to be 15 in Year 1, 32 in Year 2, 35 in Year 3, 39 in Year 4, and 43 in Year 5. These new enrollment goals, which we believe to be both realistic and manageable, are reflected in the Executive Summary and throughout the proposal.

- This is a difficult question to answer, but our best guess is that 1/4 to 1/2 of students will exercise this option. Students writing a thesis will be supervised by faculty affiliated with the program. Please note that the number of faculty who have volunteered to affiliate with the MPH Program faculty has increased from 11 in the original proposal to 27 in this revised proposal (see Pp. 19-21).

- We appreciate this reminder. That said, we believe that with the significant reduction in projected enrollments, the teaching demands of home department (SMPPH) faculty will be well within the norms of ladder-rank faculty in the School of Medicine (see Pp. 26-27), and expectations of other affiliated faculty will be well within the norms for interdepartmental programs.
<table>
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<tr>
<th>UCR campus-community boundaries are already permeable -- except perhaps between the med school and the rest of campus, so maybe this program would be positive in that regard.</th>
<th>We appreciate this observation and fully agree. Public health is a big tent, is by nature interdisciplinary, and addresses challenging problems that can only be solved by interdisciplinary efforts. We anticipation that the development and launch of this degree program will bring together faculty from across campus (as reflected in the list of faculty who have already chosen to affiliate with the proposed program—see Pp. 19-21).</th>
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<td>The proposal says that &quot;Several existing UCR centers provide additional strengths that are relevant&quot; and &quot;the Center for Geospatial Sciences provides strength in spatial aspects of health&quot; but does not appear (?) to list any PBPL or other courses on spatial analysis methods (offered by Center faculty) in the electives. Why not?</td>
<td>The electives that are listed are not exhaustive; we are very open to including additional courses as electives, if such courses are being offered by the sponsoring department and there are not caps on enrollment. We have collaborated with CGS faculty in the past on research proposals, and look forward to continuing collaborations on mutually beneficial educational efforts.</td>
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<td>I am not sure what the incentive structure is for faculty outside the host unit to become affiliated faculty.</td>
<td>We have been intentional in trying to establish reasonable expectations of faculty from units outside of SMPPH who wish to affiliate with the program. As noted on P. 19 of the revised proposal, these include giving occasional guest lectures, advising, committee participation, and, more broadly, being a part of the intellectual community at UCR interested in public health. Based on conversations with many of the large number of individuals who have either sought us out to volunteer to affiliate with the program, or have responded positively to our invitation to affiliate, incentives include (1) being part of a interdisciplinary research and education community focused on public health, (2) learning from colleagues in other fields, (3) learning about research grant opportunities, (4) identifying potential collaborators, and (5) contributing to</td>
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<td>Committee on Library and Information Technology</td>
<td>The LIT Committee discussed this program. No concerns were raised pertaining to the Library or ITs. It seems like a worthwhile program to develop.</td>
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<td>Executive Committee School of Medicine</td>
<td>The SOM Executive Committee reviewed the Proposed Degree Program: Master of Public Health (MPH) at the regular meeting on June 24, 2021. SOM FEC does not have any concerns with this proposal and strongly supports the proposed MPH degree program.</td>
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<tr>
<td>Executive Committee School of Public Policy</td>
<td>Market Demand: Regional &amp; UC Program Competition</td>
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<td>Small Faculty Size of SMPPH</td>
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How sustainable [is the proposed program] given heavy reliance on other campus units?

Involvement of non-SOM faculty and resulting teaching/advising demands on existing campus academic units

- We agree that this is an important concern. In the revised version of the proposal, we have included a number of proposed elective courses that are aligned with SMPPH faculty interests, and can be taught by these faculty (please see Pp. 26-27). This substantially reduces dependence of the program on other units—although as mentioned above, the planning committee for the program believes that a key strength of the program is it that it is interdepartmental.

- As noted in the response to CNAS Executive Committee (above), the MPH planning committee has been intentional in trying to establish reasonable expectations of faculty from units outside of SMPPH who wish to affiliate with the program. As noted on P. 19 of the revised proposal, these include giving occasional guest lectures, advising, committee participation, and, more broadly, being a part of the intellectual community at UCR interested in public health. With a current total of 27 affiliated faculty, and reduced enrollment projections (topping out at 43 in Year 5 (as shown in the Executive Summary and throughout the proposal), we believe that the demands on affiliated faculty outside the SOM will be well within the norms of interdepartmental programs at UCR.

- 27 faculty members from multiple UCR schools and colleges (including, importantly, the School of Public Policy) have chosen to affiliate with the proposed program (see Pp. 19-21). While the vast majority of course directorships will be covered by SMPPH faculty, the program will be greatly enriched by drawing on the broad and deep expertise in public health offered by faculty from multiple UCR departments and schools.
<table>
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<tr>
<th>BCOE Executive Committee</th>
<th>The Committee supports the proposal.</th>
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<td>BCOE hopes that there are opportunities to participate in the program, for example, by interacting</td>
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<td>We appreciate the committee’s support.</td>
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<td>We appreciate this and welcome collaboration in teaching and advising on environmental justice. In response to this suggestion, Dr. Will Porter of the</td>
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<td>through CE-CERT on environmental justice issues; CECERT faculty could, for example, supervise thesis option students.</td>
<td>Department of Environmental Sciences was approached and agreed to collaborate with the proposed MPH program (please see P. 21). We would be delighted to collaborate with additional faculty from CE-CERT.</td>
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<td>Another fruitful direction would be to see if MPH students could take some of the new Data Science courses, as discovering patterns in data and learning may become integrate for competence in the field of MPH.</td>
<td>We agree with this as well. Please see letter of support from the Co-Leaders of the Data Science Program (Appendix B). Also please note that several members of the program have chosen to affiliate with the proposed MPH program, including Dr. Yehua Li, Dr. Vassilis Tsotras, Dr. Paea LePendu, Dr. Xinping Cui, and Dr. Esra Kurum (please see Pp. 19-21.</td>
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<td>One committee member opined that the statistical package STATA proposed for the biostatistics category is old-fashioned and may be out-of-date by the time that the program officially launches.</td>
<td>We indeed cited STATA in the original proposal, but are not at all wedded to any particular statistical package. We have deleted reference to any specific package, and refer instead to “statistical analysis software” (please see P. 22). We will work with program faculty with expertise in statistics, data science, and public health practice to identify the most useful statistical package for our students to use to prepare them to be members of the public health workforce.</td>
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Master of Public Health Program

A Proposal to the University of California, Riverside
Academic Senate

October 2022
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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 the 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; social determinants of health; and 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 2024. 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 15 students will matriculate in the first year of the program, increasing 10% each year. Total enrollments in the 2-year program are projected to be 15 in Year 1, 32 in Year 2, 35 in Year 3, 39 in Year 4, and 43 in Year 5.

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), 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 (MPH) 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. Our 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 of the important role of public health in society, driven in significant part by the COVID pandemic (Galea and Vaughn, 2021).

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 then, 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” (e.g., teamwork, coordination, management, and leadership) often identified as critical for work in public health, 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. The Department currently has eight faculty, including five ladder-rank faculty (Dr. Mark Wolfson (Professor and Chair); Dr. Brandon Brown (Professor); Dr. Ann Cheney (Associate Professor); Dr. Andrew Subica (Associate Professor); Dr. Mario Sims (Professor)) and three Health Sciences Clinical faculty (Dr. Daniel Teraguchi (Associate Professor), Dr. Rosemary Tyrrell (Assistant Professor), and Dr. Daniel Novak (Assistant Professor). An open-rank search is being launched for up to two additional ladder-rank faculty, who should be onboard by Fall 2023, well before the expected launch of the MPH program in 2024. We expect three additional individuals, whose faculty appointments are currently being processed, to join the SMPPH faculty by the end of the 2012 calendar year: Dr. Jenna LeComte-Hinely (who will be an Adjunct Assistant Professor), Dr. Simon Linwood (who will be a Health Sciences Clinical Professor), and Dr. Denise Woods (who will be a Health Sciences Clinical Assistant Professor). Each of these individuals has expressed a strong interest in teaching, and have asked to be affiliated with the MPH graduate faculty. In summary, we expect SMPPH to have 13 faculty available for teaching, advising, course development, and administration of the MPH program by the time it is launched.

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 a professional researcher, a postdoctoral fellow, and additional staff. 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, cardiovascular disease, student health and safety, data science, research ethics, and community-based participatory research. As the department grows, we expect it to draw increased notice in Inland Southern California, throughout the state, and nationally. One example of the attention the department is receiving is publicity following the recent election of newest faculty member, Dr. Mario Sims, as well as Dean Deborah Deas, to the National Academy of Medicine (https://news.ucr.edu/articles/2022/10/17/two-school-medicine-faculty-elected-national-academy-medicine#:~:text=Deborah%20Deas%2C%20vice%20chancellor%20of,Academy%20of%20Medicine%2C%20or%20NAM).
In addition to the strengths of the department itself, 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 Obstetrics and Gynecology, 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; cardiovascular disease, cancer, 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 may be 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 Programs/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 already identified, others from departments across campus will be invited and may 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 annually by the Program Director, will develop and 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/or serving on thesis committees or committees related to administration of the program (e.g., admissions committee). 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 1.5 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 of 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 proposed 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 both 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

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 was initially submitted to the Senate in June, 2021, and reviewed by multiple Senate committees and college Faculty Executive Committees. In the event that final UC approval for the program is obtained by December 31, 2022, and UC System approval is completed by the end of the 2023 calendar year, we will ramp up and begin the student recruitment process by early 2024, with the first class enrolling in Fall 2024. The target enrollment for the initial cohort will be 15 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 SMPPH 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 and 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.

Following the recommendation by the Graduate Council in its review of the initial version of this proposal, basic proficiency in a second language, while not a requirement for admissions, will be considered a desirable attribute in prospective students (i.e., a desired qualification).

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
   c. How/why do you believe UCR’s MPH Program will help you achieve your goals and interests

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, and will be considered a desired qualification for admission, as noted in 2.1, above. Fluency in Spanish is very useful for public health practice in Inland Southern California, as 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><strong>Core</strong></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 Policy and 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>STAT 2xx: Statistics for Public Health - I</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>STAT 2xx: Statistics for Public Health - II</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 Health 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 Public Health Practice Experience (Practicum)</td>
<td>4.0</td>
<td>Taken over summer session or during a regular quarter (student’s convenience)</td>
</tr>
<tr>
<td>PBHL 299 Integrative Practice Experience (Thesis/Project)</td>
<td>4.0</td>
<td>Must be taken in final quarter</td>
</tr>
<tr>
<td><strong>Health Behavior &amp; Policy Interventions Courses</strong></td>
<td></td>
<td></td>
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<tr>
<td>SOC 286: Life Course and Health</td>
<td>4.0</td>
<td></td>
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<tr>
<td>SOC 287: Migration and Health</td>
<td>4.0</td>
<td></td>
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<tr>
<td>SOC 288: Social Determinants of Health</td>
<td>4.0</td>
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<tr>
<td>PBPL 271: Racial Inequality in Politics and Policy</td>
<td>4.0</td>
<td></td>
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<tr>
<td>SOC 284: Medical Sociology Graduate Seminar</td>
<td>4.0</td>
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<tr>
<td>PBPL 230F: Public Policy and Health</td>
<td>4.0</td>
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<tr>
<td><strong>Theory/Evaluation Methods</strong></td>
<td></td>
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<tr>
<td>PBHL 2xx Community Health Theory and Practice II</td>
<td>4.0</td>
<td>Must be Taken Spring I</td>
</tr>
<tr>
<td><strong>Electives</strong></td>
<td></td>
<td></td>
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<tr>
<td>PBHL 2xx: Epidemiology and Control of Alcohol, Drug, and Tobacco Use</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>PBHL 2xx: Epidemiology and Control of Cardiovascular Disease</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>PBHL 2xx: Epidemiology and Control of Infectious Disease</td>
<td>4.0</td>
<td></td>
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<tr>
<td>PBHL 2xx: HABLAMoS for Public Health I</td>
<td>4.0</td>
<td></td>
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<tr>
<td>PBHL 2xx: HABLAMoS for Public Health II</td>
<td>4.0</td>
<td></td>
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<tr>
<td>PBHL 2xx: HABLAMoS for Public Health III</td>
<td>4.0</td>
<td></td>
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<tr>
<td>ANTH 262: Seminar in Medical Anthropology</td>
<td>4.0</td>
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<tr>
<td>ANTH 201: Critical Theories of Gender, Race, and Blackness</td>
<td>4.0</td>
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<tr>
<td>ANTH 2: Anthropology of the Body</td>
<td>4.0</td>
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<tr>
<td>ECON 275: Health Economics</td>
<td>4.0</td>
<td></td>
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<tr>
<td>PBPL 220: Policy Evaluation</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>PBPL 230 (E-Z): Topics in Health Policy</td>
<td>4.0</td>
<td></td>
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<tr>
<td>PBPL 264: Methods in Health Disparities Research</td>
<td>4.0</td>
<td></td>
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<tr>
<td>PBPL 265: Advanced Methods in Health Disparities Research</td>
<td>4.0</td>
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</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. 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 for publication is not a requirement. Students will also be encouraged, but not required, to defend their thesis in a public academic setting. 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 (Table 2).

Table 2. Comparison of Professional Degree Supplemental Tuition 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 degree 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- 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 (Table 3).

Table 3. 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 UCR 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).

We also note the observations of Dr. Geoffrey Leung, M.D., who is the Riverside County Public Health Officer (see Letter of Support from Dr. Leung in Appendix B). Dr. Leung notes that Riverside County is the 10th most populous county in the U.S., is ethnically and socioeconomically diverse, and has high public health needs. He goes on to say that the proposed program “will address a critical need in Inland Southern California: to increase the supply of individuals with excellent training and skills in public health.” We believe that this is a good indicator of continuing demand for students with MPH degrees on the part of a major employer: the largest of Inland Southern California’s county health departments. Student demand for professional education is of course significantly affected by the availability of desirable jobs after graduation.

In this revised proposal, we have lowered our student enrollment estimates, from an entering class of 20 students with a 10% increase in new enrollment in each subsequent year (original proposal) to an entering class of 15 students and 10% increase in new enrollment in each subsequent year (this revised proposal).
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

As noted in Section 3.1 above, national, state, and local data indicate strong and growing employer demand for individuals with training in public health, including those with MPH degrees.

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 and aging, cardiovascular disease in different racial and ethnic populations, mental health and 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 4, below. Please note that the number of faculty who have volunteered to affiliate with the MPH Program faculty has increased from 11 in the original proposal to 27 in this revised proposal. While the vast majority of course directorships will be covered by SMPPH faculty, the program will be greatly enriched by drawing on the broad and deep expertise in public health offered by faculty from multiple UCR departments and schools. As in other UCR interdepartmental graduate programs, these faculty will be expected to contribute by giving occasional guest lectures, advising, committee participation, and, more broadly, being a part of the intellectual community at UCR interested in public health.

Table 4. MPH Program Faculty

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>Title and Primary Affiliation</th>
<th>Courses Able to Teach/Research Area</th>
</tr>
</thead>
</table>
| Moazzum Bajwa, MD, MPH| Assistant Clinical Professor, Department of Family Medicine | Primary Care—Public Health Linkages  
Health Promotion in Community Settings  
Cased-Based and Active Learning  
Social Justice in Medicine & Public Health |
| Richard Carpiano PhD, MPH | Professor, School of Public Policy  | Ethics and Professionalism  
Sociological Aspects of Public Health  
Infectious Disease Prevention & Control  
Public Policy |
| Brandon Brown PhD, MPH | Professor, SMPPH | Public Health Ethics  
Infectious Disease  
HIV/AIDS  
Epidemiology |
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Research Interests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Cheney PhD, MA</td>
<td>Associate Professor, SMPPH</td>
<td>Structural Inequities in Health, Substance Abuse and Mental Health Services, Latinx Immigrant Health, Community Assessment, Community Engagement, Diet and Obesity, Veteran Health, HABLAMoS Public Health</td>
</tr>
<tr>
<td>Xinping Cui, PhD</td>
<td>Professor, Department of Statistics</td>
<td>Statistics in Health and Medicine, Experimental Design, Health Services Research, Data Mining</td>
</tr>
<tr>
<td>Marcus Kaul, PhD</td>
<td>Professor, Division of Biomedical Sciences</td>
<td>Epidemiology of Neurocognitive Disorders, Pharmaco-Epidemiology</td>
</tr>
<tr>
<td>Esra Kurum, PhD</td>
<td>Assistant Professor, Department of Statistics</td>
<td>Statistics in Health and Medicine, Models of Infections Disease Transmission</td>
</tr>
<tr>
<td>Chioun Lee PhD</td>
<td>Assistant Professor, Department of Sociology</td>
<td>Life Course and Health, Health Disparities, Gender and Health, Tobacco Use and Health</td>
</tr>
<tr>
<td>Paea LePendu, PhD</td>
<td>Assistant Teaching Professor, Department of Computer Science &amp; Engineering</td>
<td>Biomedical Informatics, Public Health Informatics, Social Determinants of Health</td>
</tr>
<tr>
<td>Geoffrey Leung, MD</td>
<td>Assistant Clinical Professor, Department of Family Medicine Riverside County Health Officer</td>
<td>Public Health Administration, Public Health Practice, Health Policy and Administration</td>
</tr>
<tr>
<td>Yehua Li, PhD</td>
<td>Professor and Chair, Department of Statistics</td>
<td>Statistics in Health and Medicine, Spatial Statistics</td>
</tr>
<tr>
<td>Bruce Link PhD</td>
<td>Distinguished Professor, School of Public Policy and Department of Sociology</td>
<td>Social Epidemiology, Mental Health, Social Determinants of Health</td>
</tr>
<tr>
<td>Simon Linwood, MD, MBA</td>
<td>Chief Information Officer UCR School of Medicine/UCR Health (faculty appointment in the Department of SMPPH is pending)</td>
<td>Medical &amp; Public Health Informatics, Data Science</td>
</tr>
<tr>
<td>Samar Nahas, MD, MPH</td>
<td>Associate Clinical Professor and Chair, Department of Gynecology &amp; Oncology</td>
<td>Women’s Health, Reproductive Health</td>
</tr>
<tr>
<td>Daniel Novak, PhD</td>
<td>Assistant Clinical Professor, Department of SMPPH Director of Scholarly Activities, UCR SOM</td>
<td>Innovations in Teaching and Learning, Curriculum Development and Renewal, Identification, Prevention, and Mitigation of Teacher Bias, Online/Mobile and Hybrid Learning, Digital Health, Health Systems Science, Continuous Quality Improvement, Health Systems Science, Health Justice</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Research Interests</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Adwoa Osei, MD        | Assistant Clinical Professor, Department of Pediatrics               | Child and Youth Health  
Clinical-Community Connections  
Adverse Childhood Experiences  
Neurodevelopment and Behavior  
Pathways to Health Careers for Underrepresented Minorities |
| Ramdas Pai, MD        | Professor and Chair, Division of Clinical Sciences and Department of Internal Medicine | Health Promotion in Clinical Settings  
Cardiovascular Disease Prevention & Control |
| William Porter, PhD    | Assistant Professor, Department of Environmental Sciences            | Environmental Health  
Environmental Racism  
Environmental Assessment Methods in Community-Engaged Research |
| Mario Sims, PhD       | Professor, SMPPH                                                    | Cardiovascular Disease Prevention & Control  
Health Disparities  
Social Determinants of Health  
Social Epidemiology |
| Andrew Subica PhD     | Associate Professor, SMPPH                                           | Health and Mental Health Disparities in Vulnerable Populations  
Native Hawaiian & Pacific Islander Health  
Substance Misuse Prevention  
Cancer Prevention & Control |
| Jennifer Syvertsen PhD, MPH | Associate Professor, Department of Anthropology | Ethnographic Methods; Global Health; Cultural Factors affecting Health, Illicit Drug Use; Harm Reduction |
| Daniel Teraguchi, PhD | Associate Professor, Department of SMPPH  
Associate Dean, Student Affairs, UCR SOM | Wholistic Student Admissions Processes  
Pathway Programs for Students Underrepresented in Health Professions  
The Arts and Health |
| Shunling Tsang, MD    | Riverside County Deputy Public Health Officer  
Associate Clinical Professor, Department of Family Medicine | Population Health  
Public Health and Health Care Administration |
| Vassilis Tzotras, PhD | Professor, Department of Computer Science & Engineering             | Data Science  
Informatics |
| Rosemary Tyrrell, EdD | Assistant Professor, Department of SMPPH  
Director, Office of Faculty Development, UCR SOM | Curriculum Development and Mapping  
Assessment of Teaching and Learning  
Immersive Teaching and Learning |
| Mark Wolfson PhD      | Professor & Chair, Department of SMPPH                              | Foundations of Public Health  
Substance Misuse Epidemiology and Intervention  
Public Health Policy  
Social & Behavioral Health |
| Denise Woods, DrPH    | Vice Chancellor for Health, Safety, and Wellness  
(faculty appointment in the Department of SMPPH is pending) | Health Promotion in Educational Settings  
College Health and Safety |
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 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 to three courses focused on health behavior and policy intervention, four elective courses, 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. Also examines the structure and functioning of global, national, state, and local public health systems.</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>STAT 2xx: Statistics for Public Health I (4 units)</td>
<td>First course in a two-course sequence. Defines the role of statistics in contemporary public health research and practice. Introduction to descriptive and inferential statistics and their application to real-world public health questions and problems. Introduction to statistical analysis software. Experience creating a basic dataset and exploratory data analysis. In addition to classroom instruction, students will participate in a learning laboratory facilitated by a Department of Statistics Teaching Assistant.</td>
</tr>
<tr>
<td>STAT 2xx: Statistics for Public Health II (4 units)</td>
<td>Second course in a two-course sequence. Students will develop skills to conduct graphical and numerical exploratory data analysis, comparative tests of categorical, ordinal, and continuous data, linear and logistic regression analysis applied in a public health context. In addition to classroom instruction, students will participate in a learning laboratory facilitated by a Department of Statistics Teaching Assistant.</td>
</tr>
<tr>
<td>PBHL 2xx: Environmental Health Sciences (4 units)</td>
<td>Interdisciplinary examination of the relationship between environmental health and social justice emphasizing gender, race, class, and globalization as analytical</td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PBHL 2xx: Community Health Theory and Practice I (4 units)</td>
<td>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.</td>
</tr>
<tr>
<td>PBHL 2xx: Ethics in Public Health (4 units)</td>
<td>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.</td>
</tr>
<tr>
<td>PBHL 2xx: Community Health Theory and Practice II (4 units)</td>
<td>Skill development for developing community health interventions, budgets, implementation plans, and grant proposals.</td>
</tr>
<tr>
<td>PBHL 2xx: Health Behavior &amp; Policy Interventions (12-units in total)</td>
<td>Catalog of courses to choose from as identified in Table 1 from section 2.3.3.</td>
</tr>
<tr>
<td>PBHL 298i: Applied Public Health Practice Experience (Practicum) (4 units)</td>
<td>The Applied Public Health Practice Experience (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</td>
</tr>
<tr>
<td>PBHL 299: Integrative Practice Experience (Thesis/Project) (4 units)</td>
<td>An integrated learning experience that demonstrates synthesis of foundational and program competencies as described in section 2.6.1 &amp; 2.6.2</td>
</tr>
<tr>
<td>PBHL 2xx: Public Health Electives (16-units in total)</td>
<td>Catalog of courses to choose from as identified in Table 1 from section 2.3.3.</td>
</tr>
<tr>
<td>PBHL 2xx: Epidemiology and Control of Alcohol, Drug, and Tobacco Use</td>
<td>Epidemiology of drug use (including illicit drugs, prescription drugs alcohol, and tobacco) and associated health and social problems. Special attention to disparities in substance-use related health and social problems by income, race, and ethnicity. Survey of intervention approaches, with a focus on primary prevention. Policy, mass media, harm reduction, and demand reduction strategies will be reviewed.</td>
</tr>
<tr>
<td>PBHL 2xx: Epidemiology and Control of Cardiovascular Disease</td>
<td>Epidemiology of heart and vascular disease, which constitutes the leading cause of mortality in the U.S. Special attention to disparities in CVD by income, race, and ethnicity. Survey of intervention approaches, with a focus on primary prevention through exercise, diet, and policy change.</td>
</tr>
<tr>
<td>PBHL 2xx: Epidemiology and Control of Infectious Disease</td>
<td>Epidemiology of the major infectious diseases, including HIV/AIDS, COVID, Influenza, and sexually transmitted diseases. Social and behavioral factors affecting spread of infections. Special attention to disparities in infectious disease morbidity and mortality by income, race, and ethnicity. Survey of intervention approaches, including vaccination campaigns, behavior change campaigns, and policy change.</td>
</tr>
<tr>
<td>PBHL 2xx: HABLAMoS for Public Health I</td>
<td>First course in a 3-course series to provide Spanish-language and Latinx cultural immersion experience for public health students. Builds on the existing Hispanic And Bilingual Ambulatory Medical Studies (HABLAMoS) program for medical students at UCR. The first course in the series will include Assessment of Spanish language skills and targeted language instruction and practice.</td>
</tr>
</tbody>
</table>
PBHL 2xx: HABLAMoS for Public Health II

Second course in a 3-course series to provide Spanish-language and Latinx cultural immersion experience for public health students. Builds on the existing Hispanic And Bilingual Ambulatory Medical Studies (HABLAMoS) program for medical students at UCR. Continuing Spanish-language instruction, introducing vocabulary commonly used in community-engaged public health efforts. Practice speaking with native speakers.

PBHL 2xx: HABLAMoS for Public Health III

Third course in a 3-course series to provide Spanish-language and Latinx cultural immersion experience for public health students. Builds on the existing Hispanic And Bilingual Ambulatory Medical Studies (HABLAMoS) program for medical students at UCR. Students will be paired with a governmental or nonprofit public health agency to gain practical experience using their developing language skills to interact in supervised settings with community members.

5.1.1 Core Competencies of Health 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 Sciences

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 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 two and at a steady state thereafter. The budget builds to support 15 incoming students with an increase in cohort size of 10% year-over-year. The budget also takes into account 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

The proposed program has a commitment of 7.0 FTE ladder rank faculty from SMPPH for dedicated teaching in the program (Dr. Cheney, Dr. Brown, Dr. Sims, Dr. Subica, Dr. Wolfson, plus two new faculty, to be hired by the end of calendar year 2023).

We are proposing nine required classes, plus a required thesis and/or a practicum (please see Table 1 and Table 3). These are listed below, along with our current plans for ensuring that a qualified instructor will be available to teach the course each year following the first year of the program (since some required courses will be taken by students in the second year of their programs):

- **Foundations of Public Health** (4 units). This course will be taught by an SMPPH faculty member (Dr. Mark Wolfson has been tentatively identified as the instructor for this course).
- **Health Policy and Administration** (4 units). This course will be taught by an current adjunct faculty member in the Department of Family Medicine, Dr. Geoffrey Leung (who is the Riverside County Public Health Director—please see his Letter of Support in Appendix B).
- **Epidemiology** (4 units). This course will be taught by an SMPPH faculty member (Dr. Brandon Brown and Dr. Mario Sims have been tentatively identified as potential instructors for this course).
- **Statistics for Public Health I** (4 units). This course will be taught by a faculty member in the Department of Statistics, assisted by a Teaching Assistant. Funding to support teaching of this course has been included in our proposed budget (please see Appendix C: MPH Program Budget Narrative, and Letter of Support from Dr. Yehua Li in Appendix B).
- **Statistics for Public Health II** (4 units). This course will be taught by a faculty member in the Department of Statistics, assisted by a Teaching Assistant. Funding to support teaching of this course has been included in our proposed budget (please see Appendix C: MPH Program Budget Narrative, and Letter of Support from Dr. Yehua Li in Appendix B).
- **Environmental Health Sciences** (4 units). This course will be taught by either one of the two faculty members to be hired under our current ladder-rank faculty search (if there is alignment with their expertise) or by an adjunct faculty member. (As noted in Appendix C: MPH Program Budget Narrative, funds have been budgeted for per-course teaching, when needed.)
- **Community Health Theory and Practice I** (4 units). This course will be taught by an SMPPH faculty member (Dr. Andrew Subica, Dr. Ann Cheney, or one of our two faculty members to be hired under our current ladder-rank search have been tentatively identified as potential instructors for this course).
- **Ethics in Public Health** (4 units). This course will be taught by an SMPPH faculty member (Dr. Brandon Brown has been tentatively identified as a potential instructor for this course).
- **Community Health Theory and Practice II** (4 units). This course will be taught by an SMPPH faculty member (Dr. Andrew Subica, Dr. Ann Cheney, or one of our two faculty members to be hired under our current ladder-rank search have been tentatively identified as potential instructors for this course).
• **Applied Public Health Practice Experience (Practicum)** (4 units). An SMPPH faculty member or one of the other faculty affiliated with the graduate program may serve as the instructor-of-record for each student’s practicum experience. We will seek to match students with instructors who have an interest in the substantive or methodological focus of the practicum.

• **PBHL 299 Integrative Practice Experience (Thesis/Project)** (4 units). An SMPPH faculty member or one of the other faculty affiliated with the graduate program may serve as the instructor-of-record for each student’s practicum experience. We will seek to match students with instructors who have an interest in the substantive or methodological focus of the practicum.

In addition, we have proposed a number of elective courses, which would be offered either by the home department (SMPPH) or another department offering courses that would be appropriate for MPH students (see Table 1 and Table 3). The courses to be offered by SMPPH are aligned with the substantive and methodological interests of current SMPPH faculty. We acknowledge that courses to be offered by other departments will not always be available to MPH students; for example, sometimes enrollment caps are placed on especially popular graduate electives. Department chairs consulted in preparing this proposal were largely enthusiastic about opening the identified courses to MPH students; they were equally enthusiastic about opportunities for their graduate students to take selected MPH course offerings (please see Letters of Support in Appendix B).

Faculty who affiliate with the program, in addition to the core faculty in the Department of SMPPH, will be available to serve as advisors and on thesis committees.

### 6.2 Other Operating Costs

The program will require administrative support and student services support, including admissions and support once students are enrolled to ensure success. Support will also be needed for career exploration and job placement. We propose the following (non-faculty) staffing for the program:

• **Program Coordinator (1.0 FTE).** This individual will report to the (faculty) Program Director, and will be responsible for the overall day-to-day management of the program (please see Appendix C – MPH Program Budget Narrative -- for details).

• **Administrative Specialist (.25 FTE).** This individual will provide administrative coordination, programmatic and budgetary support services for the Program Director, Program Coordinator, faculty, and students (please see Appendix C – MPH Program Budget Narrative -- for details).

In addition to these new positions specifically budgeted for the program, several existing (or in one case, planned) staff members in the Department of Social Medicine, Population, and Public Health will have a percentage of their time allocated to the program (these individuals are supported by current, recurring departmental and School of Medicine funds, so are not reflected in the budget presented in this proposal). These include:
• **Project Policy Analyst (.50 FTE assigned to the MPH program)**. This individual will assist with program activities, including coordinating professional development events, developing online and print materials, and internship-related activities.

• **Financial Analyst (25% FTE assigned to the MPH program)**. This individual will maintain/manage the MPH program budget and expenses/costs.

• **Financial and Administrative Officer (25% FTE assigned to the MPH program)**. This individual will assist with overseeing financial and administrative functions of the MPH program.

The $66,728.52 deficit projected in the first year of the program (2024-2025) will be covered by $100,000 in funds in the Department of Social Medicine, Population, and Public Health budget that have been earmarked for initial support of the MPH program (see Letter of Support from Dr. Mark Wolfson in Appendix B). The School of Medicine’s commitment of financial support for the program (see Letter of Support from Dean Deborah Deas in Appendix B) is reflected in Section 2.6.3, below.

Table 5: Operating budget for the first five years.

<table>
<thead>
<tr>
<th>Monetary Category</th>
<th>2024-25</th>
<th>2025-26</th>
<th>2026-27</th>
<th>2027-28</th>
<th>2028-29</th>
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<tr>
<td>Program Director (faculty)</td>
<td>$25,000.00</td>
<td>$25,000.00</td>
<td>$25,000.00</td>
<td>$25,000.00</td>
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<td>$74,263.00</td>
<td>$76,490.89</td>
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<td>$15,051.00</td>
<td>$15,543.73</td>
<td>$16,010.04</td>
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<td>Fringe Benefits</td>
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<td>$39,614.97</td>
<td>$40,803.41</td>
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<tr>
<td>Support for Adjunct Faculty</td>
<td>$10,000.00</td>
<td>$20,000.00</td>
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<tr>
<td>Course Buy-Out for Teaching Courses</td>
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<tr>
<td>Public Health Statistics (buyout or overload)</td>
<td>$31,627.20</td>
<td>$31,627.20</td>
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<td>Support for Core and/or Elective Courses</td>
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<td>Student Recruitment Costs</td>
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<td>$5,000.00</td>
<td>$5,000.00</td>
<td>$5,000.00</td>
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<td>$25,500.00</td>
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<td><strong>Total Operating Cost</strong></td>
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<td><strong>$315,130.58</strong></td>
<td><strong>$318,948.34</strong></td>
<td><strong>$322,880.63</strong></td>
<td><strong>$326,930.89</strong></td>
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<tr>
<td><strong>Total Adjusted Operating Income</strong></td>
<td><strong>$223,679.33</strong></td>
<td><strong>$315,130.58</strong></td>
<td><strong>$326,922.05</strong></td>
<td><strong>$330,952.65</strong></td>
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<td><strong>Total Operating Income</strong></td>
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<td><strong>27,099.34</strong></td>
<td><strong>8,832.44</strong></td>
<td><strong>38,659.43</strong></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/or course buy-outs, as needed. As additional faculty are recruited in the Department of SMPPH, the need for course buy-outs and/or stipends will diminish.
2. Student Recruitment Cost also factored to grow and establish the program.
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 School of Medicine has committed to providing the space needed to implement the program (see Letter of Support from Dean Deborah Deas in Appendix D). This is made possible by the opening up of considerable space in School of Medicine Education Building I (the currently operational SOM education building on campus) with the planned opening of School of Medicine Education Building II (which will have 57,000 assignable square feet) in late 2023.

Specific space needs of the program are as follows:

- **Space for program staff.** As noted in the 5-Year MPH Program Operating Costs Budget table above, we have budgeted for a (Faculty) Program Director (who will receive a stipend), a Program Coordinator (1.0 FTE), and an Administrative Specialist (.25 FTE). Space needs and sources for these individuals are detailed below.
  - **Program Director:** This individual will be a full-time faculty member in the Department of Social Medicine, Population, and Public Health (SMPPH). SMPPH is scheduled to move into the Medical Education 1 Building on campus from its current location (rented space at 3333 14th Street) early in the 2014 calendar year. Private offices for current and additional department faculty members (to accommodate planned growth) have been programmed into space allocations in Medical Education 1 (see Letter of Support from Dean Deborah Deas in Appendix D). The faculty member who will serve as MPH Program Director will be allocated one of these offices.

  - **Program Coordinator:** This individual will require a private office. As noted above, SMPPH is scheduled to move into the Medical Education 1 Building on campus from its current location (rented space at 3333 14th Street) early in the 2014 calendar year. A private office for the MPH Program Coordinator has been programmed for this space (see Letter of Support from Dean Deborah Deas in Appendix D).

  - **Administrative Specialist:** This individual will require a workstation or cubicle. Multiple workstations/cubicles have been programmed into the space plan for SMPPH’s move to the Medical Education 1 Building.

- **Classroom Space**
  - **Space in SOM Education Building I:** Space will be available for instruction. The building includes eight Problem Based Learning rooms (each with a capacity between 10-20) and two large classrooms (Room 1670, which has a capacity of 83, and Room G650, which has a capacity of 112).
  - **This space will be utilized by students pursuing master’s and doctoral degrees in Biomedical Sciences in addition to the Public Health program. Classroom scheduling will be handled by the SOM. The majority of the demand for these classrooms by the Biomedical Sciences...**
programs is in the morning and early afternoon; there is expected to be considerable available time for these rooms available in afternoons and evenings, which we expect to be a good fit for the public health students we recruit, many of whom will already be in the workforce.

6.2.3 Overall MPH Program Cost-Structure

<table>
<thead>
<tr>
<th>Monetary Category</th>
<th>2024-25</th>
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<th>2026-27</th>
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<td>$8,832.44</td>
<td>$38,659.43</td>
</tr>
</tbody>
</table>

Note:
1. The budget projections do not have GSHIP calculated in student tuition & has a starting cohort in 2024 of 15 students.
   a. Starting in 2024-2025 cohort size takes into account two simultaneous cohorts with a 10% increase in entering cohorts moving forward.
2. SOM Dean will provide 90% of Actual Campus Allocation of In-State Student Tuition generated for Years 1-3, and 50% of Actual Campus Allocation generated in Years 4 and 5, to the Department of Social Medicine, Population, and Public Health to support the MPH program. This constitutes financial support of the MPH program as follows:
   o Year 1: $46,151
   o Year 2: $92,302
   o Year 3: $101,533
   o Year 4: $62,048
   o Year 5: $68,252
   Total monetary investment of the SOM in the program in the first five years: $370,286
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 2024-2025, projected costs are $19,626 for in-state and $31,872 for out-of-state students without GSHIP. If students require UC-mandated insurance, those projected costs will go up to $23,190 and $35,436, 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 existing 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 faculty governance meeting.

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 national 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>
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<tbody>
<tr>
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<tr>
<td>Health Services Administration</td>
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<tr>
<td>Ethics in Public Health</td>
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<td>Winter I</td>
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</tr>
<tr>
<td>Biostatistics</td>
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<td>Must be taken Winter I</td>
</tr>
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<td>or during summer (students convenience)</td>
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#### Sample Year 2

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</tr>
<tr>
<td>Health Behavior &amp; Policy Interactions I</td>
<td>Winter I</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>Fall II</td>
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<tr>
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<td>Winter I</td>
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<td>Elective</td>
<td>Fall II</td>
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<td>Must be taken in final semester</td>
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<tr>
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<td><strong>Total Units Spring Quarter II</strong></td>
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#### Category

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Appendix B: Letters of Support (LoS)

- Deas SOM Financial Commitment
- Deas SOM LoS and Space Commitment
- LoS Costa Vargas Anthropology
- LoS Deolalikar School of Public Policy
- LoS Leung Riverside County Public Health
- LoS Li Department of Statistics
- LoS Simmons SEHE
- LoS Tsotras and Li Data Science Major
- Wolfson Memo
October 24, 2022

Dr. Wolfson  
Chair, Department of Social Medicine,  
Population and Public Health (SMPPH)

RE: MPH Program Multi-Year Support

Dear Dr. Wolfson:

I am pleased to approve funding support for the Social Medicine, Population & Public Health MPH Program, effective FY24-25. This commitment will be for five years through FY28-29, as outlined below.

Funding will be provided based on actuals at the end of each fiscal year and for the following:

<table>
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<tr>
<th>Funding Period</th>
<th>Commitment Amount Estimated Total</th>
<th>Multi-Year (Y/N)</th>
<th>Reimbursement Basis (Y/N)</th>
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<tr>
<td>Years 1-3: FY24-25 through FY26-27</td>
<td>90% of Actual Campus Allocation to SOM</td>
<td>Y</td>
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<tr>
<td>Years 4-5: FY27-28 through FY28-29</td>
<td>50% of Actual Campus Allocation to SOM</td>
<td>Y</td>
<td>N</td>
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Funding will be provided based on the actual allocation received by SOM, and on the formula used by Central Campus to allocate the funds.

Funds will be transferred each fiscal year, prior to fiscal year end close once SOM receives the allocation from Central Campus.

Thank you for your continued commitment and contribution to the SOM Mission.

Sincerely,

Deborah Deas, MD, MPH  
Vice Chancellor, Health Sciences  
Pam and Mark Rubin Dean
cc: Associate Dean and CFAO, Maria Aldana  
SOM Controller, Dylan Smith  
Operations Manager, Shellee Kreuter  
Executive Assistant, Jakquelyn Sullivan  
Financial Administrative Officer, Doris Lee

<table>
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<tr>
<th>Commitment Number</th>
<th>Date Issued</th>
<th>Recipient FAU</th>
<th>Controller Approval</th>
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<td>4/15/22</td>
<td>A02191-19900-40-BC75</td>
<td>4.15.22 DS</td>
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October 27, 2022

Dear Members of the UC Riverside Academic Senate,

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, occupational health, health disparities, health policy, 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 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 an 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.
As noted in my October 24, 2022 letter to Dr. Wolfson (which is included in the proposal submitted to the UCR Academic Senate), the School of Medicine is making a significant financial commitment to the success of the MPH program. In addition, the School commits to providing the space needed to implement the program. We have programmed space for the program, starting in 2024, in the School of Medicine Education Building I.

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
October 24, 2022

Mark Wolfson, Ph.D.
Professor and Chair
Department of Social Medicine, Population and Public Health
William R. and S. Sue Johnson Endowed Chair
University of California, Riverside | School of Medicine
3333 14th Street
Riverside, CA 92501

Dear Mark,

I am writing to convey my enthusiasm and full support for the proposal that you and your colleagues in the School of Medicine and from across campus have developed for a master of public health (MPH) program here at the University of California, Riverside.

The development of an MPH program is of critical importance for the region we serve. As you are aware, Inland Southern California has critical public health needs, which include marked health disparities by race, ethnicity, income, wealth, and geography. Developing a workforce of individuals equipped with outstanding training in public health will go a long way towards improving public health in the region.

I am also struck by the ways in which the proposed MPH program builds on existing strengths of UCR, which include our mission, our expertise in developing and implementing effective mechanisms for recruiting and retaining students who have historically been underrepresented in higher education, and our faculty’s expertise in a variety of health issues and conditions-- including environmental health, health disparities, and social determinants of health.

The Department of Anthropology will be delighted to collaborate with you and your colleagues on the MPH program. Some of our faculty (including Dr. Jennifer Syvertsen, who has been part of the planning committee, and myself) have already opted to affiliate with the program, as noted in the proposal. These individuals will be able to participate in advising, guest lecturing, and serving on thesis committees, as well as being part of the emerging community of scholarship and practice around public health at UCR. This community of practice will provide critical structure and focus with the development of this graduate program.

In addition, I envision that an important benefit of this collaboration will be enjoyed by graduate students in both Anthropology and Public Health. Graduate students in our
department may be drawn to several of the planned course offerings in public health, including Foundations of Public Health, Epidemiology, and Community Theory and Practice.

In addition, MPH students may be draw to some of our course offerings, including Seminar in Medical Anthropology; Critical Theories of Gender, Race, and Blackness; Anthropology of the Body).

Finally, my departmental colleagues and I are excited about the UCR MPH program providing a meaningful and attractive option for further professional training on the part of our majors after graduation. Our students often ask us about options for training and careers in public health, and will be excited to see this program in place at UCR.

My colleagues and I are very excited about this new chapter in our collaborations with multiple colleges across UCR in the public health domain. You have my full and enthusiastic support for the proposed MPH program.

Sincerely,

joão costa vargas  
Professor and Chair  
Department of Anthropology
October 27, 2022

Professor Mark Wolfson, Ph.D.
Professor and Chair
Department of Social Medicine, Population and Public Health
University of California, Riverside School of Medicine
3333 14th Street
Riverside, CA 92501

Dear Mark:

I am writing to convey my enthusiasm and full support for the proposal that you and your colleagues in the School of Medicine and from across campus, including the School of Public Policy, have developed for a Master of Public Health (MPH) program here at the University of California, Riverside.

The development of an MPH program is of critical importance for the region we serve. As you know, Inland Southern California has critical public health needs, which include marked health disparities by race, ethnicity, income, wealth, and geography. Developing a workforce of individuals equipped with outstanding training in public health will help improve the health of the region’s population and increase health equity.

I am struck by the ways in which the proposed MPH program will build on existing strengths of UCR, including our mission, our expertise in developing and implementing effective mechanisms for recruiting and retaining students who have historically been underrepresented in higher education, and our faculty’s expertise in a variety of health issues and conditions – including environmental health, occupational health, health disparities, health policy, and social determinants of health.

The School of Public Policy will be delighted to collaborate with you and your colleagues on the MPH program. Some of our faculty (including Professors Richard Carpiano and Bruce Link, who have both been part of the planning committee for the MPH program) have agreed to be members of the graduate faculty of the program, as noted in the proposal. These faculty members will be able to participate in advising, guest lecturing, and serving on thesis committees, as well as being part of the emerging community of scholarship and practice around public health at UCR.
In addition, I envision that an important benefit of this collaboration will be enjoyed by graduate students in both Public Policy and Public Health. Graduate students in Public Policy may be drawn to several of the planned course offerings in public health, including *Foundations of Public Health, Epidemiology, Community Theory and Practice, Public Health Administration*, and *HABLAMoS Public Health*. MPH students may be drawn to some Public Policy course offerings, including *Public Policy and Health, Policy Evaluation, Methods in Health Disparities Research*, and *Advanced Methods in Health Disparities Research*.

My colleagues and I are very excited about this new chapter in our collaborations with multiple colleges across UCR in the public health domain. You have my full and enthusiastic support for the proposed MPH program.

Regards,

Anil B. Deolalikar

*Founding Dean,*

*School of Public Policy*

*Professor of Economics*
April 28, 2022

Mark Wolfson, Ph.D.
Professor and Chair
Department of Social Medicine, Population and Public Health
William R. and S. Sue Johnson Endowed Chair
University of California, Riverside | School of Medicine
3333 14th Street
Riverside, CA 92501

Dear Dr. Wolfson,

I am writing in strong support of the proposal that you and your colleagues at the University of California, Riverside have developed for a Master of Public Health (MPH) program. As you may know, I serve as the Riverside County Public Health Officer. My colleagues and I serve the 10th most populous county in the U.S., with a population of 2.5 million, spread over 7,206 square miles. The county has an ethnically and socioeconomically diverse population (52% Hispanic/Latino; almost 15% of the total county population lives below the poverty line), and high public health needs. Riverside County has 4 to 5 times as many individuals living in the least healthy quartile (of the Healthy Places Index or HPI) when compared to other California counties. I firmly believe that the proposed MPH degree program will address a critical need in Inland Southern California: to increase the supply of individuals with excellent training and skills in Public Health.

As you know, I have an appointment as a Health Science Clinical Professor in the UCR Department of Family Medicine. I believe the proposed workforce development initiative will deepen our already strong relationship with UCR.

I anticipate supporting the proposed MPH program in the following ways:

- We expect to be able to provide internship opportunities for selected MPH students in a wide variety of public health functional areas and settings in the Riverside County Department of Public Health.
- We will help identify employment opportunities for graduating students in the Department and in community partner organizations.
- We expect to be able to leverage expertise from throughout the Riverside University Health System (an integrated health system, inclusive of the RUHS Medical Center, RUHS Community Health Centers, RUHS Behavioral Health, and RUHS Public Health) in order to support the instruction of MPH students (e.g., as guest lecturers, etc.)
- Selected staff in Riverside County Public Health who already serve in the public health workforce, but do not currently hold an MPH or other advanced degree, may participate in the MPH program.
• In response to your gracious invitation, my colleague Dr. Shunling Tsang (who holds a UCR faculty appointment and an MPH degree in addition to her medical degree; and who currently serves as the Riverside County Deputy Public Health Officer and Riverside University Health System Outpatient Quality Medical Director) and I will be delighted to serve as affiliated faculty members in the program. We understand that in this capacity we will be engaged in contributing to the program by providing guest lectures, serving on committees (including thesis committees), and advising students. In addition, as we discussed, I would be pleased to serve as course director for the Health Services Administration course that is being planned as one of the core courses.

The development of an MPH program is of critical importance for the region we serve. As you are aware, Inland Southern California has pronounced public health needs, which include marked health disparities by race, ethnicity, income, wealth, and geography. Developing a workforce of individuals equipped with outstanding training in public health will go a long way towards improving public health in the region.

You have my full and enthusiastic support for the proposed MPH program.

Sincerely,

Geoffrey Leung, M.D., Ed.M.
Riverside County Public Health Officer
Riverside University Health System
4065 County Circle Drive, #412
Riverside CA 92503

Email: g.leung@ruhealth.org
Phone: 951-358-5077

cc: Dr. Shunling Tsang
April 29, 2022

Mark Wolfson, Ph.D.
Professor and Chair
Department of Social Medicine, Population and Public Health
William R. and S. Sue Johnson Endowed Chair
University of California, Riverside | School of Medicine
3333 14th Street
Riverside, CA 92501

Dear Dr. Wolfson,

I am writing in strong support of the proposal that you and your colleagues in the School of Medicine and from across campus have developed for a Master of Public Health (MPH) program here at the University of California, Riverside.

The development of an MPH program is of critical importance for the region we serve. As you are aware, Inland Southern California has critical public health needs, which include marked health disparities by race, ethnicity, income, wealth, and geography. Developing a workforce of individuals equipped with outstanding training in public health will go a long way towards improving public health in the region.

I am also struck by the ways in which the proposed MPH program builds on existing strengths of UCR, which include our mission, our expertise in developing and implementing effective mechanisms for recruiting and retaining students who have historically been underrepresented in higher education, and our faculty’s expertise in a variety of health issues and conditions-- including environmental health, health disparities, and social determinants of health.

The Department of Statistics will be delighted to collaborate with you and your colleagues on the MPH program. Several of our faculty (including myself!) have opted to affiliate with the program, as noted in the proposal. These individuals will be able to participate in advising, guest lecturing, and serving on thesis committees. In addition, the Department of Statistics will take responsibility for developing and teaching a two-course sequence on data, measurement, analysis, and research and evaluation designs for public health. We are pleased that you have been able to include in the budget proposed for the program salary support for our faculty to teach these two courses (15% salary support per course, including coverage of fringe benefits) as well as support for a teaching assistant for each of these courses, enabling there to be a learning laboratory component.
My departmental colleagues and I are very excited about this new chapter in our collaborations with multiple colleges across UCR in the public health domain. You have my full and enthusiastic support for the proposed MPH program.

Sincerely,

[Signature]

Yehua Li, Ph.D.
Professor and Chair
Department of Statistics
October 24, 2022

Mark Wolfson, Ph.D.
Professor and Chair
Department of Social Medicine, Population and Public Health
William R. and S. Sue Johnson Endowed Chair
University of California, Riverside | School of Medicine
3333 14th Street
Riverside, CA 92501

Dear Mark,
I am writing to convey my enthusiasm and full support for the proposal that you and your colleagues in the School of Medicine and from across campus have developed for a master of public health (MPH) program here at the University of California, Riverside. The development of an MPH program is of critical importance for Inland Southern California. Our region demonstrates critical public health needs, including marked health disparities by race, ethnicity, income, wealth, and geography. Developing a workforce of individuals equipped with outstanding training in public health will contribute greatly to improving public health in the region.

As you know, I am working with a group of colleagues from across campus to establish a Department of Society, Environment and Health Equity (SEHE) in the College of Humanities, Arts and Social Sciences here at UCR. I firmly believe that, if approved, the SEHE Department and the new Public Health MPH program will work synergistically in a number of ways. First, SEHE and the MPH program will serve as foundations for students and scholars from across campus to engage in multidisciplinary dialogue on the critical and interrelated issues of environment, sustainability, and health equity. This should lead to important scholarly collaborations on these topics, as well as competitive proposals for funding from the National Science Foundation, the National Endowment for the Humanities, the National Institutes of Health, and other federal, state, and foundation funders.

Second, I believe that SEHE will serve as a critical pathway for undergraduate students—especially students who are underrepresented in public health and medicine—to be introduced to career options in public health and medicine. SEHE should serve as an excellent conduit for UCR undergraduates to pursue an MPH or medical degree, either at UCR or elsewhere.
Finally, the strong emphasis in the SEHE proposal on community engagement and addressing local health issues is in close alignment with the focus of the proposed MPH program. Collaborations involving SEHE and the MPH program should enhance the SOM mission of increasing the health workforce and positively impacting population health—including reducing health disparities—in Inland Southern California.

My colleagues and I are very excited about the fruitful collaborations and enhanced impact we think will result from the development of SEHE and of the MPH program. You have our full and enthusiastic support for the MPH proposal.

Sincerely,

Dana Simmons, Ph.D.
Associate Professor
Department of History
May 4, 2022

Mark Wolfson, Ph.D.
Professor and Chair
Department of Social Medicine, Population, and Public Health
University of California, Riverside School of Medicine

Dear Mark,

This letter is to express our enthusiastic support for the proposal you and your colleagues have developed for a Master of Public Health (MPH) program here at UCR. This will be an important program for the region, as there is a pressing need to develop the public health workforce in Inland Southern California.

We believe the MPH program will also contribute to interdisciplinary collaborations at UCR. We applaud your successful efforts to bring together faculty from across campus with interests and expertise in areas that are critical for understanding and effectively addressing the public health challenges faced by the region we serve.

As Co-Directors of the Data Science program at UCR, we would like to express our interest in partnering with you and your colleagues on the MPH program. Data science is a critical piece of contemporary public health efforts. We have appreciated our past collaborations with you and your colleagues in this area—such as our 2021 proposal to the U.S. Department of Health and Human Services to create a regional public health informatics workforce development initiative here at UCR.

As you know, we currently offer an undergraduate major in data science. While it is unlikely that MPH students would have the extensive prerequisites that are required for courses in the undergraduate major (which in any case are not now open to graduate students for credit), we are very interested in developing more accessible course offerings in the future.

We look forward to partnering with the faculty of the MPH program on this front.

In addition, we are pleased that several faculty affiliated with the Data Science program have chosen to affiliate with the proposed MPH program. These include Dr. Yehua Li, Dr. Esra Kurum, and Dr. Xinpeng Cui from the Department of Statistics, and Dr. Paea LePendu and myself (Tsotras) from the Department of Computer Science and Engineering. Please let us know if there’s anything else we can do at this point to support the proposed MPH degree program.

Vassilis J. Tsotras

Jun Li

Director, Data Science Major
Professor of Computer Science and Engineering

co-Director, Data Science Major
Professor, Department of Statistics
October 28, 2022

TO: Deborah Deas, M.D., M.P.H
   Vice Chancellor for Health Sciences
   Mark and Pam Rubin Dean
   UCR School of Medicine

From: Mark Wolfson, Ph.D.
   Professor and Chair
   Department of Social Medicine, Population, and Public Health

CC: Maria Aldana, MBA
    Associate Dean and Chief Finance and Accounting Officer
    UCR School of Medicine

   Doris Lee
   Finance and Administrative Officer
   Department of Social Medicine, Population, and Public Health

RE: Commitment of $100,000 in my Start-Up Funds to Support Proposed MPH Program

As you are aware, I am working with a planning committee with representation from multiple UCR schools and colleges to establish an interdepartmental Master of Public Health (MPH) degree program here at UCR.

As we’ve discussed, we are projecting a $66,728.52 deficit by the end of the first year of the program (2024-2025). In all subsequent years (Year 2 (2025-2026), Year 3 (2026-2027), Year 4 (2027-2028), and Year 5 (2028-2029), we project surpluses.

I am writing to let you know that I plan to commit up to $100,000 in my start-up funds to support the MPH program—specifically, to cover this projected deficit. This will be taken from the $200,000 commitment by the School of Medicine in my LOI for “departmental [SMPPH] growth and activities,” of which $150,000 is currently remaining and reserved for this purpose.

Thank you for your enthusiastic dedication to, and support for, establishing an MPH degree program here at UCR.
Appendix C: MPH Program Budget Narrative

Program Director:
The Program Director will oversee administrative and day-to-day operational tasks of the program, in addition to compiling and reviewing course evaluations. An annual stipend of $25,000 will be provided.

Program Coordinator (100%):
The Program Coordinator will contribute to program activities including independently managing the scheduling and delivery of classes, coordinating professional development events, developing online and print materials, maintain project database system, generate reports and analyze data to make programmatic recommendations, assisting the Program Director with program-related activities, and work collaboratively with faculty, staff, and students with respect to program goals and will perform other duties as assigned.

Administrative Specialist (25%):
The Administrative Specialist will provide administrative coordination, programmatic and budgetary support services for the Program Director, Program Coordinator, faculty, and students.

Fringe Benefits:
UCR salaries and wages were estimated using UC Riverside’s academic and staff salary scales and established guidelines. Fringe benefits are based on a percentage of the employee’s salary and include University contributions to the UC Retirement Plan (UCRP). Employee benefits are charged at the composite benefit rate agreed upon by the University of California. An additional 8% or 9% for vacation accrual are assessed based on the employee groups and are included in the rates listed above. In addition to fringe benefits for the GSR, University policy requires inclusion of partial fees remissions (PFR) and Graduate Student Health Insurance (GSHIP) for GSRs employed during each academic year with an appointment of 25% time or more. Non-resident tuition will not be necessary as the GSR proposed here will be a California resident. These are included in the budget as fringe benefits for the GSR. It is anticipated that the GSR tuition and Student Services fees would escalate by 3% effective 2020/21 and beyond. The GSHIP would escalate by 7% effective 7/01/2016 per year. These escalation factors are also included in the budgeted costs.

Adjunct Faculty:
Support for Adjunct Faculty is budgeted to incentivize these faculty to teach in the program, where needed.

Course Buy-out for Teaching Courses:
- Funds are budgeted for 15% salary support plus fringe benefits for course buyout or overload payment for Public Health Statistics
- Teaching Assistant Support for Public Health Statistics
- Support for Core and/or Elective Courses
**Student Recruitment Costs:**
Funds are budgeted for potential travel to various college fairs, conferences, and/or meetings to promote the MPH program, in addition to printing flyers/brochures and/or marketing costs.

**Miscellaneous:**
Funds are budgeted to support faculty salaries for the Public Health HABLA\MoS program, which will build on the existing HABLA\MoS (Hispanic And Bilingual Ambulatory Medical Studies) program for medical students at UCR.
October 24, 2022

Mark Wolfson, Ph.D.
Professor and Chair
Department of Social Medicine, Population and Public Health
William R. and S. Sue Johnson Endowed Chair
University of California, Riverside | School of Medicine
3333 14th Street
Riverside, CA 92501

Dear Mark,

I am writing to express my enthusiastic support for the proposal that you and your colleagues in the School of Medicine and from across campus have developed for a master of public health (MPH) program here at the University of California, Riverside.

Development of an MPH program at UCR is of great importance for in order to address critical public health needs, which include marked health disparities by race, ethnicity, income, wealth, and geography, in the Inland Empire. Developing a workforce of individuals equipped with outstanding training in public health will contribute to improving public health in the region. I believe that the proposed MPH program builds on existing strengths of UCR, which include our mission, our expertise in developing and implementing effective mechanisms for recruiting and retaining students who have historically been underrepresented in higher education, and our faculty’s expertise in a variety of health issues and conditions— including environmental health, health disparities, and social and structural determinants of health.

The Department of Sociology will be delighted to collaborate with you and your colleagues on the MPH program. Some of our faculty (including Dr. Bruce Link (who has been part of the planning committee to develop the program) and Dr. Chioun Lee) have agreed to participate in the proposed program, as noted in the proposal. These individuals will be able to participate in advising, guest lecturing, and serving on thesis committees, as well as being part of the emerging community of scholarship and practice around public health at UCR.

I believe that an important benefit of this collaboration will be enjoyed by graduate students in both Sociology and Public Health. Graduate students in our department may be drawn to several of the planned course offerings in public health, including Foundations of Public Health, Epidemiology, Health Policy and Administration, and Health Behavior and Policy Interventions, as well elective course that will be developed focused on infectious diseases, chronic diseases, and behavioral Health. And MPH students may be draw to some of our course offerings, including Life Course and Health (Soc 286), Migration and Health (SOC 287), Social Determinants of Health (SOC 288), and Medical Sociology Graduate Seminar (Soc 284).

Finally, my colleagues and I are excited about the UCR MPH program providing a meaningful and attractive option for further professional training on the part of our majors after graduation. Our
students often ask us about options for career paths and further training based after completing their undergraduate degree in sociology; I believe pursuing a master of public health degree at UCR will be an attractive option for many of them.

My colleagues and I are very excited about this new chapter in our collaborations with multiple colleges across UCR in the public health domain. You have my full and enthusiastic support for the proposed MPH program.

Sincerely,

Adalberto Aguirre Jr.
Professor and Chair
Department of Sociology
July 29, 2021

To: Mark Wolfson  
Professor & Chair of SMPPH

From: Jason Stajich  
Chair, Riverside Division

CC: Declan Mc Cole  
Chair, School of Medicine Faculty Executive Committee

RE: Proposed Degree Program: Master of Public Health (MPH)

Dear Mark,

During their July 26, 2021 meeting, Executive Council discussed the subject proposal for a Master of Public Health (MPH) degree program and had no comments to add to the attached consultative feedback memos from Senate standing committees and college and school faculty executive committees.

I trust this feedback proves helpful to the proponents.

Sincerely,

/s/ Jason
COMMITTEE ON DIVERSITY, EQUITY, & INCLUSION

June 3, 2021

To: Jason Stajich, Chair
Riverside Division Academic Senate

From: Xuan Liu, Chair
Committee on Diversity, Equity, & Inclusion

Re: [Campus Review] Proposed Degree Program: Master of Public Health (MPH)

The Committee on Diversity, Equity, and Inclusion reviewed the proposed Master of Public Health degree program and unanimously supports the proposal.
COMMITTEE ON COURSES

June 11, 2021

To: Jason Stajich, Chair
    Riverside Division

From: Ming Lee Tang, Chair
      Committee on Courses

Re: Proposal for a Master in Public Health Program

The Committee on Courses reviewed the proposal for a Master in Public Health Program at their June 2, 2021 meeting and are generally supportive of the proposal. The Committee does recommend that the proposal be updated to include letters of support from the departments whose courses will be used for the program including Sociology, Economics, Public Policy, and Statistics.

Additionally, the Committee reminds the program that consultation with the Registrar’s Office is required for the creation of the proposed new subject code PBHL to determine if the subject code is available and compatible with the Course Request System (CRS). The Committee also recommends that the program consult with the Registrar’s Office and Business Services to coordinate the fees for the program.
GRADUATE COUNCIL

June 7, 2021

To: Jason Stajich, Chair
    Riverside Division

From: Amanda Lucia, Chair
      Graduate Council

Re: [Campus Review] Proposed Degree Program: Master of Public Health (MPH)

Graduate Council reviewed the proposal for a new Master of Public Health at their June 3, 2021 meeting. The Council was supportive and enthusiastic about the proposed new program as there is great need for a program like this at UCR. The Council would like clarification about the faculty and staff support. Some interdepartmental graduate programs appear to struggle from lack of institutional support. Are the FTE, staff, and tuition revenues mentioned in the proposal enough to support the program? The Council would also like to encourage that the recommended basic proficiency in a second language be folded into the language describing the admissions criterion and explained as a valuable attribute in prospective students that will serve to augment the program's diversity.
PLANNING & BUDGET

June 15, 2021

To: Jason Stajich, Chair
Riverside Division

From: Katherine Kinney, Chair
Committee on Planning and Budget

RE: [Campus Review] Proposed Degree Program: Master of Public Health (MPH)

Planning & Budget (P&B) discussed the proposal for a new Master of Public Health at their June 8, 2021 meeting. The committee found the program well-conceived and worthwhile; however, one important area needs to be clarified. The committee requests a letter of commitment from the SoM Dean clearly outlining the economic responsibility between the college and the program. The proposal outlined the need for space, staff, and financial support, but the Dean’s letter does not commit those resources. It is unclear to the committee who will cover the deficit from the program’s first year.
July 5, 2021

TO: Jason Stajich, Chair
Riverside Division of the Faculty Senate

FROM: Lucille Chia, Chair
CHASS Executive Committee

RE: Proposal for a Master of Public Health Program

The CHASS Executive Committee reviewed and approved the proposal for a Master of Public Health Program for its possible impact on CHASS. In particular, we hope that this program will develop a fruitful collaboration with the proposed Department of Environment, Sustainability, and Health Equity (ESHQ), which would be housed in CHASS if it is established. One EC member appreciated that “the uniqueness and value of the UCR program [in which] “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” and hopes “to make sure that there [will be] clear communication with CHASS as so much of their mission seems humanistic driven.”
16 June 2021

To: Jason Stajich, Chair
    Riverside Division

From: Theodore Garland, Jr., Chair, Executive Committee
    College of Natural and Agricultural Sciences

Re: Proposed Degree Program Master of Public Health (MPH)

The CNAS Executive Committee supports this proposal. Some comments follow.

A goal of 30 students admitted a year (so 60 student program?) seems high for such a tiny hosting department. How many students will exercise the thesis option? Who will supervise those?

Masters programs with capstones generally result in less faculty time available for proposal writing and other scholarship, not more. The demands of this student population should not be underestimated.

UCR campus-community boundaries are already permeable -- except perhaps between the med school and the rest of campus, so maybe this program would be positive in that regard.

The proposal says that "Several existing UCR centers provide additional strengths that are relevant" and "the Center for Geospatial Sciences provides strength in spatial aspects of health" but does not appear (?) to list any PBPL or other courses on spatial analysis methods (offered by Center faculty) in the electives. Why not?

I am not sure what the incentive structure is for faculty outside the host unit to become affiliated faculty.

Cheers,

[Signature]

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1st Round Senate Comments & Proposal
June 29, 2021

To: Jason Stajich, Chair
Riverside Division

From: Alejandra Dubcovsky, Chair
Committee on Library and Information Technology

RE: CR. Master of Public Health

The LIT Committee discussed this program. No concerns were raised pertaining to the Library or ITs. It seems like a worthwhile program to develop.
June 29, 2021

To: Jason Stajich, Ph.D., Chair, Academic Senate, UCR Division

From: Declan McCole, Ph.D., Chair, Faculty Executive Committee, and UCR School of Medicine

Subject: SOM FEC Response to the Proposed Degree Program: Master of Public Health (MPH)

The SOM Executive Committee reviewed the Proposed Degree Program: Master of Public Health (MPH) at the regular meeting on June 24, 2021. SOM FEC does not have any concerns with this proposal and strongly supports the proposed MPH degree program. A particular strength is the tailoring of this MPH to the needs of the Inland Empire thus distinguishing it from other MPH degree courses at SoCal Institutions and other UCs. This will also build on existing strengths in the Center for Healthy Communities and the Health Disparities Research Center. SOM FEC is supportive of this initiative and has no additional comments.

Yours sincerely,

Declan F. McCole, Ph.D.
Chair, Faculty Executive Committee
School of Medicine
TO: Jason Stajich, Chair  
Riverside Division

FR: Richard M. Carpiano, Chair  
Executive Committee, School of Public Policy

RE: [Campus Review] Proposed Degree Program: Master of Public Health (MPH)

Date: July 9, 2021

The School of Public Policy (SPP) Executive Committee read and discussed the document “[Campus Review] Proposed Degree Program: Master of Public Health (MPH).” Below are comments from my colleagues.

For transparency, I wish to emphasize at the outset of these comments that I have attended several meetings as a member of the planning committee for the formulation and design of MPH program curriculum. Also, I provided comments to Professor Mark Wolfson (Chair of Social Medicine, Public and Population Health [SMPPH]) on the proposal draft version that immediately preceded this submitted version. Finally, to aid my SPP Executive Committee colleagues’ evaluations and discussion of the proposed program, I offered them my insights from those planning meetings, which they indicated were useful in answering some of their questions.

Overall, my SPP Executive Committee colleagues noted positively how:

   a. an MPH program would be a great addition for UCR
   b. the proposed program is built on a lot of existing strength across campus and multiple UCR units
   c. it would be good for the campus to invest in public health (as a field) and thus have more public health research and teaching/training on campus.

However, several issues were noted as items that Senate should request explanation on:

1. **Market Demand and Regional and UC Program Competition.** What is the actual student/market demand for an MPH in our region?

   a. The market research included in the proposal was viewed as insufficient. Specifically, it was raised how the proposal is missing application and enrollment statistics for peer programs. The proposal mentions that *five* other UCs already offer an MPH, so UCR would be the sixth MPH program in the UC system. Concern was
raised that this seems like a lot, but it is difficult to conclude without those key statistics.

b. The proposal does not mention that approximately one dozen universities offer MPH degrees in California. In the Los Angeles-Orange County-Inland Empire region alone, there are at least seven programs (i.e. UCLA, UCI, USC, California Baptist University, Loma Linda University, CSU-Fullerton, and CSU-San Bernardino). Hence, more information is required as to whether the market is already saturated.

2. The small faculty size of SMPPH and, thus, how sustainable an MPH program is given its heavy reliance on other campus units (courses and core faculty).

a. The proposal situates the MPH program within SMPPH in the School of Medicine (SOM). However, for an SOM-housed program, there does not appear to be sufficient faculty within SOM (SMPPH). Presently, SMPPH has only four FTEs, although they pledge to hire three more FTEs before 2022. However, with 20-30 students, seven core courses, nine required courses, and eventually 20-30 capstones and theses (the proposal says this requires 2 or more readers each), four to seven SMPPH faculty seems far from sufficient.

b. Course loads for SMPPH Faculty. What is the annual teaching load for faculty in SMPPH? Without substantial buyouts of faculty from other units on campus to help cover MPH program courses, SMPPH would have 4-7 faculty covering the abovementioned course and thesis/capstone supervision workload. Therefore, it is fair to suggest that they need twice as many faculty. Further, two of the four current SMPPH faculty do not have tenure and all need to raise external funds. Thus, how many courses per FTE does SMPPH have available?

3. Involvement of non-SOM faculty and resulting teaching/advising demands on existing campus academic units. Though UCR’s cross-campus (non-SOM) “critical mass” of public health scholars was noted as a strength of the proposal, when it comes to involving faculty from non-SOM units to teach MPH courses, there is potential for significant strains on those non-SOM faculty members’ units—many of which are already stretched/under-staffed. For example, given current demands, it is unclear how SPP can afford to have both Professors Richard Carpiano (100% SPP) and Bruce Link (50% SPP, 50% Sociology) bought out to regularly teach in the MPH program. As such, it is difficult to see how the proposed MPH program has sufficient faculty to staff all of its courses. Hence, further explanation is needed regarding how the potential externalities of cross-campus faculty involvement will be effectively accommodated.

4. Funding the Staffing and Enrollment of Required (Cross-listed?) Courses. In terms of practical staffing and enrollment of the listed (cross-listed) requirement courses, how will the MPH Program fund the other departments to staff those courses? For example, if an
additional 10 students take an SPP course, does the MPH program pay for a Teaching Assistant, or will the costs of grading and teaching additional students just be out-sourced for the faculty to bear? If funds are transferred to SPP, how will those funds be used to support the actual instructor? Further, given current high enrollment numbers for SPP electives, how will we enroll further students if our classes are already maxed out?

5. **MPH Program Budget Estimates.** The proposal’s budget does not seem realistic on costs. The proposal indicates the program will spend very minimal amounts of funding (e.g., less than $10,000 in the first year) on recruiting. This seems far too low for a densely competitive field (see issue #1 above). Plus, as indicated in the aforementioned issues #3 and #4, to staff all these courses, the program will have to buy a lot of faculty time from elsewhere on campus. It is unclear where the funds for those costs will come from.

Sincerely,

Richard M. Carpiano, Ph.D., M.P.H.
Professor of Public Policy
July 23, 2021

TO: Jason Stajich, Chair
   Academic Senate

FROM: Philip Brisk, Chair
      BCOE Executive Committee

RE: Proposed Degree Program: Master of Public Health (MPH)

Dear Jason,

The BCOE Executive Committee reviewed the proposed Master of Public Health (MPH). The Committee supports the proposal. BCOE hopes that there are opportunities to participate in the program, for example, by interacting through CE-CERT on environmental justice issues; CE-CERT faculty could, for example, supervise thesis option students.

Another fruitful direction would be to see if MPH students could take some of the new Data Science courses, as discovering patterns in data and learning may become integrate for competence in the field of MPH. One committee member opined that the statistical package STATA proposed for the biostatistics category is old-fashioned and may be out-of-date by the time that the program officially launches.
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 SMPPH 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
c. How/why do you believe UCR’s MPH Program will help you achieve your goals and interests

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>
</tbody>
</table>

Theory/Evaluation Methods
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, SMPH</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, SMPH</td>
<td>Public Health Ethics; Infectious Disease; HIV/AIDS; Epidemiology</td>
</tr>
<tr>
<td>Ann Cheney PhD, MA</td>
<td>Assistant Professor, SMPH</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, SMPH</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>
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 there-after. 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>
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<tr>
<td>Program Coordinator</td>
<td>$70,000.00</td>
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<td>$74,260.00</td>
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<td>Administrative Specialist</td>
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<tr>
<td>Fringe Benefits</td>
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<td>$49,534.19</td>
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<tr>
<td>Faculty Stipend</td>
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<td>$10,000.00</td>
<td>$10,000.00</td>
<td>$10,000.00</td>
<td>$10,000.00</td>
<td>$10,000.00</td>
<td>$10,000.00</td>
</tr>
<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>
<td>$40,000.00</td>
<td>$40,000.00</td>
</tr>
<tr>
<td>Student Recruitment Costs</td>
<td>$10,000.00</td>
<td>$5,000.00</td>
<td>$4,500.00</td>
<td>$4,050.00</td>
<td>$3,645.00</td>
<td>$3,280.50</td>
<td>$5,079.25</td>
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<tr>
<td>Faculty Equipment</td>
<td>$20,000.00</td>
<td>$12,000.00</td>
<td>$12,000.00</td>
<td>$12,000.00</td>
<td>$12,000.00</td>
<td>$12,000.00</td>
<td>$13,333.33</td>
</tr>
<tr>
<td>Miscellaneous</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><strong>Total Operating Cost</strong></td>
<td>$283,047.72</td>
<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>$273,490.00</td>
<td>$273,490.00</td>
<td>$273,490.00</td>
<td>$273,490.00</td>
<td>$273,490.00</td>
<td>$273,490.00</td>
</tr>
<tr>
<td>Less Campus Distribution (75% of Rev.)</td>
<td>$68,372.50</td>
<td>$68,372.50</td>
<td>$68,372.50</td>
<td>$68,372.50</td>
<td>$68,372.50</td>
<td>$68,372.50</td>
<td>$68,372.50</td>
</tr>
<tr>
<td>Out-of-State Student Tuition</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
<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>$119,040.00</td>
<td>$119,040.00</td>
<td>$119,040.00</td>
<td>$119,040.00</td>
<td>$119,040.00</td>
<td>$119,040.00</td>
</tr>
<tr>
<td>Less 1/3 Professional Fees for Student Aid</td>
<td>$39,680.00</td>
<td>$39,680.00</td>
<td>$39,680.00</td>
<td>$39,680.00</td>
<td>$39,680.00</td>
<td>$39,680.00</td>
<td>$39,680.00</td>
</tr>
<tr>
<td>Adjusted Tuition Fees Retention</td>
<td>$79,360.00</td>
<td>$79,360.00</td>
<td>$79,360.00</td>
<td>$79,360.00</td>
<td>$79,360.00</td>
<td>$79,360.00</td>
<td>$79,360.00</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$147,732.50</td>
<td>$147,732.50</td>
<td>$147,732.50</td>
<td>$147,732.50</td>
<td>$147,732.50</td>
<td>$147,732.50</td>
<td>$147,732.50</td>
</tr>
<tr>
<td>Total Adjusted Revenue</td>
<td>$140,345.88</td>
<td>$140,345.88</td>
<td>$140,345.88</td>
<td>$140,345.88</td>
<td>$140,345.88</td>
<td>$140,345.88</td>
<td>$140,345.88</td>
</tr>
</tbody>
</table>

Note:
1. This projections doesn’t have GHSIP 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


   November 17, 2020.
# 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>
<td>4.0</td>
<td>Must be taken Fall I</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>Fall I</td>
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<td></td>
</tr>
<tr>
<td>Ethics in Public Health</td>
<td>Fall I</td>
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</tr>
<tr>
<td>Public Health Journal Club</td>
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</tr>
<tr>
<td><strong>Total Units Fall Quarter I</strong></td>
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<td>12.0</td>
<td></td>
</tr>
<tr>
<td>Community Theory and Practice I</td>
<td>Winter I</td>
<td>4.0</td>
<td>Must be Taken Winter I</td>
</tr>
<tr>
<td>Biostatistics</td>
<td>Fall II</td>
<td>4.0</td>
<td>Must be Taken Winter I</td>
</tr>
<tr>
<td><strong>Health Behavior &amp; Policy Interventions</strong></td>
<td>Winter I</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td><strong>Total Units Winter Quarter I</strong></td>
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<td></td>
</tr>
<tr>
<td>Epidemiology</td>
<td>Winter I</td>
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</tr>
<tr>
<td>Community Theory and Practice II</td>
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<tr>
<td>Elective</td>
<td>Fall II</td>
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<td></td>
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<tr>
<td><strong>Total Units Spring Quarter I</strong></td>
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<td>12.0</td>
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### Summer Session

<table>
<thead>
<tr>
<th>Course</th>
<th>Quarter</th>
<th>Units</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicum (Requires x amount of hours)</td>
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## Sample Year 2

<table>
<thead>
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<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health Sciences</td>
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<td></td>
</tr>
<tr>
<td>Health Behavior &amp; Policy Interventions</td>
<td>Winter I</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>Fall II</td>
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</tr>
<tr>
<td><strong>Total Units Fall Quarter II</strong></td>
<td></td>
<td>12.0</td>
<td></td>
</tr>
<tr>
<td>Health Behavior &amp; Policy Interventions</td>
<td>Winter I</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>Fall II</td>
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</tr>
<tr>
<td><strong>Total Units Winter Quarter II</strong></td>
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<td>8.0</td>
<td></td>
</tr>
<tr>
<td>Thesis</td>
<td>Spring I</td>
<td>3.0</td>
<td>Must be taken in final semester</td>
</tr>
<tr>
<td>Elective</td>
<td>Spring I</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td><strong>Total Units Spring Quarter II</strong></td>
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<td>7.0</td>
<td></td>
</tr>
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</table>

### Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Course</td>
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<tr>
<td>Health Behavior &amp; Policy Intervention Courses</td>
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<tr>
<td>Theory/Evaluation Methods</td>
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</tr>
<tr>
<td>Electives</td>
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<tr>
<td>Integrative Practice Experience (Thesis)</td>
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<tr>
<td>Applied Practice Experience (Practicum)</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>66.0</td>
</tr>
</tbody>
</table>
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 an 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