

Proposal for a Dual Degree Program
for Concurrent Completion of the
Master of Community and Regional Planning (MCRP)
University of Nebraska–Lincoln
and
Master of Public Health (MPH)
University of Nebraska Medical Center

I. Introduction

The planning and public health professions have a significant history of collaboration in the United States, even though the intensity of collaborative work has varied through the years. Professionals from both fields first came together in the nineteenth and early twentieth centuries when high densities and concentrations of people in eastern U.S. cities resulted from industrialization, transportation factors, overall population growth due to natural increase and immigration, and the decline in opportunities for agricultural workers. The living conditions in many high-density industrialized cities were squalid and deplorable, and communicable diseases were a major threat to health. Health professionals, planners, and reform-minded citizens faced the challenge of improving living conditions in cities. Many regulatory measures and critical infrastructure improvements in cities resulted from those efforts. Cities, neighborhoods, and built environment can have both positive and adverse effects on human health. The COVID-19 pandemic further verifies that building healthy communities is a critical need to improve public health and the quality of life. There is an increasing trend in the integration of public health and community and regional planning to address the health challenges through improving built environment design and planning.

During much of the twentieth century, collaboration between planning and public health professionals was less prevalent, but today, once again, we see public health and planning professionals coming together with the realization that better community planning can go a long way toward counteracting many of the serious health issues that have become pervasive in America—obesity, cardiovascular disease, diabetes, asthma, mental illness, pedestrian vulnerability to injuries and fatal encounters, and others.

Decisions about land use, community design, the availability of transportation options, and other important aspects of community development can have direct effects on people’s health. Environmental conditions such as poor air quality, deteriorated housing, inadequate infrastructure, ground and surface water contamination, and other environmental conditions have significant effects on public health. All of these conditions are influenced by the ways in which communities are planned and developed.

Research initiatives, programs, and projects connecting public health with the built environment are now being encouraged and supported by such entities as the U.S. Centers for Disease Control and Prevention (CDC), the American Planning Association (APA), and the Robert Wood Johnson Foundation. Increasing numbers of planners and public health professionals today are collaborating to address these issues, but few policymakers, health officials, and planners are trained or have experience specifically in the intersection of community planning and public health.

A number of colleges and universities have recognized the importance of collaboration between public health and planning professionals and have established courses and degree programs designed to strengthen the bridge between the two professions. Many colleges and universities have developed the joint degree programs (sometimes called concurrent or dual degree programs) in urban planning and public health. Existing examples are listed below:

1. [Columbia University- 84 credits](#)
2. [Harvard University – 80 credits](#)
3. [Portland State University – 112 credits](#)
4. [Rutgers University – 69 credits](#)
5. [University of California at Berkeley- 78 credits](#)
6. [University of California at Los Angeles- could not find curriculum](#)
7. [University of Colorado, Denver and Boulder-69 credits](#)
8. [University of Illinois at Chicago -102 credits](#)
9. [University of Louisville-69 credits](#)
10. [University of Michigan-90 credits](#)
11. [University of Minnesota – 61 credits](#)
12. [University of North Carolina at Chapel Hill-74 credits](#)
13. [University of Southern California-79 credits](#)
14. [University of Washington-72 credits](#)
15. [University of Buffalo – ~98 credits \(varies by concentration\)](#)

The number of credit hours per dual degree program vary considerably, with a range of 61 credits to 112 credits, and an average of 81 credit hours and a median of 79 credit hours. In this context, a dual degree program at the University of Nebraska, leading to the Master of Community and Regional Planning (MCRP), offered at the University of Nebraska–Lincoln, and the Master of Public Health (MPH), offered at the University of Nebraska Medical Center, is proposed. This program would enable students to effectively bridge the planning and public health professions in ways that would substantially enhance their abilities to facilitate the establishment and maintenance of healthy communities.

II. Program Requirements

A. Credit Hour Requirements

The Master of Community and Regional Planning (MCRP) degree requires 48 graduate credit hours if completed alone, including 24 credit hours of core courses, 24 credit hours of electives which including 6 credits of professional project or master thesis. See Table 1 on page 4.

The Master of Public Health (MPH) degree requires 42 graduate credit hours if completed alone, including 15 credit hours of core courses, 12 or 15 credit hours of concentration courses (depending on concentration), 6 or 9 credit hours of electives, and 6 credit hours of experience projects. See Table 2 on page 4.

The main benefit of this dual degree collaboration is to allow sharing of credit hours by choosing elective courses in one degree program to count toward requirements in the other degree program.

B. MPH Concentration Selection

Students must choose an MPH concentration, which gives students an in-depth understanding of discipline-specific competency areas. Concentration options include: Biostatistics; Emergency Preparedness; Environmental and Occupational Health; Epidemiology; Health Promotion; Maternal and Child Health; and Public Health Administration and Policy.

C. Admission and Procedural Requirements

1. Participants must satisfy all entrance requirements for each of the two master's degree programs.
2. All applicants to the dual-degree programs must apply and be accepted into each program separately. Applicants are evaluated by each degree program in separate admissions processes. Applicants can apply to each program concurrently. Alternatively, a student beginning either the MCRP or the MPH degree program may declare an interest in the dual degree program and subsequently submit an application to the other degree program; however, a completed application for admission to the other degree program should be submitted prior to completion of no more than 24 credit hours in the degree program in which he or she initially enrolled.
3. Students pursuing the dual degree program shall have a faculty academic advisor in the Community and Regional Planning program and a faculty academic advisor in the College of Public Health. The faculty advisors and student will work together to determine the details of a plan of study—defined generally in the “Curricular Requirements” section below—that satisfies the requirements of both degrees and accommodates goals of the student.
4. Students pursuing either the master's thesis or professional project track for completion of the MCRP shall pursue a joint planning thesis or project/public health capstone in order to meet the requirements of the MPH and MCRP. Faculty advisory committees for the culminating experience shall consist of four members, including two each from the Community and Regional Planning program and the College of Public Health, with one co-chair from each of the two disciplines. If the culminating experience is a professional project, the advisory committee shall also have a nonfaculty, nonvoting, practicing professional or project client representative who must be approved by the advisory committee co-chairs.
5. Participants in the dual degree program will be awarded both the Master of Community and Regional Planning (MCRP) and Master of Public Health (MPH) degrees simultaneously upon completion of all requirements.
6. If, while enrolled in the MCRP/MPH Dual Degree Program, a student decides to complete only one of the two degrees, all the normal requirements for the selected degree program that the student wishes to complete must be satisfied.
7. Other than as specified in this program description, participants in the MCRP/MPH Dual Degree Program must comply with all requirements for students in the University of Nebraska Graduate College and University of Nebraska Medical Center.

III. Curricular Requirements

Courses Required for the MCRP/MPH Dual Degree Program

Table 1: MCRP Courses

MCRP Courses		Credits
MCRP Required		
CRPL 800	Introduction to Planning (S & F)	3
CRPL 802	Planning Theory (S)	3
CRPL 804	Legal Aspects of Planning (S)	3
CRPL 810	Qualitative Techniques for Planners (S)	3
CRPL 830	Planning with GIS (F)	3
CRPL 840	Planning Methods and Analysis (F)	3
CRPL 900	Professional Planning Practice (F)	3
CRPL 990	Planning Studio (F)	3
MCRP Elective		
CRPL xxx	Open Elective (S & F & Summer)	3
CRPL xxx	Open Elective (S & F & Summer)	3
MCRP Graduation track		
CRPL 895 (with the joint thesis committee approval to substitute CPH 529)	Capstone studio (S) (with the joint thesis committee approval to substitute MPH Capstone Experience)	3
	Sub-total of MCRP courses only	33
	Transfer credit from MPH program	15
	Grand total credits of MCRP	48

15 credit hours will transfer into the MCRP degree from the MPH program courses. These credit hours will substitute:

- MCRP elective courses (12 credit hours). Either MPH core or concentration courses could count towards MCRP electives, depending on a student's concentration.
- Graduation track (3 credit hours). From the MPH program, CPH 528 Applied Practice Experience will transfer in to the MCRP to count towards 3 credit hours of the graduation track.

Table 2: MPH Courses

MPH Courses		Credits
MPH Core Courses		
CPH 500	Foundations of Public Health	3
CPH 504	Epidemiology in Public Health	3
CPH 506	Biostatistics I	3
CPH 514	Planning and Evaluation	3
CPH 539	Public Health Leadership and Advocacy	3
MPH Concentration Courses		
CPH xxx	Concentration Course	3
CPH xxx	Concentration Course	3
CPH xxx	Concentration Course	3
CPH xxx	Concentration Course	3

CPH xxx	Concentration Course (depending on concentration; some concentrations have four courses)	(3)
MPH Experiences		
CPH 528	Applied Practice Experience	3
	Sub-total of MPH courses only	30-33
	Transfer credits from MCRP program	9-12
	Grand total credits for MPH program	42

9-12 credit hours will transfer into the MPH degree from the MCRP program courses. These credit hours will substitute:

- All MPH elective courses (6-9 credit hours, depending on concentration)
- CPH 529 Capstone Experience (with joint program approval)