

Health Program/Discipline Review

2008

1) To improve the quality of teaching and learning by asking faculty to reflect upon and examine teaching methodologies, learning outcomes, and curriculum.

a) Evaluate the curriculum using national and or professional discipline guidelines where available.

Health is a lower-division transfer discipline and as such strives to be in compliance with the state's course numbering guide and course description list. Oregon State University and Portland State University are the primary transfer sites for PCC students, as such, we also evaluate our curriculum by maintaining contact with our discipline colleagues at Portland State University and Oregon State University. Through discussions, emails, and occasional meetings, we discuss curriculum and compare course materials.

The annual, statewide Silver Falls Health Education Conference is held for two-year and four-year colleges and universities. This conference addresses health, wellness, and fitness curriculum issues and standards, as well as, exploring emerging trends. It is a source of information to inform our curriculum and outcome discussions and decisions.

An easy to overlook but important source of information that Health faculty use to reflect upon and examine learning outcomes and curriculum is textbooks, professional websites, and professional journals. Several of our health courses, HE 250 Personal Health, HPE 295 Health and Fitness for Life, HE 252 First Aid: The Basics and Beyond, HE 251 Community Health, HE 242 Stress and Human Health are nationally recognized lower division health courses with textbooks from major publishers. Professional websites for current, cutting edge information and/or differing points of view are being increasingly used as resources. All these resources assist us in discerning level of depth, breath of issues, and emerging issues in several courses.

The Health SAC applies public health, biological sciences, and behavior change models to the health curriculum. Using a systems perspective, the Health discipline teaches and explores health issues from a multi-dimensional – spiritual, social, emotional, intellectual, physical, environmental, occupational-, and interdisciplinary-biological, sociological, psychological, political, and economic- perspective. In this perspective, the Transtheoretical Model of Change is applied to personal health choices, individual health concerns are viewed from a societal and global perspective, risk factors and protective factors for specific health concerns are viewed from a personal and community health perspective. For instance, an individual's access to health care, socio-economic status, social support system, and low-fat diet are discussed as factors influencing the development of heart disease. The Health SAC is concerned that an institutional misunderstanding exists concerning the Health Discipline's curriculum. Health and Physical Education are discussed as "co-disciplines". We think a more accurate portrayal of this dynamic is that of a "partner" discipline. We suspect a significant cause for this misunderstanding is the lack of administrative understanding and advocacy for the health discipline and the team teaching HPE 295 Health and Fitness for Life with the Physical Education SAC members. While HPE 295 is a solid course that is successfully team taught between the two SACs, the curriculum of this course is a small subset of the Health curriculum. In short, if one views the health curriculum from the vantage point of this course alone, the view developed is at risk of being reductionist and limiting.

The Health courses with a first aid emphasis, HE 110, HE 112, and HE 252, all meet the national guidelines established by the American Red Cross.

b). Review and revise where necessary learning outcomes for the discipline and/or for any sequence of courses within the discipline

Health full-time faculty, with the input from part-time faculty, discuss each course's outcomes. Discussion centers on several themes:

- appropriate outcomes for a lower division transfer course vs an upper division health course
- course outcomes that complimented future upper division health courses students may take,
- course outcomes that are health specific and balance the influence from other disciplines, in particular psychology, physical education, and life science.

Course outcomes are determined through a consensus process in the SAC.

Three-Four Credit Conversion

PCC's Initial college-wide discussions on 3-4 credit conversion for college credit courses focused on all lower division collegiate courses. Later this discussion was limited to a subset of courses, general education courses. The Health SAC voluntarily elected to engage in the 3-4 credit course conversion conversation. This discussion provided the SAC with the opportunity to review course curriculum and course outcomes for several health courses. Specific courses' curriculum were enhanced through internationalizing the curriculum, additional course material, and/or the addition of Service Learning. These courses were submitted and approved for conversion to 4 credits.

HPE 295 – Health and Fitness for Life

As mentioned earlier, the Health SAC and Physical Education SAC members team teach one course, HPE 295 Health and Fitness for Life. This three credit course has a two-hour lecture and a three-hour fitness lab. This course was developed at Portland State University in the mid- 1980's and was a PSU graduation requirement until the demise of their School of Health and Human Performance. In recent years, Portland State University has replaced the lecture/lab format with a lecture format. When PCC decided to offer the course, it was determined that the HE SAC would be responsible for the lecture portion of the course, the PE SAC responsible for the lab portion. The HE SAC has course oversight and the health lecture instructor is the instructor of record for the course.

It became clear to the HE SAC and PE SAC that clarification was required on outcomes and curriculum between HPE 295 and HE 250 Personal Health. While there are thematic similarities between the two courses – overview of Wellness model, behavior change, and self-assessment – there are differences in curriculum topics, level of content emphasis, and course outcome. HPE 295 curriculum focus is narrower and deeper than HE 250 Personal Health. HPE 295 focus is on Wellness, Nutrition, Stress, Fitness and how fitness influences our health in the emotional, social, and spiritual dimensions. In comparison, HE 250's curriculum is broader, touching on topics not discussed in HPE 295, such as Infectious and Communicable Disease, Environmental Health, Social and Emotional Health, Drug Use and Abuse, Sexually, Relationships, and Nutrition and Food Systems. Over several meetings, the HE SAC and PE SAC members revised the HPE 295 CCOG to acknowledge the distinctions.

CCOGs

It has become clear to the SAC that our current CCOG template does not provide adequate information about the course content and level of rigor to assure curriculum integrity across the PCC system. The Health SAC has decided to enhance and clarify the CCOGs with the intent of adding additional content that specifies information to be covered and level of complexity. This process will start with HE 250 Personal Health and it is the intent of the SAC to have this CCOG revised in time for Fall 2008 courses

Health Course Curriculum Revisions

Since the last Health program/discipline review, several courses' outcome and curriculum were revised and updated. The emerging research findings on sustainability, environmental pollutants and human health, food systems and food

safety, socioeconomic status on individual health, and access of health care have been incorporated into existing health courses. The research and public interest in food systems, environment, and human health encouraged the development of HE 264 Health, Food, and the Environment. A section of this course is scheduled each term and fills with twenty-five to thirty students.

The following table identifies the courses and provides a brief summary of outcome and curriculum revision.

Health Curriculum Revision Table

Health Course	Crs	Revision Overview
HE 110 – Cardiopulmonary Resuscitation	1	Updated to new American Red Cross Standards
HE 112 – First Aid	1	Updated to new American Red Cross Standards
HE 212 – Women’s Health	4	Additional material for 3-4 cr conversion; inclusion of strong global and international perspective
HE 213 – Men’s Health	4	Significant CCOG revisions to content and assessment areas; updating main themes and content areas of the course
HE 242 – Stress and Human Health	4	New course since the last program/discipline review. CCOG developed and approved by EAC. Addition of a course research project for 3-4 credit conversion.
HE 250 – Personal Health	3	Minor CCOG revisions made with the adoption of a new textbook
HE 251 – Community Health	4	New course since the last program/discipline review. CCOG developed and approved by EAC. Service Learning component increased in the 3-4 cr conversion
HE 252 – First Aid: Basics and Beyond	4	Updated to new American Red Cross Standards; additional material for 3-4 cr conversion; inclusion of AED and pocket mask skills, 2-person CPR and Bag-valve Mask. Additional certification in CPR for the Professional Rescuer
HE 254 – Weight Management	3	New course since the last program/discipline review. CCOG developed and approved by EAC.
HE 255 – Film and Health	4	New course since the last program/discipline review. CCOG developed and approved by EAC. Course material augmented in the 3-4 cr conversion with additional complementary documentaries that support the film and topic concepts
HE 262 – Children’s Health, Nutrition, and Safety	3	Revision with ECE program to include more material on Childhood Obesity and Prevention, Identification, and Reporting of Child Abuse
HE 264 – Health, Food, and the Environment	3	New course since the last program/discipline review. CCOG developed and approved by EAC.
HPE 295 Health and Fitness for Life	3	CCOG revision to better distinguish course from HE 250; Revision included new textbook to support curricula changes

c) Give evidence that the discipline learning outcomes are being met by students.

PCC Health faculty measure discipline learning outcomes through classroom assessment techniques, course evaluation, and student success as evaluated through student final grades.

Classroom Assessment Techniques

In preparing the program/discipline review, Health SAC members discussed the specific classroom activities and assessments that provided evidence our students are assessed on course learning outcomes. Assessment tools used consistently in the district were identified. The following lists classroom assessment tools and provides a brief description. For a chart, mapping classroom assessment techniques to course, see Health Classroom Assessment Techniques in Appendix

1. Self-Assessment and Reflection Assignments: Provides students with resources to assess and reflect upon their current personal and collective health behaviors and attitudes; critical assess their areas of strengths and weaknesses; analysis current and future potential health concerns; and reflect upon the family, societal, political, and cultural influences on their current health status.
2. Case Studies: Case study analysis of archival information requires students to examine in-depth, a single instance or event. Providing a systematic methodology for analyzing information, events, collecting data and reporting results, students gain increased understanding of why the event happened as it did, what can be learned from future situations, and how change may alter future events.
3. Class Discussion: Provides a forum for individuals with different views on a topic to learn from each other. Class discussions encourage students to reflect upon and relate other speaker's statements to themselves, the course readings, and to reply accordingly.
4. Class Presentation: Provide experiences for students to develop and practice oral and/or visual communication skills, enabling them to communicate effectively
5. Reading and/or Video Analysis: Provide test reading or audiovisual experiences for students to develop and practice critical thinking skills while gaining a deeper understanding and fuller appreciation of course content.
6. Quizzes and Exams: Provides a means to quantify information and knowledge gained and application of knowledge to new situations.

Course Evaluation

An additional source of evidence that course learning outcomes are met is course evaluations. Full-time Health faculty consistently obtain and use information gained from student course evaluation to improve the learning processes occurring in the classroom

Student Success/Grades

Institutional Effectiveness data provides evidence on course learning outcomes. Institutional Effectiveness *Distribution of Grades data from 2006-07* demonstrates student success rates in Health Courses that are in alignment with data for all Lower Division Transfer Courses.

Distribution of Grades: 2006-07

Within-Term Successful Completion*	A	B	C	D	PASS	F/No Pass	Withdraw	Other/ Incomp/ Audit
Health	42.7%	21.5%	9.2%	3.0%	8.7%	6.5%	7.3%	1.1%
All Credit Courses	39.3%	23.7%	11.8%	3.2%	4.7%	6.5%	7.7%	3.2%
Career/Tech/Professional Courses	41.8%	21.3%	9.4%	2.6%	8.9%	6.4%	6.2%	3.5%
Lower Division Transfer Courses	39.0%	25.0%	13.0%	3.4%	2.3%	6.2%	8.1%	3.1%

*These data could be used as one measure, among other indicators, of student success.

Note: Grades are awarded for students who remain enrolled after the 4th week of the term. Students who withdraw from a class prior to that time are not tracked or reported.

d). Describe how the courses in this discipline address the College Core Outcomes

Health SAC participated in the late 1990’s in identifying the level of presence of Core Outcomes in our individual health courses. Several health courses were added to our offerings since this initial work. In this program/discipline review process, we reviewed the Core Outcomes Matrix for Health Courses. Through the program/discipline review process, we revised Core Outcome numbers in several health courses and assigned Core Outcome numbers to the health courses added since the original Core Outcome Matrix.

The process we used to assign Core Outcome levels to specific health courses was a reflective process. The reflective process combined qualitative research through instructor observation, type and amount of classroom assessment techniques used in the course, and discernment of SAC through discussions. Several health courses specify one or more of the core outcomes in the course outcomes. See updated list of Core Outcomes Matrix for Health courses in appendix.

2) To maintain instructional quality consistent with standards of excellence within the discipline.

A) Assess the success of the discipline in contributing to the College mission.

Health is a lower division transfer discipline. As such, it supports the college mission in two specific, broad areas:”provide accessible and affordable lower division college transfer programs and technical programs” and “student success as individuals, members of a democratic society, and citizens of a rapidly changing world.” (PCC Mission Statement).

Health discipline courses support the attainment of PCC Mission to “...provide accessible and affordable lower division college transfer programs and technical programs” by

1. Transferrable credit: All PCC Health course offerings are transferrable as electives throughout the OUS system. In specific 4-year programs or degrees, specific Health courses transfer as degree requirements.
2. Associate Degrees completion: PCC’s Associate of Arts Oregon Transfer (AAOT) and Associate of Science (AS) degrees require HE 250 Personal Health or HPE 295 Health and Fitness for Life as a degree requirement. Current, statewide discussion over the AAOT degree appears to support the continuation of a Health/Wellness/Fitness requirement.

3. Health Studies Focus Award to complement student’s transfer and/or associate degree educational goals.
4. “Transfer Bridge” Courses: “Transfer Bridge” courses is a term the SAC used to describe college level courses that are transferrable but do not have PCC’s standard prerequisites. These college level courses may serve as a bridge between DE courses and general education courses with standard prerequisites. Health courses do not have standard prerequisites. Further discussion on this topic occurs later in this review. At this point in the review, it is noted here as means to support the college’s mission.
5. PCC Career-Technical Education Certificate: The Health Discipline provides several courses that are requirements in CTE programs. Below is a chart correlating Health courses to specific CTE program degrees and/or certificates:

Health Course	Career Technical Program
HE 110 - CPR	Rad Tech
HE 112 – First Aid (1 cr)	Paraeducator
HE 125 – First Aid and Safety (3 cr)	Dental Technology
HE 212 – Women’s Health	Women’s Studies Focus Award
HE 250 - Personal Health	Dental Assisting
He 251 - Community Health	Gerontology
HE 262 – Children’s Health, Nutrition, & Safety	Early Childhood Education
HPE 295 – Health and Fitness for Life	Fitness Technology, Gerontology

6. Student Persistence: An emerging and intriguing area of research is the relationship between student’s persistence in completing their college course of study and the completion of a health education courses. In Porter and Swing’s article, *Understanding How First-Year Seminars Affect Persistence*, Research in Higher Education, Feb2006, Health Education course was cited as the most influential among the top five influences on student persistence in completing their bachelor’s degree. A small study and more research is required but the jest of the findings was that the Health Education course, which focuses on the importance of the student’s health, was perceived by the students as the institution caring about them and their well-being

Health discipline courses also provide support to accomplish the PCC Mission, “student success as individuals, members of a democratic society, and citizens of a rapidly changing world.” Health discipline demonstrates this support by the rigor of Core Outcomes in several Health courses, discussed in Section 1D and through the inclusion of Service Learning in the HE 251 Community Health course.

We have successfully fulfilled our goal to provide health courses that support specific career technical programs. Through annual communications, we maintain a collaborative, feedback loop with specific CTE programs involved. This allows us to assess and, where needed, revise our course materials and/or CCOG to more successfully meet the educational needs of the specific CTE program.

While the Health SAC thinks it has successfully maintained instructional quality consistent with standards of excellence, the task has become more difficult to achieve in the past eight to ten years. SAC discussions have centered around a strong concern among full-time and part-time faculty that instructional quality and consistent standards are being compromised in the system. This is discussed more fully under the Recommendations section of the program/discipline review

B) Report any changes the SAC has made to instructor qualifications and the reasons for the changes.

Through the program/discipline review process it came to the attention of the SAC that we had been remiss in developing instructor qualifications for recent health courses. Instructor qualifications changes were made for HE 250 Personal Health in 2001. 2001 updates reflect addition of Environmental Health, an important emerging health topic with significant student interest. In the 1970's and early 1980's, the personal health curriculum included environmental health. In the late 1980's and 1990's this topic was dropped from personal health textbooks. It has returned and is now seen as a timely and emergent topic.

Instructor qualifications for HE 250 Personal Health, HE 252 First Aid: Basics and Beyond, and HPE 295 Health and Fitness for Life are located on the instructor-qualifications <http://www.pcc.edu/resources/academic/instructor-qualifications.pdf>

C) Describe how the students in this discipline/program are using the library or other outside classroom information resources.

The Health SAC maintains an active relationship with the library staff. Several instructors take advantage of the one-hour library service to inform and education students on how to do research in the internet world. We submit video and periodical requests to the library.

The library has provided information on current health web sites for our classroom assignments. All classes are taking advantage of using the Internet during class discussions. In addition, instructors are able to assign homework which includes specific topic web sites

The Health SAC responded with an extensive list to the library's recent request for streamed videos. Several of the items requested were purchased. These streamed videos are used consistently in the online courses and in the campus courses on an instructor by instructor basis.

Health faculty invite to their courses outside class professional speakers to augment and highlight classroom objectives. Examples of topics include: cardiovascular health, reproductive health, sustainability and the environment, community conditions that promote health, drug abuse, health insurance, safety in the workplace, stress, food systems, and health politics.

3) To respond to the changing needs of students and the community.

A) List the professional development activities of the faculty over the last three years and describe any instructional or curricular changes made as a result of those activities.

Shari Rochelle participates with the Collaborative on Health and the Environment (CHE-NW) and Rachel's Daughter's Breast Cancer Coalition. She has integrated information from these organizations into course curriculum.

Marshall Meyer is the faculty advisor for Students for a Healthier PCC. The Health SAC is excited to look at ways to strengthen linkages with student leadership. Marshall is the SAC representative to the PAVTEC office and PCC Library.

Susanne Christopher is the chair of the EAC D/C Committee and the IIP (Curriculum Development) Committee. She also was and continues to be involved with implementing the NW Accreditation Recommendations. These leadership roles have assisted the Health SAC in course outcome development, Core Outcome matrix, the development of the AS in Health Studies and the Health Studies Focus Award.

The FT Health Faculty completed a year and half NIH Bridges Grant development project with Portland State University and the PCC Grants Office. The Bridges Grant has been submitted for funding.

Marshall and Susanne remain current with the American Red Cross's instructor standards.

Marshall Meyer applied for a Spring 2009 sabbatical. Marshall has taught for nine years at Portland Community College and has applied for a sabbatical four times. It is a disappointment that Marshall is not able to take advantage of the sabbatical process and health students do not obtain the benefits from his sabbatical project. Marshall's request the past three years has been to improve the Service learning component in health courses for students. Rationale for non-funding and suggestions for improving have not been received.

In Fall 2007, Health Seminar was developed and held for full-time and part-time faculty on an emerging health issue. Funds for this seminar were obtained from district Staff and Organizational Development.

B) Describe any significant shift in student demographics within your discipline and how that has impacted instruction.

Student demographics in Race/Ethnicity and Gender for students in Health courses mirror the college's general student population. Student demographic areas where the students enrolled in Health courses vary from all lower division students enrolled at PCC are Age Distribution, Enrolled Number of Credits and Degree Seeking Status.

Health courses enroll a larger number of degree seeking students who are full-time and younger when compared to all lower division transfer students.

Characteristics of Students in 2006-07 (Note: distributions based on known/nonmissing data)

Race/Ethnicity Distribution	African American	Asian/Pacific Islander	American Ind/Alaska Native	Hispanic	White Non-Hispanic
Health	6.2%	8.7%	1.8%	6.0%	77.2%
All Credit Students	5.5%	10.3%	1.4%	7.7%	75.2%
Career/Tech/Professional Students	5.5%	8.8%	1.5%	7.2%	77.0%
Lower Division Transfer Students	5.6%	10.9%	1.3%	7.7%	74.5%

Gender Distribution	Female	Male
Health	66.9%	33.1%
All Credit Students	55.8%	44.2%
Career/Tech/Professional Students	53.1%	46.9%
Lower Division Transfer Students	58.6%	41.4%

Age Distribution	14-17	18-20	21-25	26-30	31-40	41-50	51-60	61+
Health	2.4%	24.4%	34.1%	17.7%	12.9%	5.9%	2.2%	0.5%
All Credit Students	5.1%	19.5%	26.3%	17.2%	17.2%	9.2%	4.3%	1.3%
Career/Tech/Professional Students	1.2%	15.8%	24.2%	17.7%	20.8%	13.5%	5.8%	1.0%
Lower Division Transfer Students	2.0%	20.6%	30.0%	18.4%	16.5%	7.9%	3.5%	1.1%

Enrolled Number of Credits at PCC (in all coursework)*	Full Time Student: 12+ credits	Half Time Student: 6-11 credits	Part Time Student: < 6 credits
Health	63.1%	30.7%	6.2%
All Credit Students	37.3%	34.6%	28.1%
Career/Tech/Professional Students	46.5%	31.2%	22.2%
Lower Division Transfer Students	44.5%	36.0%	19.5%

*Fall term only.

Degree Seeking Status*	Degree Seeking Student	Non-Degree Seeking Student
Health	95.6%	4.4%
All Credit Students	77.2%	22.8%
Career/Tech/Professional Students	83.1%	16.9%
Lower Division Transfer Students	84.4%	15.6%

*Self-declared on student application.

There have not been significant changes in student demographics in our discipline. However, the unique student demographics have informed other strategic decisions the SAC has made in recent years. Specifically, because of the high number of degree seeking students, the SAC advocated and developed a clear transfer path for students seeking a bachelorette degree in Health Studies or Health Science (often a precursor to graduate work in Physical Therapy, Public Health, and Pre-medicine) through the Health Focus Award. In addition, we have strengthened our professional relationship with Portland State University School of Community Health and we continue to actively participate in and support PAVTEC, Dual Credit programs where appropriate

C) Give examples of how feedback from students, business and industry, community groups, or institutions our students transfer to, was used to make curriculum or instructional changes.

Student feedback

Student conversations and course evaluations help identify and/or affirm emerging areas in health. When enough critical mass has occurred from student feedback and additional sources, a possible new course is discussed. During the past three years, the Health SAC determined, primarily from student feedback and professional readings that a strong desire existed for a new course that focused on our food supply, farming practices, and their impact on the environment and human health. HE 264 Health, Food, and the Environment was developed. Student feedback was also a significant determinant in re-activating HE 213 Men's Health.

CTE Program Feedback

Early Childhood Education (ECE) program provided two areas of feedback that were used to make curriculum and delivery of modality changes in HE 262 Children's Health, Nutrition, and Safety. In 2006-07 academic year, HE 262 offering expanded from SY on-campus to Distance Learning. This response was from a request from the ECE to provide the course to student's who could not attend the SY campus. In addition, during the Spring 2008, with a PCC Staff Development grant, HE 262 curriculum will be revised to include Healthy Living and Eating to Prevent Childhood Obesity

External Organizations

American Red Cross (ARC) is an institution that directly influences the curriculum taught in HE 110, HE 112, HE 125, and HE 252. Since our last program/discipline review, several ARC standards have changed and curriculum modified. Curriculum revisions were made in the appropriate areas in all four courses to reflect these changes.

Portland State University (PSU) School of Community Health advisors and faculty meet with the full-time Health faculty to discuss mutual interests and concerns. The development of HE 251, Community Health, as a PCC course, was a direct result of these conversations.

D) What strategies are used within the discipline/program to increase enrollment, improve student retention and student success.

The Health SAC employees several strategies to increase enrollment, improve student retention and student success. While these strategies influence each other and, we hope, have a synergistic impact, they do fall into two broad categories: Program/Discipline Level Strategies and Course Level Strategies.

Program Level Strategies

1. Strategy: Diversify Health course offerings to support students' academic and personal educational goals

To achieve this strategy, the Health SAC has developed and offered several new Health courses over the past five years that link to Health Studies Focus Award, PSU's four-year degree in Health Studies, and student interest.

HE 242 – Stress & Human Health

HE 251 – Community Health

HE 254 – Weight Management

HE 255 – Film and Health

HE 264 – Food Systems, Environment, and Health

In addition to these new courses, we reinstated HE 213 Men's Health and inactivated HE125 Health in the Dental Workplace. This course was a requirement for the Dental Assisting Program. They no longer require this course.

2. Strategy: Development of Health Studies Focus Award to encourage Health Studies as a bachelor major, and to ease transferability for PCC students

Health faculty completed development of the PCC Health Studies Focus Award. The Health Studies Award prepares students to pursue Health Studies and related programs at the bachelor level. In Oregon these programs can be found at Portland State University, Oregon State University, and other schools in the Oregon University System and private colleges. Portland State University has agreed to accept our 200-level health courses in the Health Studies Focus Award as equivalent to their upper division courses in the same content area. This pertains to HE 212 Women’s Health, HE 213 Men’s Health, HE 242 Stress and Human Health, and HE 255 Film and Health. PCC faculty and Portland State University faculty are finalizing an articulation agreement which would assist students who complete work at PCC to transfer work to PSU more seamlessly. Our first student was presented with the Focus Award in December, 2007 (See story on Health webpage: www.pcc.edu/programs/health).

3. Strategy: Continue and strengthen relationship with PAVTEC –Dual Credit Program

There is growing interest among high schools to offer Health courses for PCC credit. Marshall Meyer serves as PCC’s Health representative for PAVTEC. Marshall Meyer and the Health SAC review, maintain, support, and review articulation agreements between PCC’s PAVTEC office and local high schools who want to offer a Health course for PCC credit. We currently have the following agreements in place

Aloha H.S.	-	HE 250 Personal Health
Beaverton H.S.	-	HE 252 First Aid, Basics and Beyond
Century	-	HE 250 Personal Health and HE 252 First Aid, Basics and Beyond
Glencoe	-	HE 252 First Aid, Basics and Beyond
Hillsboro H.S.	-	HE 252 First Aid, Basics and Beyond
Liberty H.S.	-	HE 250 Personal Health and HE 252 First Aid, Basics and Beyond

4. Strategy: Redeployment of full-time health faculty positions within the district

This item is discussed fully in the Section 4 of the program/discipline review. It is important to acknowledge that this strategy supports increased enrollment, improved student retention, and student success.

5. Strategy: Expansion of course delivery options

The Health SAC was one of the original three SACs that offered a distance learning course at PCC in the early 1980’s. We have a rich history, from Telecourse and modem to the present distance learning modalities, in supporting distance modalities for our courses. The HE 250 and HPE 295 courses have long offered distance learning course sections. During the past five years, several additional Health courses have added an online section. They include: HE 213, HE 242, HE 251, HE 262, and HE 264.

6. Strategy: Develop a District Health Course Scheduling plan and guide

With the addition of several health courses to an online format, the tension in the system to increase enrollment, and the reality of scheduling courses from a campus perspective, rather than a district perspective, the Health SAC decided to develop a matrix for scheduling online health courses from a district perspective. The intent of the matrix is to accomplish course distribution patterns that meets the students’ needs, provides instructors with the opportunity to teach “new” courses, and balances course enrollments so that a course scheduled at one campus does not “cannibalize” a section added at another campus. It is the hope of the SAC that this matrix will serve as a scheduling guideline to division deans and department chairs. See Appendix section for District Health Course DL Scheduling.

Course Level Strategies

1. Strategy: Multiple Classroom Assessment Techniques

Discussed early under assessing learning outcomes and presented more fully in the Appendix Section, it is important to note in this section that the Health SAC thinks our multiple classroom assessment techniques improve student retention and student success. We are able to assess student learning and integration of course information and material into the student's lives through the use of self-assessment techniques among other assessment techniques.

2. Strategy: Usage of technology enhancements that focus on student success

All full-time Health instructors take advantage of the latest Banner tools that support student retention and student success, specifically MyPCC Tools and CPN. Part-time Health instructors are encouraged to use these tools.

3. Strategy: Student Ownership Development

Student Ownership is a researched, psychological construct that captures the relationships students build between themselves and the subject they aspire to participate in. Students who are afforded realistic choices, encouraged to voice their opinion and feel opinions are acknowledged and validated, experience higher levels of intrinsic motivation and excitement about learning. Student ownership is closely linked to the concepts of motivation and resilience. (<http://www.drrobertbrooks.com/writings/articles/0312.html>) The Health faculty encourage Student Ownership in their courses through providing students with realistic choices and options regarding classroom activities and assessments and creating an environment where all students' voices are heard and validated.

4. Strategy: Health Course Online Quality Control Plan

A student enrollment strategy identified above was to increase online health course offerings. We have increased number of sections and have added additional health courses over the past two years. With this increase in number of sections, course selections, and part-time instructors teaching online courses, the SAC realized we had a potential quality control concern. We were in jeopardy of losing our ability to maintain oversight of our curriculum, ensure that the SAC standards were in place with online courses, and update and revise online courses in a timely manner to reflect current technologies. To address this concern, the Health SAC formalized SAC online course procedures and practices and developed a Health Course Distance Learning Development and Revision Yearly Schedule.

The Health SAC determined that all Health courses taught online will have one official online shell. This course shell will be reviewed and approved by the SAC. Instructors may select to change discussion questions, links, etc. But the course syllabus, assessments, assignments, and module structure and objectives remain the same, regardless of instructor. Revisions to existing online course shells and/or development of new online course shells will be done with SAC oversight. Final SAC review of online courses will take place before being submitted to the Distance Learning Department for Quality Matters and final Division Dean approval.

Health Course Distance Learning Development and Revision Yearly Schedule was developed. The intent is to share the responsibility among the full-time faculty for review and revision of online course shells in a timely manner. Where online courses are taught by part-time faculty, part-time faculty will be invited to participate in and provide feedback for the shell revisions.

E) Report any changes made in the last three years to increase student access and diversity.

The online strategies mentioned above also influence student access and diversity. In addition to those mentioned in Section D, two additional changes have occurred in the last three years that have a potential impact on student access and diversity, NIH Bridges Grant and Standard Prerequisites.

In collaboration with Portland State University, we have developed and submitted a NIH Bridges grant The aim of this grant is to ...” *The long-term goals of this partnership between the Portland Community College and the Portland State University are to increase the number of under-represented minority and disadvantaged students engaging in biomedical and*

behavioral research. The underlining goal of the Portland Bridges to Baccalaureate Program is to provide a seamless transition for minority students who are interested in careers in biomedical research

The innovative part of this partnership is that it builds on a recently establish articulation agreement between Portland Community College, the largest community college in the Portland metropolitan area and with the largest pool of minority students, and Portland State University, the largest and most diverse university in the State of Oregon. Through this agreement many of the administrative barriers that would normally hinder transition from community college to bachelor-granting institutions are diminished. In this proposal we will highlight some of the institutional activities aimed at facilitating this smooth transition and will use “The Portland Bridges to Baccalaureate Program” to develop a template to increase the participation of underrepresented minorities in biomedical or health disparities research. These two institutions will target underrepresented minority groups majoring in the health sciences and other sciences related field. As a result of the Portland Bridges to Baccalaureate Program we expect to increase the number of students pursuing health sciences research careers that will contribute to improving the health of the people of the United States and to the national need of eliminating health disparities and increasing years of healthy life for all.

This proposal will emphasize developing a larger understanding of biomedical and behavioral research by providing academic training and practical experiences for students from community colleges who are from disadvantaged backgrounds to take part in formative research training, work with established investigators as mentors, and complete a baccalaureate degree with a strong background to support post-graduate work in biomedical and behavioral research.”

Finally, after a series of deliberate and intentional discussions, the Health SAC decided not to pursue adding the standard prerequisites to any of the Health courses. After discussing the pros and cons of standard pre-requisites, it was decided that the potential loss of student access and diversity outweighed the gain of student’s who have assessed with the academic skills measured by the standard prerequisites. We also think we can assess appropriate college level work through the employment of several, varied classroom assessment techniques. This was a difficult decision for the SAC and one that we agreed to revisit in two years.

F) Identify any operational issues faced by the SAC that impact student learning in your area, (e.g., facilities, availability of part time faculty and other needed resources).

Qualified PT faculty

Unfortunately, it is difficult to find part-time Health instructors and, then, to keep them for more than a couple of terms. Two variables that contribute to this reality are the small number of health graduate programs and the Health focus of the graduate programs in the State of Oregon. The graduate program at Oregon State University is primarily focused on human performance, fitness, and athletic training. The graduate program at Portland State University is a Masters of Public Health (MPH). Graduates from either of these programs may be qualified to teach a specific Health course, such as HPE 295 Health and Fitness, but not all Health courses. A graduate with an MPH could conceivable have his/ her graduate hours in courses on community health agencies and policies. Specific graduate course work needs to be reviewed when hiring part-time faculty. Another variable is that many part-time health faculty are seeking full-time positions in community health, health care system, and/or finishing their doctorate work in the hopes of attaining a university teaching position.

Part-time hiring and mentoring is a serious concern of the SAC. This directly influences curriculum quality and integrity, and student success. It was one of the primary reasons for the full-time faculty position realignment in 06-07. The SAC believes that the college needs to continue to find ways to encourage part-time faculty to participate in SAC Inservice and other SAC events. This concern is addressed below in recommendations.

Oversight of DL courses

SAC oversight of courses taught online is crucial for consistent curriculum and course quality. The Online Instructor Orientation and Quality Matters resources in Distance Learning Office provide quality oversight on course technical development. The SAC provides oversight and quality control on the curriculum, including content and appropriate level of rigor in a course. Communication between the Distance Learning Office, Campus Deans, and SAC is crucial

to assure that courses are developed and/or taught to SAC standards. As mentioned in the above section, the Health SAC has taken upon itself to organize a systematic plan to provide consistent SAC curriculum oversight to online courses that includes a master shell for each course. The SAC is investigating with Distance Learning Office the best way to operationalize the SAC's plan.

Communication between the SAC, Distance Learning, and Division Deans who hire part-time faculty and assign them to the OIO Training is critical. Our current situation has provided several occasions where part-time faculty were assigned to OIO Training without SAC knowledge. This lack of knowledge has led to misunderstandings. For instance, two situations arose where a part-time faculty member attending OIO training were unaware that the Health SAC have a master course shell for each online course. The part-time faculty member began to develop a shell for a course and learned part way through the process that a master shell existed. When full-time faculty are unaware that part-time faculty are being asked to go through the OIO process, full-time faculty's ability to mentor part-time faculty is diminished.

Consistent Administrative support

Currently five division deans, Larry Clausen, CA; Margie Fyfield, RC; John McKee, SY/ co-SAC; John Saito, co-SAC; and MaryLou Webb, SE Center and four department chairs (SE department chair is a quasi-role of an admin support) interact and impact Health SAC decisions and recommendations. All department chairs are from other disciplines. With this many administrative "touch points", the Health SAC and its three full-time faculty have several administrators to "report" to for course scheduling, part-time faculty approval, and curriculum decisions and/or concerns. As a discipline with a small number of full-time faculty, it is easy to be unintentionally overlooked and consistent communication and support is difficult to maintain in this situation. Operationally, we need assistance.

4) To develop recommendations for improvement in the program/discipline.

A). Assess the strengths and areas in need of improvement in the program/discipline.

Strengths

1. Several core strengths exist in this discipline. Full-time Health Faculty are committed to their students, the integrity of their faculty roles, and to working collaboratively across the district. SAC meetings are held quarterly, outside of SAC Inservice Days, to discuss curriculum, course scheduling issues, emergent health topics, student success, classroom material and activities, and classroom assessment techniques. We strive to support each other and seek consensus in our decision-making process. An additional strength in this area are two part-time faculty who have been with the college for several years, participate in many SAC meetings, and have a sound understanding of the health curriculum and Health SAC norms for instruction.
2. Student success is a central value for the Health SAC. This value is demonstrated at the course level by the use of multiple classroom assessment techniques, diversity of course offerings (including online options), and the embracing of MyPCC course tools and CPN. Institutional Effectiveness data indicates that students taking health courses succeed at a satisfactory level.
3. The Health SAC is well connected to the college systems. Between all the full-time Health faculty, we have participation in the Library Services, PAVTEC, Distance Learning, Career Pathways, and the EAC. We are connected to the PCC infrastructure and utilize the services available to assist us in delivering our coursework. The Health discipline fully participates in college initiatives such as 3-4 credit conversion and internationalizing the curriculum.
4. The Health SAC maintains a collegial, supportive, professional relationships with "partner" lower division transfer discipline; primarily biology, sociology, nutrition, and physical education.

5. Commitment to our responsibility for curriculum oversight is strong. CCOGs are reviewed, updated, and revised in a timely manner. Courses have been aligned with PCC Core Outcomes
6. Health SAC and CTE SACs have on-going working relationships to review health courses in specific CTE degrees and certificates.
7. Health SAC, with Distance Learning, is proactively seeking a procedural solution to ensure consistent curriculum and high-quality delivery of our online courses in an organization that schedules courses from a campus-based perspective.
8. The Health SAC created an educational pathway for transfer students. In the current OUS system, community colleges may not have a major designation on their associates' degrees. In the dynamic and expanding world of Health Studies, the Health SAC believes students would benefit from a formal, transparent transfer path that includes an AS in Health Studies. This belief is supported by and compatible with the statewide pathway initiatives. In the early 2000's Health, along with Engineering, lead the PCC discussion at the state level to reexamine if AS degrees may have specific majors. PCC approved an AS in Health Studies and an AS in Engineering in 2004 to initiate a State discussion. Preliminary State discussions were held with JBAC and this issue was placed on the "back burner." As a means to accomplish an educational pathway, while the state discusses the complexities of allowing AS degrees with majors, the Health SAC developed a Health Studies Focus Award in 2006. Its intent is to provide guidance to students and their families for a seamless four-year study in Health Studies. The Health Studies Award, developed in conjunction with Portland State University, prepares students for entry into Health Studies and related programs at the bachelor level. In Oregon, these programs can be found at Portland State University, Oregon State University, and other schools in the Oregon University System and private colleges. We believe the Focus Award strengthens our ability to meet PCC's mission, "provide accessible and affordable lower division college transfer programs ...". The Health Studies Focus Award was achieved with Portland State's assistance and support.
9. Finally, we sought and maintained close relationships with outside partners. The relationship is solid with our counterparts at Portland State University. The collaborative efforts were strengthened in developing the Health Studies AS Degree and, later, the Health Studies Focus Award. This collaboration provided guidance in course development and many opportunities to exchange curriculum information. We also maintain an active, close connection with the American Red Cross. This connection ensures the most current and accurate curriculum in our first aid courses, adequate training for our faculty, and appropriate training equipment and materials for our courses.

Areas of Improvement

1. Over several years, the Health SAC discussed and tried to discern systemic issues that limited our ability to execute fully one of our primary goals, to provide solid, consistent, curriculum across the Portland Community College district. In 2006, the Health SAC identified reoccurring, systemic factors that reduced our ability to provide consistent, quality curriculum and support PCC's mission of "accessible... lower division transfer program". These factors were:
 - a. Minimal involvement of full-time Health Faculty in hiring and mentoring qualified part-time faculty
 - b. Limited understanding, support, and advocacy for our discipline from administration throughout the district
 - c. Coordination of health course scheduling from a district perspective; including courses taught through distance learning modality.

Several potential strategy options were discussed within the Health SAC to ameliorate this situation, including a potential request for an additional full-time position. In Spring 2006, the strategy agreed upon was to recommend to the Deans of Instruction and Division Deans a repositioning of full-time health instructors within the district.

The SAC's rationale was that a full-time health instructor located at each major campus would provide an anchor for our discipline. As anchors, full-time faculty can advocate for the discipline from a district perspective with campus-based administration, increase the likelihood of consistent curriculum, and support/mentor part-time health faculty. The Health SAC met with the Deans of Instruction and recommended that the second full-time position on the Sylvania Campus be moved to Rock Creek campus full-time. The full-time health position split between Rock Creek and Cascade become one split position between Cascade and SE Center. These changes were implemented in the 06-07 Academic year.

As we complete the second year of this new infrastructure, we believe the conceptual intents of the infrastructure change remain sound and we see improvement on the Rock Creek Campus. One of the goals of this faculty shift was to bring a significant full-time faculty presence to Cascade while simultaneously providing faculty support to Southeast Center. A 60/40 CA/SE split was proposed with the understanding that the full-time faculty portion of the split would be housed at CA. For several reasons, the shift has morphed into a 50/50 course load split with an associated allocation of "part-time" faculty resources. From the HE SAC's perspective, the outcome of this split is that neither campus obtains the benefits of a full-time faculty presence. We believe the split between CA and SE needs to be revisited and modified. This is a concern discussed further under Recommendations Section.

2. Teaching assignments for HPE 295 Health and Fitness for Life is an area in need of improvement. Health SAC has primary responsibility for HPE 295, Health and Fitness for Life. Curriculum modifications and instructor qualifications are discussed in the HE SAC and PE SAC respectively. A collaborate decision making system is used to reach decisions. There is one CCOG for the course that incorporates the lecture and lab. The HE SAC has primary responsibility for the CCOG.

Distinct expertise is needed to teach the lecture and lab portion of this course. While some instructors are qualified to teach both lecture and lab, many do not. The institutional agreement and past practice is that teaching assignments for lecture are given to health instructors and lab teaching assignments are given to physical education instructors. This model is followed at Sylvania and with online HPE 295. A modified version of this model is followed on the Rock Creek campus, where the full-time health instructor has been designated "lead" instructor of the HPE lecture, teaches one section a term, and oversees syllabi and curriculum content of all lecture sections. This model is not being followed on the CA or SE sites.

While we understand teaching assignments are the prerogative of administration, we have a concern that full-time health faculty are being denied the chance to teach HPE 295 lecture unless they agree to teach the lab portion. This practice removes the ability for full-time faculty to provide oversight to the curriculum and creates a situation where the potential is higher for the curriculum to drift from the intent of the CCOG

3. PCC Health Faculty should participate in relevant national conferences to learn about emerging issues and materials and to network with leaders in the health education field. We have been remiss in pursuing national conference professional development opportunities.
4. Instructor Qualifications and CCOG content are two SAC oversight areas that need attention. SAC discussions that identified the concern for consistent curriculum in our courses, also reached the conclusion that current CCOGs do not provide enough information on the course content and assessment processes. Additional information needs to be added to assist part-time faculty as they teach health courses. The Health SAC is setting up a system to remedy this situation.

Additionally, through the program/discipline review process, the SAC was reminded of the importance of their role in clearly identifying Instructor Qualifications for health courses. New and revised Instructor Qualifications would assist division deans in the part-time faculty hiring process. SAC has plans to amend this situation in the near future.

B). Given the above analysis and other findings of the SACC in this review process, prepare a set of recommendations that cover areas such as curriculum and professional development, recruitment and retention of students, obtaining needed resources, and being responsive to community needs.

Our Recommendations:

1 – Enter into discussion about the administrative structure for Health discipline

Possible model options include but are not limited to:

- one division dean for the health discipline
- a health department chair, who is a health faculty member that has responsibilities for health course scheduling
- CA faculty health chair with SE oversight for Health and HPE courses taught at both sites
- ‘virtual’ department chair assigned to schedule and assign online courses from a district perspective
- a district-wide communication system on decisions that impact health discipline and/or courses
- start a Health list serve for all chairs, division deans, and full-time health faculty
- replicate the Sylvania administrative model and move Health discipline to same department as Biology

2 – Redistribute CA/SE Faculty position

The objective of redistributing health faculty in 06-07 was to provide a full-time health faculty presence and resource to each of the 3 main PCC campuses. In reviewing the last two years we are pleased to have realized the outcomes from a strengthened presence at Rock Creek without having compromised Sylvania. The Health SAC is concerned however that we have not yet accomplished the aims of the Cascade/South East position shift. The SAC recommends that this position be shifted full-time to Cascade with the understanding that full-time health faculty will provide administrative and part-time faculty mentoring support to the Southeast Center.

3 - Formal liaison role with external organizations

Provide a full-time faculty member with one course release a term, to be a liaison to local high schools and Portland State University. In this formal role, we can continue to build on our work with PAVTEC Dual Credit, Health Focus Award and expand career pathways to include a track to four-year Health Studies degree.

4 – Provide financial resources for PT faculty to attend SAC meetings

5 – HPE 295 faculty teaching assignment.

We recommend that the model in place at Sylvania for assigning HPE 295 teaching loads or the modified model used at Rock Creek be followed on all campuses

6 - Full-time faculty involved with part-time faculty hiring at the Cascade and SE Center

7 - District Scheduling Plan for Health Courses

Continue to encourage a district perspective in health course scheduling

8 - Support Online Health Course Shells

Continue working with Distance Learning to develop procedures to identify, develop, and schedule SAC approved online Health course shells

9 – Add Health Focus Award to PCC’s Health Professions “Careers in Health Care” Viewbook

10 – Revise Health Discipline to original name, Health Education discipline

PCC Core Outcomes and Health Courses Appendix

	Communication	Com'ty & Envi Responsibility	Crit Think & Prob Solv	Cultural Aware	Prof Competence	Self Reflect
HE 110 CPR	1	3	2	1	3	1
HE 212 1st Aid and Emg Care	1	3	2	1	3	1
HE 125 1st Aid and Inds Safety	2	3	2	1	3	1
HE 212 Women's Health	3	2	3	4		4
HE 213 Men's Health	2	2	3	3		4
HE 242 Stress and Health	3	1	3	1		4
HE 250 Personal Health	2	2	3	2		4
HE 251 Community Health	3	4	4	3		3
HE 252 First Aid Bas and Beyond	2	3	2	1	4	2
HE 254 Weight mgmt and Pers Hlth	1	1	3	1		3
HE 255 Film and Public Health	2	3	3	3		3
HE 262 Children's Health	3	2	3	2		4
HE 264 Health, Food Systems, Envi	2	3	3	2		3
HPE Health and Fitness for Life	1	1	2	1		3

Health Classroom Assessment Techniques Correlated to Specific Health Courses - Appendix

Course Prefix and Title	Case Studies	Class Discussion	Exams/Quizzes	Peer Feedback	Presentation	Reading Analysis	Research Paper	Self-Assessment and Reflection	Service Learning	Video Analysis
HE 110 - CPR	X	X	X	X						
HE 112 - First Aid and Emergency Care	X	X	X	X						
HE 125 First Aid and Industrial Safety	X	X	X	X						
HE 212 Women's Health	X	X	X	X	X	X	X	X		X
HE 213 Men's Health	X	X	X			X	X	X		
HE 242 Stress and Human Health	X	X	X		X	X	X	X		X
HE 250 Personal Health	X	X	X		X	X		X		X
HE 251 Community Health	X	X	X		X	X		X	X	X
HE 252 First Aid Basics and Beyond	X	X	X		X					
HE 254 Weight Management		X	X			X		X		
HE 255 Film and Public Health		X	X		X	X				X
HE 262 Children's Health, Nutrition and Safety	X	X	X		X	X	X	X		
HE 264 Health, Food Systems, & Environment	X	X	X			X	X	X		
HPE 295 Health and Fitness for Life	X	X	X			X		X		

Health DL Courses - Appendix

Develop/Offering District Schedule 07-09

Course Title	Number	F07	W 08	SP 08	Su 08	F 08	W 09	Sp 09	Su 09	F 09	W 09	Sp 09
Women's Health	HE 212	CA/SE 1		CA/SE 1	CA/SE 1	CA/SE 1	CA/SE 1 RC 3 SY -T	CA/SE 1	RC 1	CA/SE 1 or RC	CA/SE 1 RC 3 SY -T	CA/SE 1
Men's Health	HE 213		Dev	RC 1		RC 1	SY 1	RC 1		RC 1	SY 1	RC 1
Personal Health	HE 250	CA/SE 1 RC 3 SY -T	CA/SE 1 RC 3 SY -T	CA/SE 1 RC 3 SY 1-T	RC 1	CA/SE 1 RC 3 SY -T	CA/SE 1 RC 3 SY -T	CA/SE 1 RC 3 SY 1-T	RC 1	CA/SE 1 RC 3 SY -T	CA/SE 1 RC 3 SY -T	CA/SE 1 RC 3 SY 1-T
Community H.	HE 251	Dev	RC 1			RC 1	RC 1			CA/SE 1 or RC	RC 1	
Stress and H	HE 242			Dev	RC 1	RC 1			RC 1	CA/SE 1 or RC		
Children's H.	HE 262			RC 2	RC 1		CA/SE 1	RC 2	RC 1		CA/SE 1	RC 2
Food Systems	HE 264	RC 2	RC 2	RC 1	RC 1	RC 1	RC 1	RC 1	RC 1	RC 1	RC 1	RC 1
Health/Fitness	HPE 295	SY 2	SY 1 CA 1	SY 1 RC 1		SY 2	SY 1 CA 1	SY 1 RC 1		SY 2	SY 1 CA 1	SY 1 RC 1

HE 264 drop sections offered at RC from 2 to 1 beginning Sp 2008 and add new Speciality Courses for dropped HE 264 section: HE 251 in Wr and HE 213 in Fa and Sp

HE 212 rotates Fall Terms between CA and RC; HE 242 rotates Fall Term between CA and RC beginning F 08

New course development options in HE 255 Weight Management and HE XYZ Human Health and Environmental Health Issues