HEALTH PROGRAM/DISCIPLINE REVIEW

FEBRUARY 2013

PORTLAND COMMUNITY COLLEGE HEALTH FACULTY 2012-13

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<td>Christy Nelson</td>
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<td>Ruth Gibbs</td>
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<td>David Hartje</td>
<td>Ena Rierson</td>
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<td>Monica Hunsberger</td>
<td>Cristi Rae Playford</td>
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<td>Shari Rochelle, CA</td>
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<td>Lisa Regan Vienop</td>
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<td>Health and Physical Education</td>
<td>WIC</td>
<td>Women, Infants and Children</td>
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HEALTH DISCIPLINE OVERVIEW

The Health SAC is a multi-campus SAC, with five full-time faculty members (one at Cascade, Southeast, Sylvania and two at Rock Creek), that provides a variety of on-campus, hybrid, and online lower-division transfer health courses that encourage students to think critically about health, the systems that influence health and strategies for high level of health and well-being.

PCC health courses help students achieve their academic, education and profession goals through the credits and information they provide, as well as encouraging healthy habits to maintain a level of health that supports academic success. The research is beginning to emerge that documents a positive association between health awareness, health behaviors, subjective health status and academic achievement at the college level (Int. J. Environ. Res. Public Health 2010, 7, 509-527; doi:10.3390/ijerph7020509).

All PCC health courses transfer as lower-division electives in the OUS and CC systems. (See Appendix A: Course Equivalency Transfer List). Several health courses meet specific PCC degree and certificate requirements, provide job-ready entrance skills, and support the Health Studies Focus Award. (See Appendix B). Health courses are also part of PCC’s Dual-credit program. Health SFTE increased from 144.7 (2007-08) to 383.0 (2011-12). Commensurate with Health enrollment growth, part-time faculty numbers grew over the past five years. Health courses are offered at Cascade, Rock Creek, Southeast, and Sylvania locations, as well as Scappoose HS, Newberg, Hillsboro, and Willow Creek.

1A. EDUCATIONAL GOALS OF THE HEALTH DISCIPLINE

Goal 1: Support PCC’s mission and students’ education goals for degree/certificate completion, employment, and/or personal enrichment by providing high quality, diverse and accessible transfer courses.

In order to achieve this goal:

1. Health courses meet specific PCC AAOT and AS degree requirements and CTE AAS and certification requirements. (See Appendix B)
2. Several health courses offer immediate job-ready entrance skills education. (See Appendix B)
3. A Course Transfer Articulation Guide with PSU was agreed to in 2008 (See Appendix C)
4. Health courses are offered in a variety of delivery modalities (on-campus, distance learning, and hybrid) and on campus scheduling times (day, evening, and Saturday) to provide maximum access to students.
5. The Health Discipline engages with PCC’s Dual-Credit Program to provide high school students with college credit and assist them in their degree completion.
6. The Health Discipline provides a transfer health pathways to students via the Health Studies Focus Award.
7. The Health Discipline continuously reviews course CCOG’s to remain current and accurate.
8. The health courses offered through distance learning are taught from a SAC Shell which is developed, reviewed, and revised by faculty teams whose members teach the course.
Goal 2: Provide students with an educational foundation that promotes health, disease and injury prevention, enhances quality of life, healthy communities and supports the goals of Healthy People 2020, a national program for improving the nation’s health.

Faculty have identified discipline foundational principles and values to help achieve this goal:
1. personal behavior awareness and reflections based on a multi-dimensional model (physical, social, emotional, intellectual, spiritual)
2. personal behavior change models
3. socio-ecological model that provides a framework to acknowledge, explore, and discuss the inter-relationship between personal, community, societal, and global health practices and policies that influence individual, societal, and environmental health
4. educate citizens to engage in personal, social, and global change
5. encourage life-long learning
6. intellectual stimulation to stretch preconceived notions, ideas, knowledge and skill sets
7. link students to health resources, counseling, child care, health services, community gardens
8. partnership with outside agencies: guest speakers, forums, Service Learning

Goal 3: Support faculty professional development and community engagement.

Full-time faculty are active in intra- and inter-institutional community engagement. A list, highlighting these areas, is provided in Section Five. All faculty are encouraged to participate in PCC professional development activities at the TLCs. The SAC applies for Staff Development and IIP funding. When applying for IIP funds, consideration is given to faculty course development/revision teams. With the increase in SAC workload and duties, additional SAC meetings are scheduled outside of institutionally designated SAC days. SAC Day agendas focus on areas that have a high part-time faculty interest to encourage part-time faculty participation.

Goal 4: Support Health Profession programming at the Rock Creek Campus.

The expansion of health profession programming at the Rock Creek Campus is still in its infancy stage. The Health SAC continues to support these efforts.

GOALS COMPARISON WITH NATIONAL OR PROFESSIONAL TRENDS OR GUIDELINES

PCC Health courses are offered in the OUS system and nationwide. Depending on the course topic and the specific institute’s degree requirements, health courses serve to fulfill specific degree requirements, graduation requirements, and/or electives. PCC’s health course offerings are consistent with current OUS and Oregon Community College systems.

SAC discussions recognize two national trends: public health literacy and undergraduate preparation for public health degrees. In 2002, the Institute of Medicine (IOM) recommended "that all undergraduates should have access to education in public health." The IOM’s rationale was based on the premise that public health is an "essential part of the training of citizens" and that "public health literacy is an appropriate and worthy social goal" (Gebbie, Rosenstock, and Hernandez 2003). In 2009, the Association of Schools of Public Health (ASPH) partnered with AAC&U and APTR, combining their efforts to ensure that all undergraduates have opportunities to develop basic public health literacy. Subsequent to these initiatives, the Association of Schools of Public Health (ASPH), in close collaboration with AAC&U and APTR, began a process to craft a model of public health learning outcomes that could be
made available to all undergraduate students. The model is geared toward educating citizens who know about and are able to promote public health both locally and globally with the goal to eliminate health disparities in populations around the world. The national efforts to promote public health literacy and the increased awareness and support that individual health must be seen in the context of societal and cultural norms and standards is reflected in revision to health textbook material in our current courses. The SAC has made curriculum changes in specific existing health courses that reflect and support these national trends and guidelines. This trend informed and is reflected in the second discipline goal listed above. One of the goals of Healthy People 2020, a national program for improving the nation’s health, is to increase the quality, availability, and effectiveness of educational program to prevent disease, injury, improve health and enhance quality of life is, also, reflected in our second discipline goal.

In addition to public health literacy, undergraduate preparation for public health degrees is a national conversation. In 2009 Karin Fischer and David Glenn in the Chronicle of Higher Education identified public health as one of five college majors on the rise and, with bachelor's degrees doubling from 2003 to 2007, an analysis by the Educated Citizen and Public Health initiative showed public health to be a growing presence in undergraduate education. The Health SAC continues to explore potential ways to integrate these trends into current course offerings and the Health Studies Focus Award as well as potential new courses that support preparation for degrees in public health. Appendix D provides additional resources on public health literacy and undergraduate preparation for public health degrees.

The Rock Creek Health Profession exploration is directly influenced by national and professional trends and guidelines and PCC's Bond expansion. Since 2008, exploration occurred on which health professional program would serve PCC's region well. Initial investigation suggested a new environmental health program at the PCC Rock Creek campus. Further investigation revealed that this was not a feasible program because of credential requirements. Current consideration is being given to three areas 1) Community Health Workers, 2) Home Care Worker, 3) Dental Therapists. Additional details on these three areas may be found in Appendix E.

**GOAL CHANGES SINCE THE LAST REVIEW OR EXPECTED CHANGES IN THE NEXT FIVE YEARS**

Since the last review, the goal to support Rock Creek health professions programming is new. It is anticipated that the connections between the Rock Creek health professions discussions and connections to the Health SAC will be clarified over the next five years.

The addition of new continuous full-time faculty provided new perspectives and ideas that informed SAC discussions around SAC goals. SAC discussions on public health literacy and public health undergraduate education may result in a new SAC Goal or a modification of an existing goal in the next five years.

The Accreditation process, also, informs SAC discussions toward course outcomes and assessment. The state’s agenda for degree and certification completion supports the Health SAC's long held value to assist students in seamless transfer and/or completion of associate degrees and certificates as evidenced by our Health Studies Focus Award.
From an overview perspective, since the last review, the Health SAC added additional and new full-time faculty and realigned the faculty positions in the district. With faculty position realignment, each campus has a minimum of one full-time health faculty member. (In 2008, there was one position at RC, one at SY and one CA/SE split). In addition, part-time faculty numbers have more than tripled since the last review.

These faculty changes provided the foundation for the health discipline to:

1. significantly increase the impact, viability and growth of the health discipline throughout the district
2. increase total number of HE course sections offered*
3. increase diversity of course offerings and delivery methods *
4. provide support and encouragement of part-time faculty at each campus
5. provide health discipline expertise to chairs and division deans in the hiring of part-time health faculty and administration of Health SAC decisions

* Overview of Health Fall 2008 & Fall 2012. See Appendix F for additional data

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<th>Number of Sections – District Wide</th>
<th>Fall 2008</th>
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<tr>
<td>PT HE FAC</td>
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Additional changes since 2008:

1. Course Transfer Articulation Guide with Portland State University implemented
2. Emergence of a potential health profession emphasis with primary leadership from the RC campus is a significant change since the last review.
3. Addition of new health courses:
   - HE 113 First Aid, AED, and Professional CPR (new required course for MA)
   - HE 207 Seminar (supports NIH Bridges to Baccalaureate Grant)
   - HE 264 Health, Food, and Environment
   - HE 278 Human Health and the Environment.

In 2008, the Health SAC discussed the need to review the administrative structure for the health discipline and the desire to move the split CA/SE faculty position to CA. The full-time health positions were re-aligned since the last review. The administrative touch points were reduced from five to four with the latest SAC liaison assignments. Currently, SAC liaison is also a division dean of health on one campus.
A 2008 recommendation to include Health Focus Award in the PCC’s Health Professions “Careers in Health Care” had strong support in the administrative response. Health Focus Award was included in the next edition.

In 2008, we recommended “revise Health Discipline to original name, Health Education discipline”. Administrative response was: “Why did it change? What is the history behind the change? What is your rationale for changing it back? What is the discipline name at other community colleges and four year universities...?” In the ensuing years, no change was made in our discipline name. Currently it remains Health in Banner, catalog, etc. This recommendation is revisited in Section Eight: Recommendations.

OUTCOMES AND ASSESSMENT

2A. COURSE-LEVEL OUTCOMES: IDENTIFY AND GIVE EXAMPLES OF ASSESSMENT-DRIVEN CHANGES MADE TO IMPROVE ATTAINMENT OF COURSE-LEVEL STUDENT LEARNING OUTCOMES

Over the past five years, the Health SAC used feedback from students, instructors, and Core Outcome assessments to improve upon its courses. Examples provided below.

1. HE 250 Personal Health: Food and Nutrition Assignment

This assignment is used by multiple instructors on multiple campuses and in the HE 250 SAC online course shell. For several years, the assignment used a student-purchased software program. The cost for this software to students nearly tripled and became a burden to our students. Student and faculty feedback was strong that the cost was too much. In 2010, the HE SAC rallied and developed a new assignment using the no-cost USDA MyPyramid software, which evolved into MyPlate. This assignment is a great example of the HE SAC working together, using feedback from instructors and students, to develop the assignment and, then, to take first term implementation feedback and revise the assignment to ease navigation of the USDA site. HE SAC instructors meet and come to agreement on the objectives of the assignment. This is important point because it aids the students in their attainment of the course-level nutrition and self-reflection outcomes.

2. HE 262 Children's Health D2L SAC Shell

HE SAC formed a faculty work team to improve upon a D2L HE 262 SAC Shell. District-wide HE 262 instructors were invited to share their successful experiences and strategies to improve student learning. A four-member faculty work team revised the SAC shell to incorporate the changes. A direct outcome of this process led the team to
   a. post examples of past student work as models for assignments
   b. to expand the Teaching Assignment to include a non-teaching option for students who are not Early Childhood Education majors
The Teaching assignment revision provided a stronger ability to assess all students on a specific HE 262 Outcome: *Demonstrate ability to promote health among young children*

3. Faculty In-class assessment s

It was noted during a SAC meeting that the SAC instructors have a wide variety of innovative and
thoughtful assessment techniques that they employ in their courses to improve upon student-learning. It is identified that the various techniques would be best shared with the entire Health SAC. Appendix H identifies some of these strategies.

2B. ADDRESSING COLLEGE CORE OUTCOMES:
DESCRIBE HOW EACH OF THE COLLEGE CORE OUTCOMES ARE ADDRESSED IN COURSES, AND/OR ALIGNED WITH PROGRAM AND/OR COURSE OUTCOMES.

Over the past three years, the Health SAC participated in the Core Outcome assessments. Through the assessment process, assignments in several courses were identified that assess specific core outcomes. SAC Core Outcome reports are provided at the end of this review.

Through this discipline review process, faculty began to identify how each college core outcome is addressed and or reflected in course descriptions, course outcomes, course assessment activities and assignments. This process lead to initial discoveries:
1. The SAC has health courses where the course description, course outcomes, and core outcomes are in alignment with the SAC’s understanding of the course’s intent
2. The SAC has courses where the course descriptions and core outcomes are in alignment with the SAC’s understanding of the course’s intent but not reflected in the course outcomes.

In Appendix G, a list of current course outcomes that potentially align with College Core Outcomes is provided. The list is dynamic. The list provides a starting point for future SAC work on aligning core outcomes, course outcomes, and assessment processes. A more robust understanding on the alignment between College Core Outcomes and health course outcomes will be presented in the 2017 review.

2B. ADDRESSING COLLEGE CORE OUTCOMES: UPDATE THE CORE OUTCOMES MAPPING MATRIX FOR YOUR SAC AS APPROPRIATE.

Updated Core Outcomes Mapping Matrix is available in Appendix I. The online Matrix is also updated.

2C. LDC DISCIPLINES: FOR EACH OF THE COLLEGE CORE OUTCOMES:
I. DESCRIBE THE STRATEGIES THAT ARE USED TO DETERMINE HOW WELL STUDENTS ARE MEETING EACH OF THE COLLEGE CORE OUTCOMES
II. SUMMARIZE THE RESULTS OF ASSESSMENTS OF THE CORE OUTCOMES
III. IDENTIFY AND GIVE EXAMPLES OF ASSESSMENT-DRIVEN CHANGES THAT HAVE BEEN MADE TO IMPROVE STUDENTS’ ATTAINMENT OF THE CORE OUTCOMES.

Critical Thinking and Problem Solving Core Outcome is addressed in several health courses. The Health SAC assessed this outcome in the HE 250 Personal Health course using the Food and Nutrition assignment because it is used by the majority of health instructors on all of the campuses. It is also used in both face to face and online courses. Additionally, HE 250: Personal Health is one of the SAC’s most offered courses. The student assignment was assessed to determine whether or not the assignment was providing faculty the information they thought it would provide on students’ ability to analysis their dietary and food buying habits.
Results: Three results were obtained from this Core Outcome assessment:

1. Students reflect about the future of their food buying habits. Many students don’t buy their own food, but do respond with “When I do start shopping on my own…”
2. The SAC found that instructors will assign specific points in a rubric.
3. Overall, there are many benefits in having students use the My Pyramid computer program. We determined some of the tools in the program were a bit outdated and a little arduous to use. It might help for the SAC to explore other applications such as Daily Plate I-phone app. Other modifications that need attention: The “feelings” section needs development and the detailed breakdown of all nutrients may not be as helpful as originally thought.

Results guided the changes made. The assessment-driven changes that were made to improve students’ attainment of the Critical Thinking Core Outcomes:

1. Switched the focus of the phases from the informational categories to the tasks.
2. Shortened and focused the overview instructions on the entire assignment to one page.
4. Changed the wording around Eating Habits to match the data sheets.

**Communication Outcome** was assessed using an assignment in HE 262 Children’s Health, Safety, and Nutrition. The SAC applied the Communication Rubric provided by the LAC to the students’ written papers. All sections of HE 262 taught in the given assessment term were involved with the assessment. Faculty members applied the LAC Communication Rubric.

Results: Students’ written responses provided supporting evidence inconsistently in two areas:

1. In the teaching demonstration written response, few students provided detailed information about what they did. In their written response that addressed the health importance of their health topic to children and future adults, few connected the dots to children and less connected it to adults; references were not consistently cited and used in the written communication.
2. The vast majority of the students used correct syntax and organized areas well in their written response.

Assessment-driven changes made from this assessment:

1. From this process and subsequent SAC discussions, the SAC determined that the assignment instructions needed to be revised to clarify expectations for the students.
2. In addition, it was agreed that one –three well written student papers would be kept and used in future classes as examples.

**Cultural Awareness Core Outcome** is an important component in a subset of health courses. The SAC assessed this Core Outcome in 2011 using an assignment in HE 212 Women’s Health. A student assignment in on campus and online HE 212 courses was used to assess this Core Outcome. Using the Cultural Awareness indicators, faculty assessed student assignments.

Results:

1. None of the students’ scores achieved the lowest level for Cultural Competency: Level 1. After careful review of the assignment questions, along with the descriptive components of cultural awareness at each level, it was determined that this assignment as currently written does not accurately ascertain a students’ level of cultural competency for the following reasons:
2. Questions were not appropriately phrased to illicit high quality (LEVEL 4) responses and/or
3. Questions enabling students’ to showcase their level of cultural competency were not asked.
4. Based on this single assignment, it would not be possible to adequately quantify or qualify how well a student is meeting the cultural competency outcome.

Assessment-driven changes made from this assessment:
1. Revise the Cultural Research Article Assignment questions using the descriptive components of high level (level 4) cultural awareness to inform revisions.
2. Employ the same process to reevaluate other course activities and assignments.

**Community & Environmental Responsibility** is a primary focus and is strongly addressed in HE 264 Health, Food, and the Environment and HE 278 Human Health and Environment courses. HE 278 assignments were used to assess this Core Outcome in our 2012 report. This assessment allowed for the SAC to examine the behavior change assignment for knowledge and skills for each indicator within in each level. The Community and Environmental Responsibility Core Outcome Rubric was used for the 57 student work samples (20 Face-to-face and 37 On-line).

Results:
1. Assignment questions could be rephrased to assist the students in understanding what is being asked of them
2. Rubric used might need to be reworked to make it more applicable to the intent of the assignment.

Assessment-driven changes made from this assessment:
1. Assignment questions rephrased for 12-13

**Self-Reflection** is a foundational concept in many health courses. The SAC assessed this Core Outcome with an assignment from HE 250 Personal Health, the Lifestyles Assessment. Several faculty from across the district participated. SAC developed a rubric from the Self-Reflection indicators.

Results:
1. The assignment demonstrates a high level of self-reflection.
2. HE SAC could take steps to evaluate other HE Assignments for self-reflection using this tool. Results from that application could then be used to inform development and modification of other Health assignments requiring, as an essential component, a meaningful degree of self-reflection.

Assessment-driven changes made from this assessment:
1. Assignment was not changed since it met the HE SAC expectations for self-reflection
2. At this time, other assignments have not been assessed with this rubric.

**Professional Competence Core Outcome** is aligned with the health courses that primarily focus on first aid certification and HE 207, which is a seminar course designed to support the NIH Bridges to Baccalaureate grant. We have not assessed this Core Outcome.
3A. DISCUSS COURSES OFFERED IN A DISTANCE MODALITY (ON-LINE, HYBRID, INTERACTIVE TELEVISION, ETC). SIGNIFICANT DL DELIVERY REVELATIONS, CONCERNS OR QUESTIONS

The Health SAC has a long history of offering health courses in a distance modality. Offering courses in a distance modality assists the SAC in achieving its first two discipline goals. Nearly all of the health courses offered on campus are also offered in a distance modality (on-line and hybrid). There are distance modality concerns that the SAC has tried to address with varying degree of success.

Distance modality and delivery concerns:
1. online courses linkage to SAC norms and SAC academic foundational principles
2. part-time faculty connection to SAC
3. scheduling recommendations on the
   a. number of sections to support student access while not negatively impacting on campus class sections,
   b. distribution of DL sections that recognize campus-based FTE while supporting DL offerings at campuses where DL presence was historically low.

Health SAC part-time faculty engage at different levels with the SAC. This helped frame SAC discussion around how to ensure online courses are fully connected to the SAC and have the same high level of quality as on campus courses do. Over the years, the SAC developed a Health SAC Shell for online courses where there is high enrollment demand with several sections taught each term. These online Health SAC Shells allowed the college to quickly schedule additional sections while providing SAC overview of the courses’ quality. Since the SAC shell inception, the SAC uses a faculty team model to develop and/or revise the SAC shell. The ideal intent, with a faculty team model, is that part-time and full-time faculty members who teach the course work together, once a year, to review and revise the SAC shell for the next academic year. In years where major revisions are required, the faculty team members apply jointly for distance learning development funds. The revised SAC shell is shared on a SAC Day for entire SAC comment and review.

The rapid growth of online sections and the part-time faculty who may teach these courses, sometimes only once or twice with short notice, is a growing challenge. The FT SAC members are in preliminary discussions on how to manage the workload needed to provide SAC oversight. The SAC is discussing several oversight models. The model the SAC members are moving towards identifies a FT member as the “lead” instructor for a specific health course that is taught in a distance modality. With this model, the FT member is the primary person responsible for calling together the faculty team, addressing emerging distance learning issues such as ADA, and communicating back to the entire SAC. The Health SAC was approached by Distance Learning to be a resource to other SACs and Distance Learning around this topic. The SAC agreed.

While SAC members realize that course scheduling is the prevue of campus administrators, the SAC also understand that full-time health faculty can be scheduling resources for department chairs and division deans. As such, faculty members discuss at SAC meetings: Are we offering the correct balance of course modality offerings? Has the growth of online course sections had a negative impact on campus class enrollments? Are we offering the correct number of sections for specific courses, from a district perspective, to provide adequate enrollment opportunities for students while maintaining robust
enrollment numbers per a section? Are we offering a solid mix of course modality offerings – on campus, hybrid, distance learning – that supports student access and robust on campus enrollment? What is an equitable district wide distribution of DL courses around the district? Included in these discussions are conversations around the number of on-campus sections offered for specific courses. The Health SAC members try to follow a collaborative model when discussing scheduling and strive to support campus-based scheduling, while keeping a district perspective.

**3B. HAS THE SAC MADE ANY CURRICULAR CHANGES AS A RESULT OF EXPLORING/ADOPTING EDUCATIONAL INITIATIVES (E.G., SERVICE LEARNING, INTERNATIONALIZATION OF THE CURRICULUM, INQUIRY-BASED LEARNING, HONORS, ETC.)? IF SO, PLEASE DESCRIBE.**

Since our last review, the SAC made one additional curricular change that adopted the service learning educational initiative. With the creation HE 264 Health, Food, and the Environment, a Service Learning option was included in the CCOG. The SAC, also, continues to support the Service Learning initiative within the HE 251 Community Health course assignment options. Prior to the 2008 report, the SAC revised the HE 212 – Women’s Health course to integrate the Internationalization of the Curriculum initiative.

**3C. IDENTIFY AND EXPLAIN ANY OTHER SIGNIFICANT CURRICULAR CHANGES THAT HAVE BEEN MADE SINCE THE LAST REVIEW.**

HE 252 – First Aids: Basics and Beyond: Since our last review, this course has integrated American Red Cross’s Wilderness and Remote setting material into the course. This revision was significant in that it changed the course outcomes and allowed students to earn a Wilderness and Remote First Aid Card in addition to a First Aid Card. Due to recent American Red Cross fee structure changes, the SAC decided to remove the Wilderness and Remote First Aid Card from the course description beginning Fall 2013. The course material will remain the same.

HPE 295 Health and Fitness for Life: A significant curriculum change is in process during the 12-13 academic year. The Health SAC and PE SAC decided to revise this course into two stand alone courses, HE 295 and PE 295 that will be co-requisites. Collaborative and coordinated work between the two SACs is occurring in the 12-13 year with the change implemented for the 13-14 catalog.

HE 254 Weight Management and Health: This course needs significant SAC attention. Two years ago, the Health SAC asked Health Chairs to stop scheduling the course until SAC revisions were made. Last year the SAC decided to inactivate the course. Upon further reflection, the SAC has agreed to support CA initiative to revise and offer the course this spring. With the CA experience as additional information, the Health SAC will determine whether or not to inactivate this course at its Spring 2013 meeting.

Addition of new health courses:
1. HE 113 First Aid, AED, and Professional CPR (new required course for MA)
2. HE 207 Seminar in Biomedical, Behavioral, and Health Sciences (supports NIH Bridges to Baccalaureate Grant)
3. HE 264 Health, Food, and Environment
4. HE 278 Human Health and the Environment
NEEDS OF STUDENTS AND THE COMMUNITY

4A. INSTRUCTION INFORMED BY STUDENT DEMOGRAPHICS

The vast majority of students enrolled in health courses are degree seeking, 95%, who fall within the 18-35 age range. With the exception of HPE 295, the majority of health students are females. All health courses are transferrable and may be used to complete degree requirements.

The age range of health students is consistent with college wide demographics. In health courses, faculty strive to provide examples of health concepts that are relevant to the age, gender, and ethnicity of our students.

4B. NOTABLE CHANGES IN INSTRUCTION DUE TO CHANGES IN DEMOGRAPHICS SINCE THE LAST REVIEW

The SAC is mindful of the large number of our students who are economically disadvantage. In response to this, the Health SAC uses cost as a significant factor in textbook selection. As mentioned in a previous section of this report, we reduced the cost to HE 250 and HPE 295 students by switching from a commercial nutrition software product to the government’s MYPlate website.

4C. CURRENT AND PROJECTED DEMAND AND ENROLLMENT PATTERNS. INCLUDE DISCUSSION OF ANY IMPACT THIS WILL HAVE ON THE PROGRAM/DISCIPLINE.

Current:
Health enrollment demands were strong during the past five years. Enrollment demands for health courses grew on the Cascade, Rock Creek, and Southeast Campuses. This demand mirrors the high enrollment numbers throughout PCC, but it also reflects additional full-time health faculty, the distribution of those positions throughout the system, and the campuses’ administration encouragement to offer additional health course sections. In Fall 2008, 25 health course sections were taught in the district; 44% online and 56% on campus. In Fall 2012, 71 health course sections were taught in the district; 30% online and 65% on campus. Our SFTE has increased from 144.7 (2007-08) to 383.0 (2011-12). The proportion of SFTE accounted for by Distance Learning also increased some, from about 38% during the Fall of 2008 to about 43% in the Fall, 2012 term.

While PCC offers a variety of health courses, the strongest enrollment offerings are in the courses aligned with the AAOT (AAOT: HE 250, HPE 295, HE 242, HE 254) and AS (HE 250, HPE 295) requirements, followed by courses required for specific AAS completion (HE 112, HE 113, and HE 262). This correlates with the student demographic that students enrolling in health courses have self-identify as degree seeking (94-96% depending on campus).

During this high enrollment time, the Health discipline was able to offer additional sections of specialty health courses than in previous years.

Future:
The SAC anticipates the overall current enrollment patterns for current courses to level off. As Rock Creek’s Bond remodel finishes, it is anticipated that less campus sections of HE 250 Personal Health will be needed as general classroom space becomes available that supports the SACs on campus class.
limitation size of 35. (Currently, many courses are held in classroom spaces that are smaller). This reduction in number of HE 250 sections, but maintenance of SFTE, may also happen to a lesser extent on other PCC sites as more general classroom spaces become available with the completion of bond projects. In addition, additional course offerings and increased enrollment may occur on the RC campus, dependent on selection of new health professions academic program.

The SAC anticipates continued strong enrollment demand in health courses that meet specific degree requirements. The ability to offer on campus specialty health courses will be dependent on campus-based enrollment demand and financial realities. The SAC hopes specialty courses will remain a part of the overall health course offerings to PCC students. These courses foster the opportunity to explore several areas of health studies for PCC students and provide professional development and renewal for health faculty. The SAC anticipates continued discussion on how to balance health course offerings with student enrollment demand, course modality, and PCC site location.

4D. PROGRAM/DISCIPLINE STRATEGIES USED TO FACILITATE ACCESS AND DIVERSITY

With many health course assignments focused on student self-reflection and the application of health principles and practices in their personal life, health faculty are given deep glimpses into the complicate lives of their students. Many students have several areas of personal responsibility and, in some cases, minimal social, emotional, and/or financial safety nets. Health faculty members understand this situation and willingly provide help, resources, and encouragement to students, assisting them toward succeeding in their PCC course work. As a group, the health faculty value and foster access and diversity in their individual courses.

The Health SAC strategies to facilitate access and diversity include:
1. Courses provided in on campus, hybrid, and distance learning modality
2. Collaboration between SE ESOL Department, ABS/GED faculty and health faculty to advise students into HE 112 as a potential first credit course and assist to help make it successful
3. HE 207 – Seminar in Biomedical, Behavioral and Health Sciences: Unique to this course’s design and in alignment with the goals of the Bridges program to “bridge” the gap between the 2 and 4-year institutions, this PCC class is held on the PSU campus.
4. Participation in Faculty Diversity Internship Program (Cascade Campus)
5. Support and/or participation in the Bridges to Baccalaureate program
6. Maintain recommended course pre-requisites (Addressed further in Recommendations section)
7. Dual-Credit Courses
8. Engagement with and support of ASPCC activities

4E. FEEDBACK FROM STUDENTS, COMMUNITY GROUPS, TRANSFER INSTITUTIONS, BUSINESS, INDUSTRY OR GOVERNMENT USED TO MAKE CURRICULUM OR INSTRUCTIONAL CHANGES.

Feedback from students, community groups, transfer institutions, business, industry or government is used to make curriculum or instruction changes. Student evaluations are used every term in health courses. These evaluations provide valuable feedback to individual instructors. The information gained from them is also discussed at SAC meetings to inform CCOGs, course assignments, textbooks, etc.
Specific revision examples made as a direct result from students, other SACs, community groups, transfer institutions and business feedback include:

1. Revision of HE 262 CCOG and curriculum after consultation with Early Childhood Education program

2. HE 113 course development after consultation and encouragement from several PCC health care programs

3. American Red Cross standard changes led to curriculum changes in HE 110, HE 112, HE 113, and HE 252

4. HE 207 – In June 2010 HE 207’s experimental precursor, HE 199, was presented at the National Institutes of Health 2010 MORE (Minority Opportunities in Research) conference to NIH Bridges Program Directors from around the country as an example of innovative inter-institutional curriculum development supporting degree completion in biomedical and behavioral sciences. Based on Bridges Program Directors’ feedback, the instructional model was modified to incorporate a collaborative, inquiry-driven based methodology.

5. Nutrition Assignment used in HPE 295 and HE 250. Nutricalc, a vendor software program, received increasing comments from students over concerns for cost and ease of usage. (This assignment is used in HE 250 and HPE 295 courses taught at SY, SE, RC, and online). This feedback was discussed at several SAC meetings. It was determined to make a significant change to this assignment. A faculty team removed the reliance on Nutricalc from the assignment and designed an assignment based on the government’s free MyPyramid website.

6. Information gained from key-informant interviews with health leaders across the state has been used to inform the development of a health professions program on the RC campus.

**FACULTY: REFLECT ON THE COMPOSITION, QUALIFICATIONS AND DEVELOPMENT OF THE FACULTY**

**5A. PROVIDE INFORMATION ON QUANTITY AND QUALITY OF THE FACULTY NEEDED TO MEET THE NEEDS OF THE PROGRAM/DISCIPLINE**

With five full-time faculty members and each primary PCC site with one FT faculty member to “anchor” the discipline, the SAC believes it has the FT faculty needed to meet the needs of the program.

During the rapid overall PCC enrollment growth of the past few years and, in particular, the intentional growth of health on Cascade, Rock Creek, and Southeast, the Health discipline brought on several new part-time faculty. The health chairs worked to support each other’s staffing needs while supporting part-time faculty teaching desires. Professional connections with PSU School of Community Health provide a resource for part-time faculty.

**PROVIDE INFORMATION ON EXTENT OF FACULTY TURNOVER AND CHANGES ANTICIPATED IN THE NEXT FIVE YEARS**

It is anticipated that we have reached a stable enrollment number and the district need for additional part-time faculty will be modest. Among the full-time health faculty positions, it is anticipated there will be two retirements in the next five years.
PROVIDE INFORMATION ON EXTENT OF THE RELIANCE UPON PART-TIME FACULTY AND HOW THEY COMPARE WITH FULL-TIME FACULTY IN TERMS OF EDUCATIONAL AND EXPERIENTIAL BACKGROUNDS

The Health SAC has three steady, “long-term” part-time faculty members. In addition, as mentioned in previous report sections, the number of part-time faculty members grew over the past five years. Part-time faculty education backgrounds reflect SAC’s current instructor qualifications and are commiserate with full-time faculty. Part-time faculty bring diverse experiential backgrounds which add to the richness of SAC work. Examples include: WIC, Chinese Medicine, HIV prevention education, Cancer screening, mid-wifery, and veterans’ resource specialist.

Several part-time faculty earned additional degrees in nutrition and naturopathic medicine, among others.

PROVIDE INFORMATION ON HOW THE FACULTY COMPOSITION REFLECTS THE DIVERSITY AND CULTURAL COMPETENCY GOALS OF THE INSTITUTION.

With the addition of new full-time faculty, the Health SAC’s full-time faculty members represent age, gender, and first-generation college diversity. Racial and ethnic diversity is reflected in SAC’s part-time faculty members.

Health faculty are active in TLC and international events on their respective campuses. Over the past several years faculty members traveled to India, China, and Bhutan. These professional and personal travel experiences are shared in SAC discussions and support PCC’s cultural competency goals.

5B. REPORT ANY CHANGES THE SAC HAS MADE TO INSTRUCTOR QUALIFICATIONS SINCE THE LAST REVIEW AND THE REASON FOR THE CHANGES.

HTTP://WWW.PCC.EDU/RESOURCES/ACADEMIC/INSTRUCTOR-QUALIFICATIONS.PDF

Over the past five years, instructor qualifications were reviewed and revised.

Instructor qualifications in the first aid courses were revised to align with changing American Red Cross requirements. In addition, instructor qualifications were revised to be inclusive of instructors who are American Heart Association certified.

Instructor qualifications for HPE 295 Health and Fitness for Life were revised by Health and Physical Education SACs with the intent that these instructor qualifications may also be used for HE 295 Health and Fitness for Life and PE 295 Health and Fitness for Life (beginning Fall 2013). These were approved by their respective SACs and sent through the system in Spring 2012.

HE 250 Personal Health instructor qualifications were revisited and updated to reflect the changing degrees available in the health field. Through this process, a uniformed instructor qualification template was developed for other health courses.
Participation in professional development activities strengthens the health discipline by assisting faculty to stay current in their field and develop and maintain collaborative partnerships with organizations.

Health faculty members are involved in professional development activities. Examples are listed below.

1. American Heart Association Board Membership
2. American Red Cross dialogue
3. NIH Bridges to Baccalaureate Grant Program Director and Campus Coordinators
4. Oregon Public Health Association Board membership
5. Oregon Health Sciences Heart Education Committee membership
6. PCC - EAC Leadership
7. PCC – IIP Committee membership
8. PCC- Leadership Internship Program
9. PCC Health Professions Task Force
10. PCC SPARC
11. Attendance at national and regional conference

Specific instructional and curricular changes due to these professional activities include:

1. Revision in first aid courses’ content and outcomes
2. Development and implementation of new courses: HE 113, 207, 264, and 278

**FACILITIES AND SUPPORT**

The current bond expansion impacted the availability of general classroom space and health course scheduling and enrollment limits. At the close of the 2011-2012 academic year, the Health SAC conducted an anonymous online survey to all Health faculty at PCC. The purpose of the survey was to collect written record of what is working well and what can be improved within the Health discipline. Questions A-D in this section was included in the survey.

**6A. DESCRIBE HOW CLASSROOM SPACE, CLASSROOM TECHNOLOGY, LABORATORY SPACE AND EQUIPMENT IMPACT STUDENT SUCCESS.**

Overall the faculty comments were positive about most rooms being equipped well and the space ideal. Access to the Internet and projectors benefits the students greatly. Some part-time faculty noted that bigger classrooms are preferred to stimulate discussion, to move around in and to allow for furniture movement. (Note: The SAC approved class size for on campus courses is 35 students per class, with the exception of the first aid courses. With a shortage of rooms on all campuses, health classes are often placed in rooms that have enrollment limits of 22 or 24).

A few faculty quotes are listed below:

1. “Smart boards would be nice.”
2. “My classroom at Rock Creek is great, and I appreciate having access to the health education materials available to part-time faculty. However, my classroom in Scappoose is limited, both in terms of materials and the internet is blocked (high school) so many online resources for
teaching are not available (youtube, TED talks, other websites, etc). It would be awesome if there was a traveling health education kit or something for instructors at distant campuses.”

3. “Yes I have excellent classroom space now at all campus. There are equipment needs at the Cascade campus”

### 6B. Describe How Students Are Using the Library or Other Outside-the-Classroom Information Resources.

Students use books and articles on reserve in the library for assignments and also locate primary research in peer-reviewed journals. Instructors show videos in class and online classes also view videos. Some students use the textbooks on hold in the library instead of buying them. We strive to have a copy of all required textbooks on each campus where the course is taught.

For outside-the-classroom information resources, some students attend a lecture, health fair, or other health oriented activity at different community organizations.

### 6C. Information on Clerical, Technical, Administrative and/or Tutoring Support.

Overall the survey comments were very positive and noted that support is great and that technical support of D2L classes is excellent. It was noted that there are some computers and software that need to be updated. Other comments are listed below:

1. “I would like to know more about tutoring for students.”
2. “Tutoring system at cascade is not designed to help HE students who lack skills in reading, writing and math…”
3. “SE could use more computers for students…more tutoring…more childcare…growing pains, but more resources for PT staff as well - space and computers for grading. Private conference rooms for meeting with students, etc.”

### 6D. Information on How Advising, Counseling, Disability Services and Other Student Services Impact Students.

Several instructors mentioned in our survey that they would like to hear more about advising and counseling, i.e. what they do and have to offer. The SAC plans to invite colleagues from these areas to future SAC meetings.

Other comments are listed below.

1. “Disability services makes it possible for students to have accommodated testing which is extremely helpful…”
2. “The only issue I’ve had is advisors telling students to contact me if my wait list is full to try and add the class. It isn’t fair to the students who registered on time and put themselves on the waitlist.”
While there is a tendency to state that community college students are adult learners, the higher education literature identified adult learners as age 25 years and older. The majority of students enrolled in PCC health courses are below the age of 25 years. Health courses experience a higher percentage of adult learners, by age definition, in evening courses. This demographic provides background for SAC discussions as the SAC members discuss several variables such as class size, appropriate college workload, and the degree to which faculty provide student service “are you ready for college” material/discussion in the classroom.

The vast majority of health students self-identified as degree seeking. The latest IE data shows that 73.8% of health students are full-time, 23.9% are half-time and 2.3% are part-time. Health courses are scheduled at a variety of times and modality to provide access for students.

### RECOMMENDATIONS

**8A. IDENTIFY RECOMMENDATIONS RELATED TO TEACHING AND LEARNING THAT DERIVE FROM RESULTS OF THE ASSESSMENT OF STUDENT LEARNING OUTCOMES (COURSE, DEGREE, CERTIFICATE AND/OR COLLEGE CORE OUTCOMES).**

Recommendation One: Revision of specific course assignments after College Core Outcomes assessment:

1. HE 262 – Communication Core Outcome
2. HE 212 – Cultural Awareness Core Outcome

Recommendation Two: Align Course Outcomes, Course Descriptions, and Core Outcomes with SAC’s understanding of courses’ primary intent

Recommendation Three: Apply for IIP funds for a health specific assessment workshop whose primary goal is to explore and to align HE 250 Personal Health in-class activities with assessing course outcomes (Note: IIP application was submitted. Funding was secured for winter and spring term 2013 implementation).
Recommendations:

1. Continue to revisit SAC structure and processes: With growth, the SAC’s relaxed, informal style of SAC governance is in need of review. During the past two years, some modest changes were made which include more robust minutes/notes of meetings and as well as additional Health SAC meetings beyond the two required by contract. Health Faculty members agree there is a need to review SAC’s “way of doing business” and come up with more intentional processes that is transparent to everyone. Topics for discussion include:
   b. SAC practices that serve our discipline optimally and equitably from both a district wide perspective as well as at the individual campus level
   c. Balancing the addition of new courses with workload of currently offered courses

2. Support Rock Creek health professions expansion

3. Revisit Discipline Name. Currently it is Health. As in the 2008 report, the SAC members believe this title does not accurately portray the discipline or differentiate the discipline from the broad health theme. Alternative suggestions presented for SAC consideration were Health Studies or Health Education at the Fall 2012 SAC meeting. A straw vote was taken with Health Studies beginning a clear first choice. The SAC agreed to bring this up again in Spring 2013 SAC meeting and plan to make a final decision.

4. Revisit course prerequisites: For several years, course prerequisites were a topic of SAC meeting discussions. In 2011-12 the SAC had a lengthy discussion on course prerequisites including whether or not to adopt required pre-requisites, and, if the SAC required pre-requisites, what would the threshold. The SAC decided to maintain recommended course pre-requisites and not require pre-requisites. This was not a unanimous decision. The SAC agreed to revisit this topic in the future. Questions posed include: Should all health courses, no health courses or some health courses have prerequisites? If all, why? If some, which courses and which prerequisites? If none, why?

5. Strengthen crosswalk between course outcomes and College Core Outcomes while simultaneously integrating robust assessment strategies.

6. Review number of course offerings – Balance student enrollment demand, degree completion agenda, faculty interest, and national trends. Review current health courses offered at PCC to determine sustainability of workload and effectiveness in reaching our discipline goals.

7. Maintain diligent connections with American Red Cross so first aid courses remain aligned with their materials.
8. Continue to explore potential ways to integrate public health literacy and undergraduate public health preparation trends into current course offerings and Health Studies Focus Award as well as explore potential new courses that support preparation for degrees in public health.

9. **Strengthen transfer success of PCC students:**
   a. Dual-Credit
   b. Health Studies Focus Award: Update and revise requirements
   c. Public Health: During the 2011-2012 academic year, members of the FT Health SAC had conversations on how to support PCC students transferring in health fields to Oregon State University (OSU) and Portland State University (PSU). Articulation agreements and potential new PCC courses were discussed as possible strategies.
   d. Review Course Transfer Equivalency Guide with Portland State University

10. Based on part-time faculty survey, invite PCC colleagues from student services areas to SAC meetings and conduct content specific workshops
### Appendix A:
Health Course Equivalency Transfer Guide Between PCC, PSU and OSU - Fall 2012

<table>
<thead>
<tr>
<th>PCC</th>
<th>PSU</th>
<th>OSU</th>
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<tbody>
<tr>
<td>HE 251 Community Health and Public Health Issues</td>
<td>PHE 250 Our Community Our Health</td>
<td>H 225 Soc and Individual Health Determinants</td>
</tr>
<tr>
<td>PHE 295 Health Promotion/Disease Prevention</td>
<td>PHE 295 Health Promotion/Disease Prevention</td>
<td>HHS 231 Lifetime Fitness For Health</td>
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<tr>
<td>HE 250 Personal Health</td>
<td>PHE 250 Our Community Our Health</td>
<td>LD</td>
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<tr>
<td>HE 242 Stress and Human Health</td>
<td>PHE 275 Stress Management</td>
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<tr>
<td>HE 212 Womens' Health</td>
<td>PHE 453 Women’s Reproductive Health</td>
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<tr>
<td>HE 278 Human Health and the Environment</td>
<td>PHE 443 Environmental Health</td>
<td>H 344 Foundations of Environmental Health</td>
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<td></td>
<td>PHE 450 Epidemiology</td>
<td>H 425 Foundations of Epidemiology</td>
</tr>
<tr>
<td>HE 255 Film and Public Health</td>
<td>PHE 455 Film and Public Health</td>
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</tbody>
</table>
Appendix B: Health Courses Crosswalk with PCC Degrees and Certificates, Health Studies Focus Award, Dual-Credit, and Job-Ready Entrance Skills

PCC Associate Degrees:
1. AAOT Requirement – HE 250, HE 242, HE 254 or HPE 295
2. AS Requirement – HE 250 or HPE 295
3. All health courses may be used as electives for all PCC associate degrees

PCC Career-Technical Education and Focus Awards:
Table correlating Health courses to CTE program degrees and/or certificates requirements and Focus Awards

<table>
<thead>
<tr>
<th>Health Course</th>
<th>Career Technical Program</th>
<th>Focus Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>HE 110 - CPR</td>
<td>Rad Tech</td>
<td>Women Studies Focus Award</td>
</tr>
<tr>
<td>HE 112 – First Aid</td>
<td>Paraeducator</td>
<td>Sustainability Focus Award</td>
</tr>
<tr>
<td>HE 113 – Professional First Aid/CPR</td>
<td>Medical Assisting</td>
<td>Sustainability Focus Award</td>
</tr>
<tr>
<td>HE 125 – First Aid and Safety</td>
<td>Dental Technology</td>
<td></td>
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<tr>
<td>HE 251 - Community Health</td>
<td>Gerontology</td>
<td></td>
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<tr>
<td>HE 262 – Children’s Health, Nutrition, &amp; Safety</td>
<td>Early Childhood Education</td>
<td>Fitness Technology, Gerontology</td>
</tr>
<tr>
<td>HPE 295 – Health and Fitness for Life</td>
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</tbody>
</table>

Health courses that offer immediate job-ready entrance skills education
1. First aid Certification
2. CPR/AED Certification

Health courses that are engaged with the Dual-Credit Program
1. HE 250 Personal Health
2. HE 252 First Aid: Basics and Beyond

Health Studies Focus Award
Core Health Courses (required)
HE 250 Personal Health 3, OR
HE 242 Stress and Human Health 4, OR
HE/PE 295 Health and Fitness for Life 3
AND
HE 251 Community and Public Health Issues 4

Elective Health Courses (one required, additional may be selected)
HE 212 Women’s Health 4
HE 213 Men’s Health 4
HE 255 Film and Public Health 4
HE 264 Health, Food, and the Environment 3
HE 278 Human Health and the Environment 3

Approved Related Courses
ESR 171 Environmental Studies 4
FN 225 Nutrition 4
PSY 215 Human Development 4
PSY 231 Human Sexuality 4
SOC 231 Sociology of Health and Aging 4
COURSE TRANSFER ARTICULATION GUIDE

For

TRANSFER OF COURSES BETWEEN PORTLAND COMMUNITY COLLEGE
AND PORTLAND STATE UNIVERSITY

The School of Community Health at Portland State University has been working with
Portland Community College Health Studies program to develop an articulation guide.
The articulation guide would help facilitate a smooth transfer process for those students
completing the Health Studies Focus at PCC with the intent of entering PSU and
completing a Health Studies B.A. or B.S. degree and completing any of the four
concentrations.

The Undergraduate Curriculum Committee of the School of Community Health (PSU)
has reviewed material submitted from PCC and supports the proposal to allow the
transfer of the following PCC courses to stand as the equivalent of PSU health courses:

<table>
<thead>
<tr>
<th>PCC COURSES*</th>
<th>PSU COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HE 250 Personal Health or</td>
<td>PHE 295 Health Promotion/</td>
</tr>
<tr>
<td>HPE 295 Health and Fitness for Life</td>
<td>Disease Prevention</td>
</tr>
<tr>
<td>HE 251 Community Health</td>
<td>PHE 250 Our Community/Our</td>
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<tr>
<td></td>
<td>Health</td>
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<tr>
<td>HE 212 Women's Health**</td>
<td>PHE 451 Women's Health*</td>
</tr>
<tr>
<td>HE 213 Men's Health**</td>
<td>PHE 445 Men's Health*</td>
</tr>
<tr>
<td>HE 242 Stress Management**</td>
<td>PHE 275 Stress Management*</td>
</tr>
<tr>
<td>HE 255 Film and Public Health**</td>
<td>PHE 455 Film and Health*</td>
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</tbody>
</table>

The following courses from PCC can be used toward the PHE elective credit
requirement but will not transfer into PSU as PHE courses.

<table>
<thead>
<tr>
<th>PCC COURSE</th>
<th>PSU EQUIVALENT</th>
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<tbody>
<tr>
<td>HE 264 Health, Food Systems and the Environment</td>
<td>PHE Elective</td>
</tr>
<tr>
<td>AD 241 Prevention, Theory and Practice</td>
<td>Vocational/Technical</td>
</tr>
<tr>
<td>FN 225 Nutrition</td>
<td>CH 250 (substitutes for PHE 425)</td>
</tr>
<tr>
<td>ESR 171 Environmental Studies</td>
<td>ESR Elective</td>
</tr>
<tr>
<td>PSY 215 Human Development</td>
<td>PSY Elective</td>
</tr>
<tr>
<td>SOC 231 Sociology of Health and Aging</td>
<td>SOC Elective</td>
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</tbody>
</table>

*Courses that transfer in from community colleges will not count as upper division
credit. Students will still need to meet the Upper Division Requirements required by
PSU

**If students complete a major other than Health Studies at PSU, these courses will
be counted as PHE Lower Division Electives.
Courses must be passed with a C- grade or better to be used toward a Health Studies major at PSU.

It is agreed that students transferring from Portland Community College with the above courses will be able to apply them to a Health Studies major at Portland State University. This agreement is based on the evaluation of rigor and content of the Health Studies program at Portland Community College and the School of Community Health at Portland State University. This agreement is subject yearly re-evaluation by both schools for continuance.

Signature Blocks

Portland State University
By ______________________
Date ______________________
Dr. Carlos Crespo
Director
School of Community Health
Portland State University

Portland Community College
By ______________________
Date 6/03/08
Marshall Meyer
Chair: Subject Area Committee
Health Education
Portland Community College

By ______________________
Date 6/15/08
Dr. Larry Wallack
Dean
College of Urban and Public Affairs
Portland State University

By ______________________
Date 6/13/08
Dr. Christine Chairsell
Vice President of Academic and Student Affairs
Portland Community College
Appendix D: Public Health Publications

Peer Review
Publication of the Association of American Colleges and Universities (AAC&U) was devoted to undergraduate public health studies including an emphasis on Community Colleges.

The Educated Citizen and Public Health led by the AAC&U has made recommendations for implementing and articulating public health curricula in 2-year as well as 4-year institutions. Useful information for faculty and administrators including recommendations for the courses in Public Health 101, Epidemiology 101, and Global Health 101 can be found on the AAC&U website at http://www.aacu.org/public_health/index.cfm

Community College Journal
“Ready for Prime Time: Ramping Up Public Health Education” Emphasized the importance of public health education in Community Colleges. It recommends introductory courses in public health, epidemiology, and global health and encourages the development of associate degrees and certificate programs in environmental health, public health preparedness, public health informatics, and pre-health educator.


The Association of Schools of Public Health provides information on undergraduate majors and minors and curricular materials at: www.pathwaystopublichealth.org and www.thisispublichealth.org.

The Association for Prevention Teaching and Research’s Prevention Education Resource Center (PERC) provides syllabi, curriculum materials and other curriculum resources at www.teachprevention.org.

The American Public Health Association- Integration of Core Public Health Education into Undergraduate Curricula Policy Statement 200915 available at http://www.apha.org/advocacy/policy/

Healthy People 2020 proposed objectives for 4- and 2-year colleges to increase public health education – available at http://www.healthypeople.gov/hp2020/Objectives/TopicAreas.aspx


ACADEMIC MEDICINE - April 2008 Theme issue on population health including an article on Evidence-Based Public Health as Preparation for Medical School  www.academicmedicine.org


PUBLIC HEALTH REPORTS, Articulation of Undergraduate and Graduate Education in Public Health Lee J. http://www.publichealthreports.org/userfiles/123_8/12-17.pdf

PEER REVIEW- AAC&U- Intentionality and Integration in Undergraduate Global Public Health Education Bernheim RG et. al. Fall 2008 http://www.aacu.org/peerreview/index.cfm


Educated Citizen and Public Health Listserv: The Educated Citizen and Public Health electronic mailing list is hosted by the Association of American Colleges & Universities. The listserv is designed to promote communication among faculty and administrators who are active in the emerging interdisciplinary field of public health study for undergraduates. To sign up for the Educated Citizen and Public Health listserv: http://list.aacu.org/mailman/listinfo/ecph

ASPH Summits: The Undergraduate Education for Public Health
Co-sponsored by the Association of American Colleges and Universities (AAC&U). Summit purpose: A platform for educators and professionals involved or interested in undergraduate education in public health to learn and contribute to discussions around models of undergraduate education, civic engagement programs for students, curriculum articulation, evaluation and assessment, recruiting faculty, and more.

2012 Undergraduate Summit http://www.asph.org/document.cfm?page=1205

Association of American Colleges and Universities' (AAC&U's) Educated Citizen and Public Health initiative, which aims to advance public health education in undergraduate curricula (http://www.aacu.org/public_health/index.cfm)

Association for Prevention Teaching and Research (APTR) and AAC&U’s "Recommendations for Undergraduate Public Health Education," which features a series of introductory courses in public health, epidemiology, and global health (Riegelman and Albertine 2008)

American Public Health Association's (APHA) policy statement on "The Integration of Core Public Health Education into Undergraduate Curricula" (http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1390)
Appendix E: Rock Creek Potential Health Profession Programs

1) In 2011, the Oregon Legislature passed landmark legislation defining Oregon’s approach to health care reform. Guidelines have been set for Non-Traditional Health Care Workers (ex: Community Health Workers; CHW) to work with Coordinated Care Organizations and to be integrated as part of a health care team to assure high-quality, culturally competent care to traditionally underserved populations within an integrated and coordinated health care system. A CHW is defined as an individual who promotes health or nutrition within the community in which the individual resides. PCC Rock Creek is trying to determine if there is a role to provide a CHW training program.

2) Oregon’s senior population is projected to grow from 502,000 to 950,000 by 2030. A legislative concept (LC) will be introduced in the 2013 session mandating that the Oregon Department of Health & Human Services convene a planning process to modernize the long-term care system. This will include a plan on how to establish home and community-based care. Work is being done to solicit feedback on LC 371 so that a final bill can be presented to the legislature in February. This could open up an opportunity to collaborate with the Gerontology program to train home health workers.

3) Dental issues are getting more serious in the U.S. and they are now a leading cause of emergency room visits. Improvements to the access problem, however, could come from a new type of health professional: dental therapists. Located somewhere on a continuum between dentists and hygienists in terms of training, this alternative provider can perform dental restorative work including filling cavities and extractions. Dental therapists have already proven effective in fifty countries around the world and have only been established in Alaska and Minnesota in the U.S.

The 2011 Senate Bill 738, created a pilot project program for the establishment of this new dental provider, as well as other models. Legislators wanted to see a pilot project before they could create an entirely new provider. The pilot projects will be governed by a set of Oregon Administrative Rules. These are in draft form currently, but set for public hearing in mid-December. Rock Creek continues to explore this opportunity.
### District-wide HE Course Offerings – Fall Term

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<td>HE 264</td>
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### HE Faculty Distribution Fall 2008

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*Satellite Locations
Appendix G: Alignment of Health Course Outcomes with Core Outcomes

Core Outcome: Critical Thinking and Problem Solving

1. HE 112 Standard First Aid & CPR/AED outcome:
   a. Evaluate first aid/CPR scenarios and apply appropriate first aid/CPR techniques to those scenarios.
2. HE 113 First Aid and CPR Professional
   a. Recognize and apply appropriate citizen-level, basic first aid or cardiac care in sudden illness and emergency situations in the home, work, or community environment for infant, child, or adult Patient
3. HE 207: Sem Biomed Behavior Health Sci Outcome
   a. Analyze and synthesize scientific information in order to determine relevance to one’s own academic field.
4. HE 212 Women’s Health Outcome
   a. Identify significant women’s health issues in the United States and abroad and analyze how these issues impact women’s health status
5. HE 213 Men’s Health Outcome
   a. Evaluate societal and behavioral factors that contribute or inhibit men’s health.
6. HE 242 Stress and Human Health Outcome
   a. Outcome: Analyze how social, psychological and cultural perspectives influence an individual’s level of stress and well-being.
7. HE 250 Personal Health Outcome
   a. Outcome: Identify current personal health status, analyze health risks, and plan effective health enhancement/wellness strategies
8. HE 251 Community Health Issues Outcome
   a. Analyze how community health conditions influence the personal health of individuals.
9. HE 252 First Aid Basics and Beyond Outcomes
   a. Analyze an emergency situation and apply appropriate first aid or cardiac care in sudden illness and emergency situations as a citizen responder in the home, work, or community environment for infant, child, or adult patient.
   b. Differentiate and apply first aid care required in remote and wilderness settings from care provided in settings where qualified medical personnel are readily available.
10. HE 255 Film and Public Health Outcome:
    a. Analyze how social, psychological and cultural perspectives of health are represented in film.
11. HE 262 Child Health, Nutrition and Safety Outcome:
    a. Analyze societal and environmental influences on children’s health
12. HE 264 Health, Food, and the Environment Outcome
    a. Evaluate how food systems influence global health and economic issues.
    b. Analyze personal food choices for their impact on personal, societal, and environmental health
13. HE 278 Human Health and the Environment
    a. Assess the relationship between personal lifestyle choices, the environment, and human health to inform future personal and community health decisions
14. HPE 295 Health and Fitness for Life Outcome
    a. Apply decision-making skills to fitness and health concepts

Core Outcome: Communication

1. HE 112 Standard First Aid & CPR/AED Outcome
   a. Evaluate first aid/CPR scenarios and apply appropriate first aid/CPR techniques to those scenarios.
2. HE 113 First Aid and CPR Professional Outcome
   a. Recognize and apply appropriate citizen-level, basic first aid or cardiac care in sudden illness and emergency situations in the home, work, or community environment for infant, child, or adult Patient

3. HE 125 First Aid and Industrial Safety Outcome
   a. Apply principles of machine safety to determine potential hazards and prevent them in the workplace.

4. HE 212 Women’s Health Outcome
   a. Articulate the impact of medical research bias, androcentricity, overgeneralization and double standards on women’s health

5. HE 262 Child Health, Nutrition, and Safety Outcome
   a. Demonstrate ability to promote health among young children

Core Outcome: Cultural Awareness

1. HE 212 Women’s Health Outcome
   a. Identify significant women’s health issues in the United States and abroad and analyze how these issues impact women’s health status

2. HE 213 Men’s Health Outcome
   a. Evaluate societal and behavioral factors that contribute or inhibit men’s health.

3. HE 242 Stress and Human Health Outcome
   a. Outcome: Analyze how social, psychological and cultural perspectives influence an individual’s level of stress and well-being.

4. HE 251 Community Health Issues Outcome
   a. Examine the cultural, social, behavioral and environmental factors and issues that influence the health of the community.

5. HE 255 Film and Public Health Outcome:
   a. Analyze how social, psychological and cultural perspectives of health are represented in film
   b. Gain an appreciation of the role of diversity in achieving environmental, social and personal health.

6. HE 262 Child Health, Nutrition and Safety Outcome:
   a. Analyze societal and environmental influences on children’s health

7. HE 264 Health, Food, and the Environment Outcome
   a. Evaluate how food systems influence global health and economic issues.
   b. Analyze personal food choices for their impact on personal, societal, and environmental health

8. HE 278 Human Health and the Environment
   a. Assess the relationship between personal lifestyle choices, the environment, and human health to inform future personal and community health decisions

9. HPE 295 Health and Fitness for Life Outcome
   a. Apply decision-making skills to fitness and health concepts

Core Outcome: Community & Environmental Responsibility

1. HE 251 Community Health Issues Outcome
   a. Analyze how community health conditions influence the personal health of individuals.

2. HE 252 First Aid Basics and Beyond Outcomes
   a. Analyze an emergency situation and apply appropriate first aid or cardiac care in sudden illness and emergency situations as a citizen responder in the home, work, or community environment for infant, child, or adult patient.

3. HE 255 Film and Public Health Outcome:
   a. Explore dimensions of corporate and community interests and the implications for society.
   b. Consider the impact of personal decisions and responsibilities on communities, work environment, and society.
4. HE 262 Child Health, Nutrition and Safety Outcome:
   a. Analyze societal and environmental influences on children’s health
5. HE 264 Health, Food, and the Environment Outcome
   a. Evaluate how food systems influence global health and economic issues.
   b. Analyze personal food choices for their impact on personal, societal, and environmental health
6. HE 278 Human Health and the Environment
   a. Apply knowledge about current and emerging human environmental health issues to determine potential future behaviors and attitudes that lessen the harm to the immediate and the future health of individuals and their communities.
   b. Determine and demonstrate an understanding of current and emerging health and environmental issues in order to develop a personal strategic plan to lessen harm to one’s immediate and future health from environmental contaminants, environmental toxins, and chemical exposures.
   c. Assess the relationship between personal lifestyle choices, the environment, and human health to inform future personal and community health decisions

Core Outcome: Self-Reflection

1. HE 112 Standard First Aid & CPR/AED outcome:
   a. Evaluate first aid/CPR scenarios and apply appropriate first aid/CPR techniques to those scenarios.
2. HE 113 First Aid and CPR Professional
   a. Recognize and apply appropriate citizen-level, basic first aid or cardiac care in sudden illness and emergency situations in the home, work, or community environment for infant, child, or adult Patient
3. HE 207: Sem Biomed Behavior Health Sci Outcome
   a. Analyze and synthesize scientific information in order to determine relevance to one’s own academic field.
4. HE 212 Women’s Health Outcome
   a. Identify significant women’s health issues in the United States and abroad and analyze how these issues impact women’s health status
5. HE 213 Men’s Health Outcome
   a. Use self appraisal and reflection to determine well-defined goals in order to achieve behavior change.
6. HE 242 Stress and Human Health Outcome
   a. Analyze how social, psychological and cultural perspectives influence an individual’s level of stress and well-being.
7. HE 250 Personal Health Outcome
   a. Identify current personal health status, analyze health risks, and plan effective health enhancement/wellness strategies
8. HE 251 Community Health Issues Outcome
   a. Analyze how community health conditions influences the personal health of individuals.
9. HE 264 Health, Food, and the Environment Outcome
   a. Analyze personal food choices for their impact on personal, societal, and environmental health
10. HE 278 Human Health and the Environment
    a. Assess the relationship between personal lifestyle choices, the environment, and human health to inform future personal and community health decisions
11. HPE 295 Health and Fitness for Life Outcome
    a. Apply decision-making skills to fitness and health concepts
Core Outcome: Professional Competence

The courses listed below provide certification related to professional development that is identified in course description but not specified in course outcomes:

1. HE 110 CPR/AED for the Professional
2. HE 112 Standard First Aid & CPR/AED
3. HE 113 First Aid and CPR Professional
4. HE 252 First Aid Basics and Beyond Outcomes

Courses with outcomes that address Core Outcome Professional Competence

1. HE 207: Sem Biomed Behavior Health Sci Outcome
   a. Analyze and synthesize scientific information in order to determine relevance to one’s own academic field.

2. HE 251 Community Health Issues Outcome
   a. Identify community health professions; know job functions, educational requirements.

3. HE 262 Child Health, Nutrition and Safety Outcome:
   a. Demonstrate ability to promote health among young children
Appendix H: Examples of Classroom Assessment Techniques to Assess and Improve Student Attainment of Course-level Outcomes

The twenty different strategies identified below by full-time and part-time Health faculty represents efforts from across the district.

1. Collect anonymous feedback to the following questions the class following the first exam (and before test is reviewed):

1) On a scale of 1-10, how did you feel about the exam?
2) Are you reading? How much percentage wise?
3) How many hrs did you study for this exam?
4) What was the easiest/hardest part of the exam?
5) How is the course going overall?

2. Hold a conversation surrounding study skills—how much they should be studying, how much the reading ties into the exams, and I also learn what they’re needing (more group work, visuals, etc)

3. I also ask for information from students: what are they most hoping to learn from the course, why they’re taking it, what subjects they’ve learned related to health in the past, whether they have access to a computer (BIG ONE!!) and computer skills, and after reviewing the syllabus I have them list any subjects that might be difficult/challenging for them based on personal info, and anything I need to know to help them be most successful (ie health issues, custody battles, recent death, etc).

4. The first day of class I ask them to write down one question they would like answered by the end of the term. We go over the questions as they come up each lesson. We also look at all the questions again the last day of class and evaluate in groups if their questions have been answered and discuss new questions that came up.

5. I ask for anonymous feedback around week 4 (what’s working well, what isn’t and suggestions for improvement).

6. I print out a list of learning objectives for all weeks. We go over them before each lesson and they use them as a study guide. I ask the students to review each learning objective they covered the previous week and rate on a scale of 1-5 (1= know very little about the topic 5= feel comfortable teaching someone else the information). Any learning objectives they rate below a 4 or 5, I ask them to list 1-3 strategies they could do to bring themselves up to a 4 or 5.

7. Each time we watch a film clip or have a guest speaker, I ask them to write a short PIN paper (3 positive, 2 interesting 1 negative).

8. Pop quizzes, essay questions exams over the readings, lectures, etc

9. After an in-class activity, students evaluate themselves on the process (what worked well, what didn’t, suggestions for improvement)

10. I ask for feedback on the textbooks used.

11. Students evaluate each other during presentations.

12. I have questions at the end of my last exam that ask about all of the assignments (with a 1 to 5 scale) as well as soliciting general feedback. I usually ask students on the day they turn in their assignments how it went, what they learned, if they liked it, if they think it should remain in the class, and any other feedback they might have.
13. I use minute papers with all my students in all my in person classes. It helps me a lot in not feeling like anyone is falling through the cracks. It gives me more of an opportunity to appreciate them as individuals, especially the quiet students. Even if they are not saying much of significance they still are reflecting briefly on our time spent together. My hope is that this makes them more mindful and less likely to totally sleep through class. It helps me specifically if I have a lot of people say "xxx was new information to me" or "xxx was review from high school". I continue to try and make small "tweaks" based on ongoing feedback from students.

14. I use a short questionnaire during week 4 or 5 checking in with students about lecture format, clarity, use of text/ppt...kind of a "how's it going".

15. I also use a anonymous fill in the blank questionnaire during tests to determine study habits of my students...are they reading the book, using the study guides, etc.

16. I write on the board what we're covering and how it fits into the whole course. Then revisit it again at the end of class. We do this with the course calendar in front of us. I also have these in my ppts, but I found that students were not connecting the dots (ESL/adult learner/drug affected brain issues?).

17. I'm trying something new this term...the students will be developing 3 essay questions RELATED to a specific course outcome on the syllabus (for the final exam). These take home essay questions will (I hope) bring together the main points/topics/discussions/ materials that we have investigated for a specific course outcome not just the last 3 weeks...

18. For online courses I have been offering a 10 point extra credit qualitative evaluation.

19. This quarter I had an extra credit question on my first exam to see how students felt about the class and if they had any recommendations for improvements or specific feedback that would help them succeed.

20. I am continuously asking them to give feedback and inform discussions where they have expertise. I keep an open discussion in all classes! They can even debate exam questions, etc. for extra points!
Appendix I: Core Outcomes Mapping Matrix

<table>
<thead>
<tr>
<th>Class</th>
<th>CO#1</th>
<th>CO#2</th>
<th>CO#3</th>
<th>CO#4</th>
<th>CO#5</th>
<th>CO#6</th>
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<tr>
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<tr>
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<td>HE 252</td>
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<td>3</td>
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<td>3</td>
<td>1</td>
<td>0</td>
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</table>

Core Outcomes:

1. Communication.
2. Community and Environmental Responsibility.
5. Professional Competence.
CONCLUSION

During the Fall, 2010, SAC day, Health Education completed our critical thinking core outcome project.

Our selected project was our Nutrition assignment which is used by the majority of health education instructors at all of the campuses.

Did the assignment obtain the desired information? This assignment was determined to require critical thinking to collect, review and evaluate the data in the computer reports. Students also must demonstrate in writing that they understand the concepts and material. Instructors used the Holistic Critical Thinking Scoring Rubric for the first time to evaluate critical thinking by students. As a result, we observed that students were coming away with different levels of understanding. The Health SAC needs to ask ourselves is that what we want from the assignment.

Is the assignment useful for students? Overall, there are many benefits in having students use the My Pyramid computer program. We determined some of the tools in the program were a bit outdated and a little arduous to use. It might help for the SAC to explore other applications such as Daily Plate I-phone app. Other modifications that need attention: The “feelings” section needs development and the detailed breakdown of all nutrients may not be as helpful as originally thought.

Can the students use the information? Yes. Students do reflect about the future of their food buying habits. Many students don’t buy their own food, but do respond with “When I do start shopping on my own…”

Can the grading be more specific using the rubric? Yes. Classroom and online. Instructors will assign specific points in the rubric.

*Enhance the food and emotions component
*Have students suggest an actual diet they could create over the next several years.
*Make the structure and organization of the assignment less confusing.
*How will you change your diet as a result of watching the Bittman video?

*** As a direct result of SAC day discussion, we agreed that there were some organizational issues to address in order to improve student’s critical thinking.

1. Switched the focus of the phases from the informational categories to the tasks.
2. Shortened and focused the overview instructions on the entire assignment to one page.
3. Have a stand alone instruction sheet just for the My Pyramid website.
4. Changed the wording around Eating Habits to match the data sheets.
HEALTH Assessment of Communication Outcome 2010-2011

1. Describe changes that have been implemented towards improving students’ attainment of outcomes that resulted from outcome assessments carried out in the previous academic year.

(Information provided here may be referenced, inserted into or summarized in Program Review 2.C.iii (for Core Outcomes) or 6.B.iii (for CTE Degree and Certificate outcomes).

The majority of HE 250 Personal Health courses taught throughout the district use the same Health and Food assignment. This assignment was the SAC’s focus for assessing the Critical Thinking Outcome. After data was collected, full and part-time faculty met to discuss data and identify specific areas for improvement. Assignment was redesigned in several key areas: instructions were re-written for greater clarity; reflection questions, where students were asked to critically think about the nutritional data they had collected, were revised, and content areas were edited to be more in alignment with the overall goals of the assignment.

2. Identify the outcomes assessed this year, and describe the methods used. What were the results of the assessment (i.e., what did you learn about how well students are meeting the outcomes)?

(Information provided here may be referenced, inserted into or summarized in Program Review 2.C.i & ii (for Core Outcomes) or 6.B.i & ii (for CTE Degree and Certificate outcomes)

a. Describe the method(s) you used.

Communication Outcome:

Health SAC assessed the Communication Outcome using an assignment in HE 262 – Children’s Health, Safety and Nutrition. HE 262 was taught as two online sections and one on-campus section in the Spring. This course is open to all students, is a transfer LDC course, and is a required course for the ECE AAS degree. The two instructors who taught the online course sections used the Health teaching assignment for this assessment – approximately 55 students between the two courses.

The assignment is completed in two phases. The first phase is to identify a children’s health lesson plan (several options are provided in the textbook), prepare the lesson, and teach the lesson. The second phase is a written paper discussing the assignment. Each instructor applied the Communication Rubric, provided by the LAC, to their students’ written paper to assess the Communication Outcome. The instructors met, compared data, and used the data to inform revisions to the assignment.

b. Results: What did you learn?

Applying the Communication Rubric, some thematic observations were made about the current assignment:

A. Students’ written responses provided supporting evidence inconsistently in two areas a. In their teaching demonstration written response, few students provided detailed information about what they did

b. In their written response that addressed the health importance of their health topic to children and future adults, few connected the dots to children and less connected it to adults; references were not consistently cited and used in the written communication
B. The vast majority of the students used correct syntax and organized areas in their written response.

3. Identify any changes that should, as a result of this assessment, be implemented towards improving students’ attainment of outcomes.

It was determined that the assignment instructions needed to be revised to clarify expectations for the students. Discussion also was held around whether or not to develop a grading rubric for the assignment. In addition, it was agreed that one–three well written student papers would be kept and used in future classes as examples. The overall impression is that our students have the writing skills – syntax and organization – but may lack experience in writing a paper that asks for reference citation and synthesizing several resources. Sample papers, along with more extensive instructions, may provide the additional guidance needed.
THE NATURE OF THE ASSESSMENT

Assignment Title: Cultural Research Article Assignment
Assessment Rubric: Cultural Awareness

Students select from a professional journal a peer-reviewed journal article that is related to both women’s health and culture. After reading the article, students answer a set of questions, the first of which relate to the student’s personal definition of culture and their personal cultural background. They then state their position on the importance of discussing culture and women’s health. The remaining 6 questions ask the student to discuss, at varying degrees of assessment, and to personally reflect upon the article.

THE STUDENT SAMPLE ASSESSED

In the academic year 2011-2012 Women’s Health, HE 212, a total of 2-4 sections were offered a term across the district. Of those sections, 2 out of 3 are generally online sections filling to a with a maximum capacity of 30; on campus classes typically enroll at 25. To ensure that assessment results were reliable from term to term and among both part-time and full-time faculty, 20% of the students were selected at random from two class sections offered during two different terms (total N= 8, section N=4).

Rationale: It was felt that 20% of students from two separate sections of the same course offered during different terms assessed by two different faculty would reflect a representative cross sample of students taking the class throughout the year. We were curious to see if the added variable of full-time vs. part-time faculty assessment would make a difference in the assessment outcome. The course, Women’s Health, was chosen because the course curriculum had previously been “internationalized. Additionally, the HE SAC had, in prior curriculum review processes, identified this course’s curriculum as having high level of cultural competency.

CULTURAL AWARENESS RUBRIC

The Cultural Awareness rubric was selected to evaluate the student’s cultural awareness as demonstrated in the assignment (see attached). The rubric identifies (1-4 LEVELS) increasingly sophisticated levels of application, knowledge and skills, along with descriptive components of cultural awareness at each level. The four levels include:

LEVEL 1: Demonstrates limited application of knowledge and skills
LEVEL 2: Demonstrates basic application of knowledge and skills
LEVEL 3: Demonstrates comprehension and is able to apply essential knowledge and skill
LEVEL 4: Demonstrates thorough, effective and/or sophisticated application of knowledge and skills.

The Cultural Awareness rubric was then tailored to the Cultural Research Article Assignment such that individual assignment questions could be evaluated for cultural awareness in addition to being able to ascertain the overall cultural awareness of the assignment as a whole.
OVERALL RESULTS
None of the students’ scores achieved the lowest level for Cultural Competency: Level 1. After careful review of the assignment questions, along with the descriptive components of cultural awareness at each level, it was determined that this assignment as currently written does not accurately ascertain a students’ level of cultural competency for the following reasons:

1. Questions were not appropriately phrased to illicit high quality (LEVEL 4) responses and/or
2. Questions enabling students’ to showcase their level of cultural competency were not asked.

Based on this single assignment, it would not be possible to adequately quantify or qualify how well a student is meeting the cultural competency outcome.

CHANGES TO IMPLEMENT
1. Revise the Cultural Research Article Assignment questions using the descriptive components of high level (level 4) cultural awareness to inform revisions.
2. Employ the same process to reevaluate other course activates and assignments.

REFLECTIONS
This process has been very informative in that it has not only helped identify the degree to which this specific course activity inadequately assesses the degree to which students are meeting this core outcome, it has also give a meaningful and practical methodology from which to make informed revisions to course assignments and curriculum while, at the same time, providing a useful tool to evaluate how well students are meeting course and core outcomes.

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited application of knowledge and skills</td>
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</tr>
<tr>
<td>6-7 points each</td>
<td></td>
</tr>
<tr>
<td>Select 3 for 18-21 possible total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify one’s own cultural perspective, values, and assumptions.</td>
</tr>
<tr>
<td></td>
<td>• List examples of culturally biased behavior, practices and language in the media.</td>
</tr>
<tr>
<td></td>
<td>• Describe one method/technique for exploring the assumptions, perspectives and values of a cultural group.</td>
</tr>
<tr>
<td></td>
<td>• Name one method for dealing with work-place conflict that arises from cultural differences.</td>
</tr>
<tr>
<td></td>
<td>• Describe the cultural perspectives, values and assumptions of another culture.</td>
</tr>
<tr>
<td></td>
<td>• Give an example of one’s own biased behavior, practices or language.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEVEL 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic application of knowledge and skills</td>
<td></td>
</tr>
<tr>
<td>7-8 points each</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Summarize the relationship of individuals and/or cultures to the history of events and/or ideas.</td>
</tr>
<tr>
<td></td>
<td>• Describe the cultural changes which occurred following specific events in history.</td>
</tr>
<tr>
<td></td>
<td>• Compare and contrast a form of creative and artistic expression, such as dance, in two different cultural contexts, such as Native Americans and African Americans.</td>
</tr>
</tbody>
</table>
HEALTH Assessment Cultural Awareness Outcome 2010-2011

| Select up to 3 for 21-24 possible total | • Compare and contrast one’s own cultural assumptions, perspectives and values with those of others.  
• Describe the effects of prejudice on different groups.  
• Demonstrate appropriate techniques for exploring assumptions and expressing viewpoints.  
• Analyze the relationships of individuals and cultures to the history of events and ideas.  
• Analyze how individuals in two or more cultures groups have been impacted by historical, cultural or economic events.  
• Describe the cultural patterns/icons displayed in a specific artistic expression, such as a painting, sculpture, literature.  
• Support one’s own cultural assumptions and explain those of others.  
• Assess cultural perspectives and values different from their own  
• Modify biased behavior, practices and language. |
| LEVEL 3 | 8-9 points each  
Select up to 3 for 24-27 total |
| Select up to 3 for 27-30 possible total | • Use more than one appropriate technique for exploring assumptions and expressing viewpoints.  
• Evaluate the relationships of individuals and cultures to the history of events and ideas.  
• Formulate a theory of how various ethical systems, worldviews, assumptions and theories about the self, and historical, cultural, economic, and social context impact individual and cultural relationships.  
• Evaluate different forms of creative and artistic expression, connecting personal responses to broader contexts. |
| LEVEL 4 | Points will be totaled for each question and then averaged to get an idea of the assignment’s overall Cultural Awareness score. |

| 27-30 (90-100%) = A  
Level 4 | 24-27 (80-89%) = B  
Level 3 |
| 21-24 (70-79%) = C  
Level 2 | 18-21 (60-69%) = D  
Level 1 |

Cultural Research Article Assignment

Peer-reviewed journal articles are articles found in professional journals, such as the American Medical Association or the Journal of Clinical Psychology. These articles are called peer-reviewed because before the article is published, experts from the field review the work, study design, results, and interpretations
in the article insuring professional excellence. Your job in this assignment is to find articles related to “women’s health and culture”.

Assignment Questions 1-8
Cultural Awareness Points

<table>
<thead>
<tr>
<th>4 Student Papers From Fall 2012</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Define “culture” and what creates culture?</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>2. Identify your culture background. This can be explained in both ethnicities, family traditions, religion, socioeconomic (money/class)...what values, attitudes and beliefs are part of your upbringing?</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>3. Why would “culture” and women’s health be important to discuss?</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>4. Summarize and discuss two main points in the article.</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5. Does this article link certain behaviors, customs or attitudes from a “culture” to a certain health issues? Please explain what they are.</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>6. Describe something new you learned from this article.</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>7. How does the information presented in the article relate to HE 212: Women’s Health?</td>
<td>0</td>
<td>6</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>8. After completing the article, what are two questions that you had while reading that you feel were not addressed?</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

Average Cultural Awareness for the Assignment = Total Points for Qs 1-8 divided by 8

Based on this rubric, no single question or assignment overall, scored a minimum Level 1

Cultural Research Article Assignment

Peer-reviewed journal articles are articles found in professional journals, such as the American Medical Association or the Journal of Clinical Psychology. These articles are called peer-reviewed because before the article is published, experts from the field review the work, study design, results, and interpretations in the article insuring professional excellence. Your job in this assignment is to find articles related to “women’s health and culture”.

42
HEALTH Assessment Cultural Awareness Outcome 2010-2011

Assignment Questions 1-8

Cultural Awareness Points

<table>
<thead>
<tr>
<th>4 Student Papers From 2011</th>
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</thead>
<tbody>
<tr>
<td>1. Define “culture” and what creates culture?</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
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<tr>
<td>2. Identify your culture background. This can be explained in both ethnicities, family traditions, religion, socioeconomic (money/class)...what values, attitudes and beliefs are part of your upbringing?</td>
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<td>6</td>
</tr>
<tr>
<td>3. Why would “culture” and women’s health be important to discuss?</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>4. Summarize and discuss two main points in the article.</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Does this article link certain behaviors, customs or attitudes from a “culture” to a certain health issues? Please explain what they are.</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>6. Describe something new you learned from this article.</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>7. How does the information presented in the article relate to HE 212: Women’s Health?</td>
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<td>6</td>
<td>6</td>
<td>13</td>
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<tr>
<td>8. After completing the article, what are two questions that you had while reading that you feel were not addressed?</td>
<td>6</td>
<td>6</td>
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Average Cultural Awareness for the Assignment = Total Points for Qs 1-8 divided by 8

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<td>5.25</td>
<td>3.75</td>
<td>5.87</td>
<td>6.87</td>
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</table>

Based on this rubric, no single question or assignment overall, scored a minimum Level 1
1. Describe changes that have been implemented towards improving students’ attainment of outcomes that resulted from outcome assessments carried out in 2010-2011. These may include but are not limited to changes to content, materials, instruction, pedagogy etc.

In 2010-11 academic year, HE SAC assessed Communication and Cultural Awareness Core Outcomes. The Cultural Awareness Outcome assessment was carried over into the 11-12 academic year. We will file a separate Annual Report for that assessment.

In the Communication Outcome Assessment Annual Report, we shared that we assessed a written assignment used by all HE 262 sections. From this process and subsequent SAC discussions, the SAC had determined “that the assignment instructions needed to be revised to clarify expectations for the students. Also, discussion was held around whether or not to develop a grading rubric for the assignment. In addition, it was agreed that one –three well written student papers would be kept and used in future classes as examples. The overall impression is that our students have the writing skills – syntax and organization – but may lack experience in writing a paper that asks for reference citation and synthesizing several resources. Sample papers, along with more extensive instructions, may provide the additional guidance needed” (Annual Report 2010-11)

In the 2011-12 year, the instructions for the online assignment were revised. Additional information was provided in the assignment instructions on how to write a paper. In addition, instructors were encouraged to find exemplary papers to post as examples for students. The faculty team that revises the online HE 262 SAC Shell and teaches course sections throughout the year hope to gather this summer and discuss if these revisions have made a positive difference.

2. Describe the assessment design (tool and processes) used. Include relevant information about:

The district-wide effort to evaluate the Core Outcomes occurred at the same time HE 278: Human Health and the Environment was getting developed. At that time, it became evident that no Health courses were addressing the Community and Environmental Responsibility Core Outcome to a Level 4, ‘Demonstrates thorough, effective, and/or sophisticated application of knowledge and skills.’ To address this particular Core Outcome and, a new project for the new course was developed with the goal to help students achieve a Level 4. The assignment is a term-long behavior modification assignment based on the Trans-theoretical Model (TTM). The three distinct steps of the assignment have the identified purposes of:

- Step 1: To identify one modifiable behavior that will reduce the risk and/or promote the health of the individual, the community, and/or the environment (See Attachment A);
- Step 2: To develop a plan to modify the behavior (See Attachment B); and
- Step 3: To reflect upon and evaluate the relationships between the behavior and individual, family, and group to inform future personal and community health decisions (See Attachment C).
During Step 1, students complete a table that helps identify which behaviors they’re ‘Not ready to change’ (pre-contemplative) or ‘Really ready to change’ (contemplative). The behaviors encouraged by instructors to change are ones that are in the contemplative phase, modifiable, and affect human health and the environmental health. During Step 2, students use personal reflection and instructor feedback to identify benefits and barriers to the behavior modification they chose. After implementing the behavior modification for four weeks, students reflect upon and evaluate their experience in Step 3. There, connections are made between the individual and the community; reflections are made connecting the behavior to the health of the individual and/or the environment. Taken as a whole, the student has the potential to achieve a Level 4, mastery level, of the Core Outcome. Using the time-tested formula of simple, yet explicit, behavior modification goals, true change can occur (See Attachment D – Student Reactions to Assignment).

- The nature of the assessment (e.g., written work, project, portfolio, exam, survey, performance etc.) and if it is direct (assesses evidence mastery of outcomes) or indirect (student’s perception of mastery). Please give rationale for indirect assessments (direct assessments are preferable).

The assessment was a review of the work produced by students during all three steps of the assignment. The rubric used to evaluate Step 2 and Step 3 was used to evaluate student work during the term (See Attachments E and F). Students were provided the rubrics ahead of time so they are familiar with what was expected of them. This ‘portfolio’ provided a sample of work that spanned across the quarter.

- The student sample assessed (including sample size relative to the targeted student population for the assessment activity) process and rationale for selection of the student sample. Why was this group of students and/or courses chosen?

To select student work samples to evaluate the Community and Environmental Responsibility Core Outcome, complete portfolios, alphabetically ordered, were selected from the following HE 278: Human Health and the Environment classes:

- Fall 2011 Face-to-face (n=9)
- Fall 2011 On-line (n=16)
- Winter 2012 Face-to-face (n=11)
- Winter 2012 On-line (n=21)

These courses were chosen because these were the courses where the assignment is implemented, provides a sample from both Face-to-face and On-line students, and generated a sample size that is large enough to produce patterns to see successes and identify trouble spots.

- Any rubrics, checklists, surveys or other tools that were used to evaluate the student work. (Please include with your report). Where appropriate, identify benchmarks.

The Community and Environmental Responsibility Rubric (See Attachment G) was used to evaluate each completed student ‘portfolio’. This was created by using the Community and Environmental Responsibility description page, http://www.pcc.edu/resources/academic/core-outcomes/co-comm-environmentalresponsibility.html. Additionally, at the completion of each course, students were asked to share their reactions to the assignment. A total of twelve were collected, three from each section evaluated (See Attachment D). By reviewing the completed Community and
Environmental Responsibility Rubric and incorporating feedback from the students, the student work and the project itself, are holistically evaluated.

- **How you analyzed results, including steps taken to ensure that results are reliable (consistent from one evaluator to another).**

  Two evaluators, Alissa Leavitt and Michael Meagher, worked together to assess the students’ work using the Community and Environmental Responsibility Rubric (See Attachment G). The first two portfolios were evaluated by both to ensure inter-evaluator reliability. Students were marked as either achieving the set level of mastery or an emerging level of mastery when evaluating a completed portfolio.

3. **Provide information about the results (i.e., what did you learn about how well students are meeting the outcomes)?**

   The Community and Environmental Responsibility Core Outcome Rubric (See Attachment G) was used for the 57 student work samples (20 Face-to-face and 37 On-line). The summary of the results can be seen on Attachment H. Two points were identified from the results: A few questions could be rephrased to assist the students in understanding what is being asked of them; and, the actual rubric used, Attachment G, might need to be reworked to make it more applicable to the intent of the assignment.

- **If scored (e.g., if a rubric or other scaled tool is used), please report the data, and relate to any appropriate benchmarks.**

  See Attachment H for the data results table.

  Overall, most students achieved the ‘emerging’ level of knowledge and skills in each of the levels. As students move from Level 1 to Level 4, fewer achieved the ‘mastered’ level of knowledge and skills.

- **Results should be broken down in a way that is meaningful and useful for making improvements to teaching/learning. Please show those specific results.**

  See Attachment H for the data results table.

4. **Identify any changes that should, as a result of this assessment, be implemented to help improve students’ attainment of outcomes. (These may include, but are not limited to, changes in curriculum, content, materials, instruction, pedagogy etc).**

   This annual assessment allowed for us to examine the behavior change assignment for knowledge and skills for each indicator within in each level. We learned that some of the assignment questions should be rephrased to encourage further self-reflection and awareness of how the behavior change impacts the community and the environment. For example, in Step
3. The Reflection and Summary Paper (See Attachment B), students are asked to “describe how this one behavior has the potential to reduce the risk and/or promote the health of the individual, the community and/or the environment”. Perhaps this question should have three explicit parts, where students will reflect on how the behavior reduces the risk and/or promotes the health of the individual (part a), the community (part b) AND the environment (part c). This same type of revision could occur in Part B of the assignment as well, giving students the opportunity to identify how the behavior relates to local issues in the community. Also, Step 3 could include another question that asks about how their behavior change contributes to a community issue and offer solutions and strategies to continue the behavior change in the future.

5. Reflect on the effectiveness of this assessment tool and assessment process. Please describe any changes to assessment methodology that would lead to more meaningful results if this assessment were to be repeated (or adapted to another outcome). Is there a different kind of assessment tool or process that the SAC would like to use for this outcome in the future? If the assessment tool and processes does not need to be revised, please indicate this.

We learned that some of the indicators should be revised to capture students’ success in achieving the indicators that may not be clear as currently written. In addition, perhaps some of the sample indicators should be removed.

For example:
Level 3: Describe the relationship of the democratic process to community problem-solving.
  o Suggest removing
Level 4: Critically evaluates the causes, consequences and solutions of environmental issues.
  o These are done satisfactorily, could they be developed further through assignment revision?
Level 4: Critically evaluate the causes, consequences and solutions of social issues.
  o Assignment would need to be revised to include this critical analysis, perhaps adding a research component
Level 4: Takes active roles in community problem-solving.
  o Assignment would need to be revised to include this component which would be more difficult in the online courses. Face-to-face courses could include brainstorming around their behavior change with other students and then answering a reflection question in the summary paper.

2. Describe the assessment design (tool and processes) used. Include relevant information about: HE 250 is a lower division transfer course which serves to fulfill the student HE requirement for the AAOT. A main course outcome which drives the course curriculum and design is to enhance personal wellness. The three outcomes of HE 250 are as follows:
  1. Identify current personal health status;
  2. Analyze health risks, and
HE 250 was selected for Self Reflection because it is well established that one’s ability to accurately self-reflect is a key component in one’s ability to plan effective health enhancement strategies leading to improved personal health and wellbeing.

- The nature of the assessment (e.g., written work, project, portfolio, exam, survey, performance etc.) and if it is direct (assesses evidence mastery of outcomes) or indirect (student’s perception of mastery). Please give rationale for indirect assessments (direct assessments are preferable).

The foundation assignment in all sections of HE 250 Personal Health across the PCC district, *Lifestyles Assignment: Evaluating Your Lifestyle & Planning for a Change* (ATTACHMENT I), was mindfully developed to assist students in addressing these course outcomes. The ability to successfully achieve the goals of this assignment however hinges on a student’s ability to accurately self-reflect.

The 4 goals of the assignment are as follows:

1. Assess current, personal health status;
2. Reflect upon current personal health areas that are being attended to and upon areas that need attention;
3. Identify future health implications of your current health practices and attitudes; and
4. Assess each of the health dimensions from your personal perspective

- The student sample assessed (including sample size relative to the targeted student population for the assessment activity) process and rationale for selection of the student sample. Why was this group of students and/or courses chosen?

**Characteristics of Courses Sampled:**

10 courses were sampled from over three different terms, 5 from on-line sections and 5 from on-campus sections. In the academic year 2011-2012 twenty five sections of HE 250 were offered, on average, across the PCC district (excluding summer), 7 of which were online and 18 on campus.

**Characteristics of Students Sampled:**

N = 10 Students.

A typical class enrollment for HE 250 is 30-35 students. The 10 students, selected at random, therefore represent 30% percent of an average student enrollment per course section.

- Any rubrics, checklists, surveys or other tools that were used to evaluate the student work. (Please include with your report). Where appropriate, identify benchmarks.

Our goal in applying this Self Reflection Rubric (ATTACHMENT J) to the Lifestyles Assignment was to enable the reviewer to ascertain the overall level of student self-reflection for the assignment. Additionally, we were keen to determine the level of self-reflection for each of three summary sections (A, B and C) of the Lifestyles Assignment in order to identify sections of the assignment which either succeeded or fell short in facilitating students achievement of the outcomes and are thus in need of modification.
HEALTH Assessment of Community and Environmental Responsibility and Self-Reflection Outcomes 2011-2012

To this end, the Self Reflection Rubric was modified in order to independently evaluate individual sections of the Lifestyles Assignment Summary Paper (sections A, B and C) for five individual components of Self Reflection: Clarity, Relevance, Analysis, Interconnections, and Self-Criticism. Student responses were scored for each component of self-reflection based on a score of 7-10 as followings:

<table>
<thead>
<tr>
<th>5 Components of Self Reflection</th>
<th>Score</th>
<th>Self-Reflection Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity</td>
<td>10</td>
<td>Reflective Practitioner</td>
</tr>
<tr>
<td>Relevance</td>
<td>9</td>
<td>Aware Practitioner</td>
</tr>
<tr>
<td>Analysis</td>
<td>8</td>
<td>Reflection Novice</td>
</tr>
<tr>
<td>Interconnections</td>
<td>7</td>
<td>Unacceptable</td>
</tr>
<tr>
<td>Self-Criticism</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- How you analyzed results, including steps taken to ensure that results are reliable (consistent from one evaluator to another).

  To ensure that results were reliable, four HE 250 instructors, 3 full-time and 1-part-time, from 3 different PCC campuses applied the Self Reflection rubric to the Lifestyles Assignment.

3. Provide information about the results (i.e., what did you learn about how well students are meeting the outcomes)?

   Results generated from application of the Self Reflection Rubric (ATTACHMENT K) indicate that HE 250 students demonstrate a high level of self-reflection on the Summary Paper of the Lifestyles Assignment overall. Additionally, scores indicates that students are demonstrating a high level of self-reflection in each of the 3 thematic sections of the Summary Paper.

- If scored (e.g., if a rubric or other scaled tool is used), please report the data, and relate to any appropriate benchmarks.
  See Attachment K

- Results should be broken down in a way that is meaningful and useful for making improvements to teaching/learning. Please show those specific results.
  See Attachment K
HEALTH Assessment of Community and Environmental Responsibility and Self-Reflection Outcomes 2011-2012

4. Identify any changes that should, as a result of this assessment, be implemented to help improve students’ attainment of outcomes. (These may include, but are not limited to, changes in curriculum, content, materials, instruction, pedagogy etc).

As a result of this assessment, we learned that this rubric and the assignment demonstrate a high level of self-reflection.

5. Reflect on the effectiveness of this assessment tool and assessment process. Please describe any changes to assessment methodology that would lead to more meaningful results if this assessment were to be repeated (or adapted to another outcome). Is there a different kind of assessment tool or process that the SAC would like to use for this outcome in the future? If the assessment tool and processes does not need to be revised, please indicate this.

If this tool indeed accurately assesses self-reflection, the HE SAC could take steps to evaluate other HE Assignments for self-reflection using this tool. Results from that application could then be used to inform development and modification of other Health assignments requiring, as an essential component, a meaningful degree of self-reflection.
Attaches for the Community and Environmental Responsibility Core Outcome and Self-reflection Core Outcome

Attachment A – Step 1

Student Name:

Step 1 Assignment – Generating a List – 15 points

Because this is the first on-line assignment of the course, below are instructions in how to complete and post assignments in Desire2Learn.

- Save this file onto your computer or thumb drive
- Close the file.
- Open the saved version.
- Complete the assignment by typing directly into the grey boxes. Note: The spell check function does not work in the grey fields. Monitor your spelling and grammar.
- Save the completed file.
- Upload the assignment as an attachment to the appropriate Dropbox location by the assigned due date (refer to course calendar).

The purpose of this multi-phase assignment is to:

1. Identify one modifiable behavior that will reduce the risk and/or promote the health of the individual, the community, and/or the environment;
2. Develop a plan to modify the behavior; and
3. Reflect upon and evaluate the relationships between the behavior and individual, family, and group to inform future personal and community health decisions
HEALTH Assessment of Community and Environmental Responsibility and Self-Reflection Outcomes 2011-2012

Attachment A – Step 1

Step 1 Assignment – Generating a List – 15 points

Only the wisest and stupidest of men never change.
-- Confucius

It is not the strongest of the species that survive, or the most intelligent, but the one most responsive to change.
-- Charles Darwin

When you’re finished changing, you’re finished.
-- Benjamin Franklin


We, as a species, are capable of modifying our behavior. We can learn to incorporate and then un-incorporate cigarette smoking in our daily life. We can learn how to successfully design and implement a sustainable exercise routine. We can also learn and become versed in including various cognitive and relaxation activities that can positively affect our individual stress-level.

The field of behavior modification is enormous. Visit any book store (or website) and you will find rows and rows (links and links) of Self-help, Self-improvement, and Health behavior resources. There are numerous hypotheses, theories, models, and dime-store anecdotes that all attempt to capture the most effective ways to affect change in humans.

And yet, people typically don’t like change.

But when there is change, there is opportunity.

The model that we are going to draw from in this multi-phase project is called the Transtheoretical Model (TTM), also called the “Stages of Change”. It was first proposed in the 1980s by Dr. James Prochaska and is now one of the most widely used models of health behavior. Some reasons that it is so popular are that it:

- Is intuitive and treats people similarly;
- Meets people where they are;
- Recognizes the time aspect of change; and
- Admits that relapse is quite possible and should therefore be ‘named’ and planned for

This assignment is designed for you to identify modifiable behaviors in both the built and natural environments that when reduced, will reduce the harm/risk to your health; and/or, when increased, will promote your health.

Step 1 Assignment – Phase 1: Generating a list of potential behavior changes
Step 2 Assignment – Phase 2: Identifying, planning, and implementing behavior change
Step 3 Assignment – Phase 3: Summary and Self-reflection
Attachment A – Step 1

Step 1 Assignment – Generating a List – 15 points

Reflect upon your behaviors and habits. Ask yourself, “With what I know already about my health and how it is affected by the physical and natural environment:”

- What am I able to recognize and admit to myself that I know I should not be doing?
- What am I able to recognize and admit to myself that I know I should be doing?

Once you have allowed yourself enough reflection time, complete the table on the next page. A total of five (5) behaviors are required for this portion of the assignment. For each of the five identified behaviors, identify if you:

1. Aren’t ready to change;
2. Have been thinking about changing;
3. Really have been thinking about changing

Additionally, detail why the one behavior and its potential modification are significant to you.

For this assignment, and the general theme of the course for that matter, please know that you won’t be asked to completely eliminate or completely incorporate the behavior change. This assignment will ask you to how might you reduce your risk and/or promote your health. The theory of risk reduction states that any modification, no matter its size, is significant to the individual; and as such, needs to be recognized.
### HEALTH Assessment of Community and Environmental Responsibility and Self-Reflection Outcomes 2011-2012

**Attachment A – Step 1 Step 1 Assignment – Generating a List – 15 points**

Your grade is determined by:

- Each identified behavior and its corresponding category (1 point each; 5 points total)
- Each reflection about the behavior’s significance completed thoughtfully and thoroughly (2 points each; 10 points total)

Type your answers in the grey boxes. One example has been completed for you.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Which category does the potential to change this behavior lay (choose one)</th>
<th>Why is this behavior and potential modification significant to you - personally?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Driving to work in my car everyday</td>
<td>Not ready to change</td>
<td>Somewhat ready to change</td>
</tr>
</tbody>
</table>

1. |

2. |

3. |

4. |

5. |

Keep this list in mind over the next couple of weeks. For the next phase of the assignment (Step 2 Assignment), you will be asked to choose one behavior. Some questions you’ll be asked in Step 2 will be:

- Which behavior would you choose?
- Which one would be most successful?
- How much are you ready to incorporate?
- What are the benefits, drawbacks, and barriers to the change?

Upload the assignment as an attachment to the appropriate Dropbox location by the assigned due date (refer to course calendar).
Student Name:

**Step 2 Assignment – Identifying the Behavior – 15 points**

Save this file onto your computer or thumb drive. Close the file and open the saved version. Complete the assignment by typing directly into the grey boxes. Save the completed file. Upload the assignment as an attachment to the appropriate Dropbox location by the assigned due date (refer to course calendar).

The Step 2 Assignment is the next phase of the term-long project. Refer to the Step 1 Assignment for a review of the entire assignment’s purpose. This portion of the assignment continues the work you began in Step 1. You will identify which particular behavior change you are willing to incorporate and then develop a plan for its implementation.

A well-written assignment will address all of the questions listed as complete sentences completed both thoroughly and thoughtfully.

There are a total of 8 questions. Blank responses or responses that are answered with a “None” or “N/A” will receive zero credit. Email me if you are having difficulty in identifying appropriate responses to the questions. Respect the note cited in the syllabus that it can take up to 48 hours to return an email so be sure to ask in advance.

Review the list generated and feedback provided in the Step 1 Assignment.

1. List the one behavior change you have decided to attempt and incorporate over the next four weeks.

2. Why have you chosen to attempt this behavior change? (1 point)

3. Create a realistic, quantifiable, measurable, and attainable goal related to your behavior change. This idea stems from the risk-reduction philosophy noted in the Module 1 Assignment. A continuation from Module 1 Assignment example would be: “Decrease the number of times I drive to work in my car from five days a week to four days a week and use mass-transportation on the one day I don’t drive.” (3 points)

4. Identify and describe at least three benefits to either your individual or the environment’s health by incorporating this behavior change. (1 point each; 3 points total)

5. Identify and describe at least three drawbacks to either your individual or the environment’s health by incorporating this behavior change. (1 point each; 3 points total)
6. Describe and detail preparations you will need to make in order to successfully incorporate the behavior change. (2 points)

Attachment B – Step 2

7. Describe any barriers or challenges you are able to foresee in successfully incorporating this behavior. (2 points)

8. What will you do if you are unsuccessful in incorporating the behavior change in one particular week and ‘relapse’? (1 point)

Now it’s time to begin incorporating your goal.

You are asked to incorporate the goal for Weeks 4, 5, 6, & 7.

You will find a model of a data collection form on the following page. Print this and keep it for your records. You will use it to complete the reflective essay due in Step 3.
### Data Collection Form

<table>
<thead>
<tr>
<th>Module</th>
<th>Question</th>
<th>Record any challenges and successes that have come up during this week of implementation.</th>
<th>Record any new insights that have come up during this week of implementation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 4</td>
<td>On a scale of 1-5, how easy was it to implement the change during Module 4? 1 = super challenging 5 = super easy</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Module 5</td>
<td>On a scale of 1-5, how easy was it to implement the change during Module 5? 1 = super challenging 5 = super easy</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Module 6</td>
<td>On a scale of 1-5, how easy was it to implement the change during Module 6? 1 = super challenging 5 = super easy</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Module 7</td>
<td>On a scale of 1-5, how easy was it to implement the change during Module 7? 1 = super challenging 5 = super easy</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
Health Assessment of Community and Environmental Responsibility and Self-Reflection Outcomes 2011-2012

Attachment C – Step 3

Student Name:

Step 3 Assignment – Reflection and Summary Paper – 20 points

The Reflection and Summary Paper consists of four sections for a total of 20 points. Answer directly beneath each section, save your paper, and upload to the Dropbox area by the due date.

Section 1 – Process Reflection (4 points)

1. Describe your behavior modification and objective statement. Is this something that you can or want to continue to incorporate into your life? What modifications would be needed? (4 points)

Section 2 – Data Analysis (4 points)

2. Review your Data Records. Provide a summary of what you noticed along the way. Share any new skills, lessons, or habits developed along the way. (4 points)

Section 3 – Experience (3 points)

3. What barriers were newly identified? What patterns did you notice? (3 points)

Section 4 – Connection of self, environment, and community (9 points)

4. How has your background (parents, peers, culture, and media) influenced your behavior that you addressed? What traditions/habits/thought-patterns did you have to address in order to make the change? (3 points)

5. Describe how this one behavior has the potential to reduce the risk and/or promote the health of the individual, the community, and/or the environment. (3 points)

6. What long-term impacts could your single behavior change make on the individual, family, and group to inform future personal and community health decisions? (3 points)
Attachment D – Student Reactions to assignment

- The term behavior project was good. I have permanently implemented this change into my life. I felt that the module 8 assignment was clear and to the point for instructions.

- I struggled a little with where to place my responses because of the way the questions were phrased; in order to provide a complete answer to each question, I had to repeat myself. As a person who likes to write well, that felt bad. I really love the rubric for the final essay where you explain what needs to be covered and the qualitative assessments, so perhaps present the assignment as a reflective essay instead of separate questions.

- I liked that it all played together and got us involved in making a change. It made it real and applicable to daily living. Love all of it.

- I would have liked more continuation between the beginning and the end of the project. Such as each week as part of the homework or a second ongoing discussion we should comment on our progress. This way we could be held accountable as well as encourage our classmates or help them come up with solutions to barriers.

- I loved the behavior change project, I love a good challenge! Also, I think it is helpful for students to break out of their cushy bubbles and try something new. I love classes that make you experience something you may not have otherwise, or push you to make a positive change. As for the module 8 questions, I think that section 3, where you ask about new barriers and about the experience could be phrased differently. Otherwise, it was great. I enjoyed the "purpose of this assignment" sections of every assignment where you have questions to think about and guide the student into the right train of thought to complete the assignment (especially assignment 4). Perhaps you could use some of these questions at the end of the assignment in order to have the student grasp the concept even better. Thank you so much for being such an attentive professor and for making the class so interesting! I look forward to possibly taking more online classes with you in the future!

- I thought it worked very well; it was a little confusing that module 8 was actually referring our behavior change goal, but I assumed.

- I thought it was interesting as my behavior did change slightly after all the stuff I was taught during this course. I think most students will find it exciting and interesting to see the differences in their views on things.

- I really liked it. It was a challenge to myself to change my habits to positively impact my health and that of the environment. Although, I am not longer biking (it hurts my butt :) ) but I did rediscover
my love of Bikram yoga thanks to you and I am able to support some local small businesses in the mean time :)

- The project was good to me, because I'm in that mode. I want to change. Little by little. I would assume that if someone really is into the class and interested in learning, that they would be persuaded by it to make that change also. Maybe some reminders between Week 3 and Week 8 to record data needed so at Week 8 we're not thinking..."hmmm..how long did it take me to do that?" or "when did I do this or that?". Maybe also a question about how we could influence others to maybe make the change that we just made. Or would we want to influence others? If so, what are we doing about it?

- I really liked that the project was a part of class, it felt good to apply what I was learning into my daily life. I find myself still stopping to look at an alternative cleaner for the house and I love the website that shows the impact a particular product has on a person.

- I found the long term behavior change project a bit dull. However, I'm not sure what project could replace it. Perhaps it was because I didn't really pick an "exciting" behavior change, but even if I picked another behavior to work on I think I would feel the same way. I think that the project worked with a three credit class, but I guess I would like a little more out of the project. As far as the module 8 assignment questions, I think that reflection, data analysis, experience, and connection of self and environment covered all aspects of the assignment quite well. I didn't feel like there were any questions missing in the summary, and I feel like the questions you asked were very straightforward and easy to understand.

- From a student perspective, the term-long project was at first a sort of unwanted chore. But, considering that it’s supposed to make you change your mind about a behavior, I do think it was a good project for this class because it did change mine! I think the questions in the assignment are already allowing enough personal reflection, but I thought maybe just one last question could be open to any comments about the project, or how the student felt about their behavior change at the beginning and then at the end of the project. Did it convince them it was beneficial or not?
## Attachment E – Rubric Used to Evaluate Step 2

<table>
<thead>
<tr>
<th>Question</th>
<th>0 points</th>
<th>1 point</th>
<th>2 points</th>
<th>3 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why have you chosen to attempt this behavior change?</td>
<td>Not answered</td>
<td>Provided exploration</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Create a realistic, quantifiable, measurable, and achievable goal related to your behavior change.</td>
<td>Not answered</td>
<td>Goal could be developed further to assist in success</td>
<td>Goal could be developed further to include something other quantitative and/or measurable</td>
<td>Goal is both quantitative and measurable</td>
</tr>
<tr>
<td>Identify and describe at least three benefits to either your individual or the environment’s health for incorporating this behavior change.</td>
<td>Not answered</td>
<td>One benefit fully described</td>
<td>Two benefits fully described</td>
<td>Three benefits fully described</td>
</tr>
<tr>
<td>Describe and detail preparations you will need to make in order to successfully incorporate this behavior change.</td>
<td>Not answered</td>
<td>Response could be developed further to strengthen response</td>
<td>Fully detailed</td>
<td>N/A</td>
</tr>
<tr>
<td>Describe any barriers or challenges you are able to foresee in successfully incorporating this behavior.</td>
<td>Not answered</td>
<td>Barriers and challenges described, response could be developed further to support response</td>
<td>Barriers and challenges fully described</td>
<td>N/A</td>
</tr>
<tr>
<td>What will you do if you are unsuccessful in incorporating the behavior change in one particular week and “fail”?</td>
<td>Not answered</td>
<td>Provided explanation</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

## Attachment F – Rubric Used to Evaluate Step 3

<table>
<thead>
<tr>
<th>Criteria</th>
<th>0 points</th>
<th>1 point</th>
<th>2 points</th>
<th>3 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sector 1 - Describe something that you can or want to incorporate into your life?</td>
<td>Not answered</td>
<td>Somewhat addresses response could be enhanced</td>
<td>Fully and thoughtfully addressed</td>
<td>N/A</td>
</tr>
<tr>
<td>Sector 2 - What modifications would be needed?</td>
<td>Not answered</td>
<td>Somewhat addresses response could be enhanced</td>
<td>Fully and thoughtfully addressed</td>
<td>N/A</td>
</tr>
<tr>
<td>Sector 3 - Data summary presented</td>
<td>Not answered</td>
<td>Somewhat addresses response could be enhanced</td>
<td>Fully and thoughtfully addressed</td>
<td>N/A</td>
</tr>
<tr>
<td>Sector 4 - How are data summary results presented</td>
<td>Not answered</td>
<td>Somewhat addresses response could be enhanced</td>
<td>Fully and thoughtfully addressed</td>
<td>N/A</td>
</tr>
<tr>
<td>Sector 2 - Barriers and patterns did you notice detailed</td>
<td>Not answered</td>
<td>Somewhat addresses response could be enhanced</td>
<td>Fully and thoughtfully addressed</td>
<td>N/A</td>
</tr>
<tr>
<td>Sector 4 - How have your background (parents, peers, culture, and media) affected your behavior that you addressed?</td>
<td>Not answered</td>
<td>Somewhat addresses response could be enhanced</td>
<td>Fully and thoughtfully addressed</td>
<td>N/A</td>
</tr>
<tr>
<td>Sector 5 - Have you identified potential risks and/or promote the health of the individual, the community, and/or the environment?</td>
<td>Not answered</td>
<td>Somewhat addresses response could be enhanced</td>
<td>Fully and thoughtfully addressed</td>
<td>N/A</td>
</tr>
<tr>
<td>Sector 4 - Describe how this behavior has the potential to reduce the risk and/or promote the health of the individual, the community, and/or the environment?</td>
<td>Not answered</td>
<td>Somewhat addresses response could be enhanced</td>
<td>Fully and thoughtfully addressed</td>
<td>N/A</td>
</tr>
<tr>
<td>Sector 4 - What long-term impacts did your single behavior change make on the individual, family, and/or group to inform and enhance community health/behavior?</td>
<td>Not answered</td>
<td>Somewhat addresses response could be enhanced</td>
<td>Fully and thoughtfully addressed</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Attachment G – Community and Environmental Responsibility Core Outcome Rubric

**Level 1:** Limited application of knowledge and skills.

<table>
<thead>
<tr>
<th>Sample Indicators</th>
<th>Mastered</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify current social and environmental issues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe one’s own roles in the community.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify methods of participation in civic and environmental action.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Level 2:** Basic application of knowledge and skills.

<table>
<thead>
<tr>
<th>Sample Indicators</th>
<th>Mastered</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify causes and/or solutions to one or two social and environmental issues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the benefits to the community of service to individuals and/or the community as a whole.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates participation in civic and environmental action.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Predict the consequences of solutions to one or two social and environmental issues.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Level 3:** Demonstrates comprehension and is able to apply essential knowledge and skill.

<table>
<thead>
<tr>
<th>Sample Indicators</th>
<th>Mastered</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suggest a new and unique solution to a current social and an environmental issue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collect information on a specific community issue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relate the role community involvement in his or her learning process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the relationship of the democratic process to community problem-solving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate the impact of one’s own daily actions on the community and the environment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Level 4: Demonstrates thorough, effective and/or sophisticated application of knowledge and skills.

<table>
<thead>
<tr>
<th>Sample Indicators</th>
<th>Mastered</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critically evaluate the causes, consequences and solutions of social issues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommend a solution to a community issue based on information collected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes active roles in community problem-solving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critically evaluates the causes, consequences and solutions of environmental issues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommend and rank daily actions for their impact on the community and the environment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Health Assessment of Community and Environmental Responsibility and Self-Reflection Outcomes 2011-2012**

**Attachment H – Completed Community and Environmental Responsibility Core Outcome Rubric**

### Level 1: Limited application of knowledge and skills.

<table>
<thead>
<tr>
<th>Sample Indicators</th>
<th>Mastered</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify current social and environmental issues.</td>
<td>57</td>
<td>0</td>
</tr>
<tr>
<td>Describe one’s own roles in the community.</td>
<td>57</td>
<td>0</td>
</tr>
<tr>
<td>Identify methods of participation in civic and environmental action.</td>
<td>57</td>
<td>0</td>
</tr>
</tbody>
</table>

### Level 2: Basic application of knowledge and skills.

<table>
<thead>
<tr>
<th>Sample Indicators</th>
<th>Mastered</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify causes and/or solutions to one or two social and environmental issues.</td>
<td>57</td>
<td>0</td>
</tr>
<tr>
<td>Identify the benefits to the community of service to individuals and/or the community as a whole.</td>
<td>57</td>
<td>0</td>
</tr>
<tr>
<td>Demonstrates participation in civic and environmental action.</td>
<td>57</td>
<td>0</td>
</tr>
<tr>
<td>Predict the consequences of solutions to one or two social and environmental issues.</td>
<td>25</td>
<td>27</td>
</tr>
</tbody>
</table>

### Level 3: Demonstrates comprehension and is able to apply essential knowledge and skill.

<table>
<thead>
<tr>
<th>Sample Indicators</th>
<th>Mastered</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suggest a new and unique solution to a current social and an environmental issue.</td>
<td>51</td>
<td>6</td>
</tr>
<tr>
<td>Collect information on a specific community issue.</td>
<td>57</td>
<td>0</td>
</tr>
<tr>
<td>Relate the role community involvement in his or her learning process.</td>
<td>46</td>
<td>11</td>
</tr>
<tr>
<td>Describe the relationship of the democratic process to community problem-solving.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Evaluate the impact of one’s own daily actions on the community and the environment.</td>
<td>49</td>
<td>8</td>
</tr>
</tbody>
</table>
Level 4: Demonstrates thorough, effective and/or sophisticated application of knowledge and skills.

<table>
<thead>
<tr>
<th>Sample Indicators</th>
<th>Mastered</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critically evaluate the causes, consequences and solutions of social issues.</td>
<td>22</td>
<td>31</td>
</tr>
<tr>
<td>Recommend a solution to a community issue based on information collected.</td>
<td>47</td>
<td>10</td>
</tr>
<tr>
<td>Takes active roles in community problem-solving.</td>
<td>12</td>
<td>45</td>
</tr>
<tr>
<td>Critically evaluates the causes, consequences and solutions of environmental issues.</td>
<td>0</td>
<td>57</td>
</tr>
<tr>
<td>Recommend and rank daily actions for their impact on the community and the environment.</td>
<td>57</td>
<td>0</td>
</tr>
</tbody>
</table>
Assignment Goals:

1) Assess your current health status
2) Reflect upon current personal health areas that are being attended to and upon areas that need attention
3) Identify future health implications of your current health practices and attitudes
4) Assess each of the health dimensions from your personal perspective

Assignment Directions:
Complete each of the three areas below directly on this paper.

Part A: Health Assessments

Directions for this section: Complete the Health Assessments listed below. Do not submit the assessment sheets. Transfer your results to the table and blanks provided below.
1 – Personal Health Portfolio: Physical and Mental Health Assessment (textbook)
2 – Worksheet 10: Identify Your Stress Level and Your Key Stressors (website)
3 – Worksheet 23: The General Well-Being Scale (website)

Personal Health Portfolio: Physical and Mental Health Assessment Results

<table>
<thead>
<tr>
<th>Portfolio Sections</th>
<th>Average Score (100 is highest)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Functioning</td>
<td></td>
</tr>
<tr>
<td>Limitations Due to Physical Health</td>
<td></td>
</tr>
<tr>
<td>Limitations Due to Emotional Problems</td>
<td></td>
</tr>
<tr>
<td>Energy/Fatigue</td>
<td></td>
</tr>
<tr>
<td>Emotional Well-being</td>
<td></td>
</tr>
<tr>
<td>Social Functioning</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
</tr>
<tr>
<td>General Health</td>
<td></td>
</tr>
</tbody>
</table>
Attachment I – Self-Reflection Outcome: HE 250 Lifestyles Assignment: Evaluating Your Lifestyle & Planning for a Change

Worksheet 10: Identify Your Stress Level and Your Key Stressors

How many of the 13 statements did you answer “yes” to? _________

Worksheet 23: The General Well-Being Scale

Your total points ______________ Interpretation of point’s _________

Part B: Wellness Dimensions Analysis

Directions for this section: After completing the required reading in Chapters 1 and 3 as well as completing the Health Assessments above, write a brief analysis (one paragraph) of what you learned about yourself regarding each of the Health Dimensions listed below.

Each paragraph should address your:

1. Strengths for this dimension,
2. Level of attentiveness to the dimension (high or low priority), and
3. Suggestions to strengthen this dimension in your overall health and wellness.

This portion of the assignment is expected to be 1-2-pages, single spaced, with 1-inch margins on all sides.

Physical Dimension –

Social Dimension –

Spiritual Dimension -

Emotional Health -

Intellectual Health

Occupational Dimension –

Environmental Dimension -
HEALTH Assessment of Community and Environmental Responsibility and Self-Reflection Outcomes 2011-2012

Attachment I - Lifestyles Assignment: Evaluating Your Lifestyle & Planning for a Change

Part C: Summary Paper

Directions for this section: Listed below are three themes with sub-themes. Write 1-2-pages, single spaced, with 1-inch margins on all sides.

Theme One: Summary of Your Overall Current Health Status

- A summary of your current health status. (Provide direct information from your Personal Health Portfolio results in your answer)
- Which areas you doing well in and why.
- Which areas you doing less-than well in and why.

Theme Two: Ecological Model of Health and Wellness/Social Determinants in Your Life

- How your background (parents, culture, religion, traditions, etc.) influences your health and wellness.
- Current interpersonal factors, community and social institutions, and public policy that influence your health

Theme Three: Potential Personal Behavior Change/Stages of Change

- List future potential health concerns indicated by this assessment
- List an area where you are willing to consider a behavior change.
- Discuss what you see as motivation for this potential behavior change.
- Difficulties you foresee in bringing about this behavior change and
- How you plan to address them.
### Attachment J – Self-reflection Rubric

<table>
<thead>
<tr>
<th>POINTS</th>
<th>Clarity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>The language is clear and expressive. The reader can create a mental picture of the situation being described. Abstract concepts are explained accurately. Explanation of concepts makes sense to an uninformed reader</td>
</tr>
<tr>
<td>9</td>
<td>Minor, infrequent lapses in clarity and accuracy.</td>
</tr>
<tr>
<td>8</td>
<td>There are frequent lapses in clarity and accuracy.</td>
</tr>
<tr>
<td>7</td>
<td>Language is unclear and confusing throughout. Concepts are either not discussed or are presented inaccurately</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POINTS</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>The learning experience being reflected upon is relevant and meaningful to student and course learning goals.</td>
</tr>
<tr>
<td>9</td>
<td>The learning experience being reflected upon is relevant and meaningful to student and course learning goals.</td>
</tr>
<tr>
<td>8</td>
<td>Student makes attempts to demonstrate relevance, but the relevance is unclear to the reader.</td>
</tr>
<tr>
<td>7</td>
<td>Most of the reflection is irrelevant to student and/or course learning goals.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POINTS</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>The reflection moves beyond simple description of the experience to an analysis of how the experience contributed to student understanding of self, others, and/or course concepts.</td>
</tr>
<tr>
<td>9</td>
<td>The reflection demonstrates student attempts to analyze the experience but analysis lacks depth.</td>
</tr>
<tr>
<td>8</td>
<td>Student makes attempts at applying the learning experience to understanding of self, others, and/or course concepts but fails to demonstrate depth of analysis.</td>
</tr>
<tr>
<td>7</td>
<td>Reflection does not move beyond description of the learning experience(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POINTS</th>
<th>Interconnections</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>The reflection demonstrates connections between the experience and material from other courses; past experience; and/or personal goals.</td>
</tr>
<tr>
<td>9</td>
<td>The reflection demonstrates connections between the experience and material from other courses; past experience; and/or personal goals.</td>
</tr>
<tr>
<td>8</td>
<td>There is little to no attempt to demonstrate connections between the learning experience and previous other personal and/or learning experiences.</td>
</tr>
<tr>
<td>7</td>
<td>No attempt to demonstrate connections to previous learning or experience.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POINTS</th>
<th>Self-Criticism</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>The reflection demonstrates ability of the student to question their own biases, stereotypes, preconceptions, and/or assumptions and define new modes of thinking as a result.</td>
</tr>
<tr>
<td>9</td>
<td>The reflection demonstrates ability of the student to question their own biases, stereotypes, preconceptions.</td>
</tr>
<tr>
<td>8</td>
<td>There is some attempt at self-criticism, but the self-reflection fails to demonstrate a new awareness of personal biases,</td>
</tr>
<tr>
<td>7</td>
<td>Not attempt at self-criticism.</td>
</tr>
</tbody>
</table>
Attachment J – Self-reflection Rubric

For Part C: Summary Paper Themes One, Two and Three: Apply the rubric to evaluate the components of Self Reflection: Clarity(C), Relevance(R), Analysis(A), Interconnections(I) and Self-Criticism(SC). Check the box indicating the average score for self-reflection demonstrated out of 50 & indicate DL or F2F.

**Theme One: Summary of Overall Current Health Status**
- A summary of your current health status. (Provide direct information from your Personal Health Portfolio results in your answer)
- Which areas you doing well in and why.
- Which areas you doing less-than well in and why.
  
  C___ R____ A____ I_____ SC_____ Total Section A Score: ____/50

**Theme Two: Ecological Model of Health and Wellness/Social Determinants in Your Life**
- How your background (parents, culture, religion, traditions, etc.) influences your health and wellness.
- Current interpersonal factors, community and social institutions, and public policy that influence your health
  
  C___ R____ A____ I_____ SC_____ Total Section B Score: ____/50

**Theme Three: Potential Personal Behavior Change/Stages of Change**
- List future potential health concerns indicated by this assessment
- List an area where you are willing to consider a behavior change.
- Discuss what you see as motivation for this potential behavior change.
- Difficulties you foresee in bringing about this behavior change and
- How you plan to address them.
  
  C___ R____ A____ I_____ SC_____ Total Section C Score: ____/50

**Average A, B and C = ____/50**

<table>
<thead>
<tr>
<th>Circle the course modality</th>
<th>Reflective Practitioner</th>
<th>45-50 pts</th>
<th>Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-Line</td>
<td>Aware Practitioner</td>
<td>40-44 pts</td>
<td>Score:</td>
</tr>
<tr>
<td>On-Campus</td>
<td>Reflection Novice</td>
<td>35-39 pts</td>
<td>Score:</td>
</tr>
<tr>
<td></td>
<td>Unacceptable</td>
<td>30-34 pts</td>
<td>Score:</td>
</tr>
</tbody>
</table>
### Attachment K – Self-reflection Rubric Results

<table>
<thead>
<tr>
<th>Themes</th>
<th>Theme Scores On-Line</th>
<th>Theme Averages</th>
<th>Self-Reflection Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>48, 50, 48, 44, 43</td>
<td>Theme One 46.6</td>
<td>Reflective Practitioner</td>
</tr>
<tr>
<td>B</td>
<td>46, 48, 48, 43, 40</td>
<td>Theme Two 45</td>
<td>Reflective practitioner</td>
</tr>
<tr>
<td>C</td>
<td>46, 48, 49, 38, 40</td>
<td>Theme Three 44.2</td>
<td>Aware Practitioner</td>
</tr>
<tr>
<td>Averages</td>
<td>47, 49, 48, 42, 41</td>
<td>Themes A-C 45.4</td>
<td>Reflective Practitioner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Themes</th>
<th>Theme Scores On-Campus</th>
<th>Theme Averages</th>
<th>Self-Reflection Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>45, 50, 48, 46, 50</td>
<td>Theme One 47.8</td>
<td>Reflective Practitioner</td>
</tr>
<tr>
<td>B</td>
<td>44, 49, 45, 46, 44</td>
<td>Theme Two 45.6</td>
<td>Reflective practitioner</td>
</tr>
<tr>
<td>C</td>
<td>45, 45, 50, 46, 46</td>
<td>Theme Three 46.4</td>
<td>Reflective Practitioner</td>
</tr>
<tr>
<td>Averages</td>
<td>45, 48, 48, 46, 47</td>
<td>Themes A-C 46.8</td>
<td>Reflective Practitioner</td>
</tr>
</tbody>
</table>