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THE DEPARTMENT OF HEALTH SCIENCE AND RECREATION

1. PROGRAM DESCRIPTION

The Recreation Program joined the programs of the former Health Science Department in Fall 2012 to form the expanded Department of Health Science and Recreation. The Department offers the Bachelor of Science degree in Health Science and now in Recreation, with concentrations in Health Services, Recreation Management, and Recreation Therapy. The Department offers three minors and a combined 12 general education courses. The Master of Public Health degree, accredited by the Council on Education for Public Health (CEPH) since 1974, is offered both on campus and online. The Department emphasizes community-based learning, professional development, internships, and preparation for leadership and global citizenship. This year, department faculty will once again lead organized student trips to Oaxaca, Mexico (the university’s official Alternative Spring Break) and Paris, France (a program offering general education credit led by a Recreation faculty member).

The three programs that are the foci of this report are the B.S. in Health Science, the B.S. in Recreation, and the Masters in Public Health (MPH). The MPH Program was reaccredited in June 2014, and the Recreation Program was reaccredited in October 2014. The accreditation reports are available in Appendix B. The content of this report focuses primarily on the B.S. in Health Science, minors, and certificates, and where applicable, includes Department level detail.

<table>
<thead>
<tr>
<th>Program</th>
<th>Year Implemented</th>
<th>Year Removed</th>
<th>Accrediting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.S. Health Science</td>
<td>1982</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.S. Health Science, Concentration Gerontology</td>
<td>2002</td>
<td>Spring 2014</td>
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<tr>
<td>B.S. Health Science, Concentration in Community Health Education</td>
<td>1982</td>
<td>Fall 2015</td>
<td></td>
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<tr>
<td>B.S. Health Science, Concentration in Health Professions</td>
<td>2006</td>
<td>Fall 2015</td>
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</tr>
<tr>
<td>B.S. Health Science, Concentration in Health Services Administration</td>
<td>1982</td>
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<tr>
<td>B.S. Recreation</td>
<td>1947</td>
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<td>COAPRT</td>
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<tr>
<td>B.S. Recreation, Concentration in Recreation Management</td>
<td>2000</td>
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<tr>
<td>B.S. Recreation, Concentration in Recreation Therapy</td>
<td>1982</td>
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<tr>
<td>Minor, Gerontology</td>
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<td>Minor, Health Science</td>
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<td>Minor, Recreation</td>
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<td>Minor, Health Professions</td>
<td>1988</td>
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<tr>
<td>Minor, Complementary and Alternative Health</td>
<td>2006</td>
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</table>
1a. Program mission and goals
The mission of the SJSU Health Science and Recreation Department is to prepare innovative leaders and practitioners with knowledge, skills and abilities to promote health and engage with, understand, and improve the environments in which we live, work and play. The Health Science Program embraces the Department’s mission.

1b. Curricular Content of Degrees, Minors, Certificates, and Credentials
Health Science is the multidisciplinary study of the factors that influence health across the life course and from a community perspective. Health Science focuses on prevention and the behaviors, environments, and policies that mitigate disparities, foster inclusion, and contribute to health for all. Health Science majors learn in the classroom and in the community. They develop skills for life-long learning and leadership as they examine health issues from cultural, scientific, global, ecological, and multigenerational perspectives, and then apply what they are learning through a wide range of projects with our community partners.

The educational activities in the Undergraduate Program in Health Science are guided by six core ideas about health:

- Health is a multi-faceted experience that includes multiple forms of well-being;
- Health and wellness promotion require community collaboration and involvement;
- Health, illness, and disease are population-level phenomena studied through epidemiological methods and ecological frames;
- Health is influenced by the quality of our social and physical environments;
- Aging, human development, and intergenerational relationships are key influences on individual and population-level health; and,
- Inequalities in healthcare access and outcomes are neither accidental nor unavoidable and are studied as social problems to be addressed through research, advocacy, and community organizing.

The undergraduate program in Health Science offers two pathways for completing a Bachelor of Science (B.S.) in Health Science and two minors.

B.S. in Health Science
Students who select the B.S. in Health Science are required to complete the Health Science core courses and an additional 21 units of upper-division elective courses. This choice is for students who are interested in learning more about multidisciplinary approaches to health throughout the country and the world, and working to promote community wellness, increase access to healthcare, and improve healthcare outcomes for all, especially those in marginalized communities. This choice gives students the flexibility to pursue an interdisciplinary health-related topic in depth, by taking advantage of course offerings throughout the University. This is a popular choice for students coming to Health Science from another health-related major because previous coursework taken may already be listed as one, or more, of our approved electives. With approval of the major advisor, lower-division courses that satisfy pre-clinical prerequisites may be substituted for upper-division elective courses in order to facilitate a student achieving a specific educational plan.

**B.S. in Health Science with a Concentration in Health Services Administration**

Students who select the B.S. in Health Science with a Concentration in Health Services Administration are required to complete the Health Science core courses, five concentration courses in Health Services Administration, and 200 hours of fieldwork in health services administration. This concentration is for students who are interested in increasing access to health services and improving health outcomes by focusing on health policy, healthcare financing, and healthcare quality measures.

**Minor in Health Science**

The minor in Health Science is a five-course (15 units) introduction to the public health perspective. Students who select this minor are required to complete the following five classes: HS 001 (Understanding Your Health), GER/HS 107 (Aging and Society), HS 104 (Community Health Promotion), HS 161 (Epidemiology), and HS 162 (Health Care Organization and Administration). The minor in Health Science is appropriate for students from any major who wish to learn more about the healthcare system in the U.S. and the role of communities in promoting health.

**Minor in Gerontology**

The minor in Gerontology is a five-course (15 units) introduction to the social, demographic, economic, health, and policy perspectives on aging. Students who select this minor are required to complete GER/HS 107 (Aging and Society), GER/HS 108 (Health in Later Life), GER/HS 117 (Social Policies and Services in Aging), 120 hours of fieldwork, and one elective from an approved list of Gerontology electives. The minor in Gerontology is appropriate for students from any major who wish to learn more about aging, health, and social policy in California and the U.S. The minor is being transferred to the School of Social Work as of Fall 2015, because with the departure of the former director of HS and Gerontology, our department no longer has faculty who specialize in this area, and the School of Social Work has the capacity to appropriately resource the minor.

**1c. Service Courses**

Health Science offers seven general education courses:

1) HS 1 (Understanding Your Health) - Area E: Human Understanding & Development.
2) HS 15 (Human Life Span) - Area D1: Human Behavior.

3) HS 67 (Introductory Health Statistics) - Area B4: Mathematical Concepts.

4) HS/HPRF 100W (Writing Workshop) - Area Z: Written Communication II (GWAR).

5) HS 107 (Aging and Society) - Area S: Self, Society & Equality in the U.S.

6) HS/HPRF 135 (Health Issues in a Multicultural Society) - Area S: Self, Society & Equality in the U.S.

7) HS 172 (Contemporary Environmental Health Issues) - Area R: Earth & Environment.

Several of our undergraduate Health Science courses are required by other university programs. These include the following:

1) HS 1 (Understanding Your Health) or HS 104 (Community Health Promotion) is required for a Bachelor’s in Athletic Training.

2) HS15 (Human Life Span) is required for a) a Bachelor’s in Recreation Therapy and b) a Bachelor’s in Recreation Management.

3) HS 67 (Introductory Health Statistics) is required for a) a Bachelor’s in Nutritional Science; b) a Bachelor’s in Nutritional Science with a concentration in dietetics; c) a Bachelor’s in Nutritional Science with a concentration in dietetics and, d) a Bachelor’s in Nutritional Science with an emphasis in environmental food and health specialist.

4) HS 74 (Healthy Communities) is required for a Bachelor’s in Recreation Management.

5) HPRF/HS 100W (Writing Workshop) is a) required for a Bachelor’s in Nursing; b) a Bachelor’s in Nutritional Science with a concentration in dietetics; c) a Bachelor’s in Nutritional Science with a concentration in packaging; and, d) accepted as a substitution for RECL 100W in the Recreation Management program.

6) HS 104 (Community Health Promotion) (or HS 1) is required for a Bachelor’s in Athletic Training.

7) HPRF/HS 135 (Health Issues in a Multicultural Society) is required for a) a Bachelor’s in Nutritional Science; b) a Bachelor’s in Nutritional Science with a concentration in dietetics; and, c) a Bachelor’s in Nutritional Science with an emphasis in environmental food and health specialist.

8) HS 161 (Epidemiology) is required for a) the Environmental Food and Health Specialist students in the Nursing program. This course is required by the State of California to become a Registered Environmental Health Specialist; b) a Bachelor’s in Nutritional Science; and, c) a Bachelor’s in Nutritional Science with an emphasis in environmental food and health specialist.
9) HS167 (Biostatistics) is a co-requisite for NUFS 217 Issues in the Department of Nutrition, Food Science and Packaging.

2. SUMMARY OF PROGRESS, CHANGES, AND PROPOSED ACTIONS

2a. Progress on action plan of previous program review

Since the last review, ten years ago, the program has sought to maintain the strengths identified in the previous report. In particular, we have maintained and grown our community-based focus, increasing opportunities for students to engage with community organizations. In response to University needs, we also increased enrollments dramatically and are now an “impacted” major.

We have made excellent progress on the priorities identified in the previous program plan. Specifically:

- Our general B.S. in Health Science now supports students who are pursuing clinical careers, by allowing them to focus their elective complement in the pre-professional domains necessary to pursue credentials and advanced degrees in a variety of clinical fields.
- We are engaged in a process of evaluating and modifying Student Learning Outcomes in courses throughout the core curriculum to reduce duplication.
- The Health Services Administration concentration has been thoroughly revised to meet and exceed the expectations for this specialization and prepare students for the workforce.

2b. Significant changes to the program and context, if any.

In the ten years since our last Program Plan, the B.S. in Health Science has grown in popularity and enrollment. The national scene for health science and public health undergraduate education has also shifted. In 2012, the national Association of Schools and Programs of Public Health (ASPPH) and the Council on Education for Public Health (CEPH), the national accrediting body for public health programs, collaboratively established critical components for an undergraduate education in public health. In light of their report, Health Science faculty revised PLOs on the new critical components. We are in the process of evaluating and revising course-based Student Learning Outcomes to align them with the new PLOs.

Recent Changes:

In Spring 2013, the director of the HS program unexpectedly left the University. This occurred at the same time as a change in leadership with the department Chair of 12 years stepping down, a new interim Chair from outside the department was appointed, and several faculty either retired or went on the Faculty Early Retirement Program. At the time, the undergraduate program in Health Science administered four minors and the B.S. in Health Science with six possible pathways, including four concentrations. The undergraduate core was left with only two full time tenure-track faculty, one of whom was on sabbatical during Fall 2013 and both of whom were anticipating partial family medical leave in Fall 2014.

We decided to use the change in leadership and resources as an opportunity to evaluate the programs we offered with the dual aim of creating rich opportunities for student learning and
appropriately allocating the reduced departmental resources. With over 500 students in our major and more than 50 declared minors, we felt we had an obligation to streamline our offerings. Below, we detail the changes made, and in progress, in the HS program.

**Concentrations**
In our examination of enrollment figures and degrees awarded, it became clear to us that certain concentrations were draining advising resources while not offering our students a rigorous educational opportunity, while other concentrations were robust, demanding, and popular. For example, the Health Services Administration concentration was led by a committed faculty member, the courses were recently developed and appropriate, and enrollment in the concentration was steadily growing with over 130 students currently enrolled. In 2013/2014, 67 students graduated with this concentration.

We made a series of decisions in Fall 2013 and Spring 2014 to reduce our concentration offerings in order to better serve our student population. The justification for each decision is presented below:

**B.S. in Health Science with a Concentration in Gerontology.** In Spring 2013, the Director of the HS and Gerontology programs unexpectedly left the University. With that departure, the department was left without a gerontology specialist. Students seeking advising to support their interest in gerontology were directed to the Social Work program, where several faculty with specialties in gerontology were based. The HS&R department also administers a minor in gerontology. While on paper the course of study for the concentration and the minor in gerontology are slightly different, in practice these pathways are the same for students, since a few of the course offerings recommended for the concentration students were no longer being taught and minor courses were typically substituted. When we reviewed the data for degrees awarded, we found that from 2009 – 2014, we graduated between 5 and 9 students per year with the gerontology concentration. We decided to take two actions: 1) close the gerontology concentration within Health Science and advise students interested in gerontology to pursue the B.S. in Health Science with a minor in gerontology, and 2) work with Social Work to move administration of the minor to the School of Social Work, which has the expertise in gerontology. This transfer will be complete by Fall 2015. This decision allowed us to ensure that students with an interest in gerontology receive the best academic support for attaining that specialist knowledge and to more effectively allocate resources within our Department.

**B.S. Health Science with a Concentration in Community Health Education.** In the late 1990s, the university called to our attention that we did not have enough graduates and needed to either build up the concentration (then, Community/Occupational Health concentration) or remove it. We were losing majors and our resources were limited, so the Department voted to put the concentration on hiatus until we re-stabilized. In 2001, we created Option 1 (Health Science) in response to students’ demand for a community-based program and to address the need to bring in more students. This option allowed them to transfer in some pre-nursing or pre-med units as electives. The intention was to build up enough FTES in Option 1 and enough
good electives (phasing out, over time which we did, their ability to transfer in courses) so that Option 1 would reclaim the Health Ed Concentration, eliminating the old title and renaming it Community Health. The legal hiatus period lapsed, and in spring 2013, the department was ready to put the paperwork together to reclaim the concentration; however the time was not optimal due to department transitions (the unexpected departure of the director of the HS Program, a new interim chair, core faculty sabbaticals and maternity leaves) that left few resources available to reinvigorate the course offerings. In spring 2014, the concentration was removed from the catalog. Nevertheless, student and faculty interest in community health remains strong, and it is our plan to maintain the current courses that offer community health content and our hope that restructuring the HS curriculum will enable us to introduce this concentration again.

**B.S. Health Science with a Concentration in Health Professions.** This concentration was developed as a partnership between several community colleges that have historically served as feeder schools to the University. The goal was to allow students who had obtained an associates degree in any one of five specified allied health professions to attain the B.S. in Health Science with a reduced amount of required coursework. There were several problems administering this concentration. It came to our attention that this concentration was out of compliance with San Jose State University regulations, which limit the number and type of transfer units a student can receive credit for, requiring students to complete more coursework at SJSU to meet graduation requirements than was initially expected. Since it was not possible to meet our original goal, after discussions with undergraduate students, HS faculty decided to remove the concentration.

**Minor Programs**
In fall 2013, we requested information from the University about the number of students enrolled in each of the minor programs administered by the Health Science program. This information had not been evaluated in recent years, and we found that historical data were not available through IEA.

In fall 2013, we had the following enrollments in each of the four minor programs:
- Gerontology: 6 students
- Complementary and Alternative Health Practices: 2 students
- Health Professions: 7 students
- Health Science: 37 students

In light of these findings, we made the following decisions:

**Gerontology.** See section 1.A. of this report.

**Complementary and Alternative Health Practices.** With the recent merger between the Health Science and Recreation departments, an opportunity was created for Recreation to take the lead on administering the CAHP minor. The Health Science program had not actively recruited
students to this minor program and had limited faculty expertise in this area. In contrast, the Recreation Therapy program is itself a complementary and alternative health practice, and there was strong interest by the faculty in that program to expand and enhance the opportunities for students in this program. Thus, the department decided to transition administration of the CAHP minor from the Health Science program to the Recreation program.

**Health Professions.** This minor is part of the Health Professions (HPRF) unit, which was formerly administered by the Dean’s office and was transferred to the Health Science department in 2009. Prior to the transfer, it was a critical academic unit being run by an administrative assistant. Under our Department’s leadership, the interdisciplinary program gained an academic leader and academic oversight. Our commitment to other departments in CASA was to offer a sufficient number of sections to accommodate their majors and ensure a diverse instructor group that reflected more than just health science professionals.

The purpose of the program is to offer students an opportunity to take course work in a variety of health professions. However, students in Health Science are not eligible for this minor as there are too few distinct units for these students outside of our major courses, and many of the courses required for the minor are only available to students who are majors in other departments (e.g. Kinesiology, Nutrition, and Nursing). In light of the recent, significant reduction in FTE/S and the barriers to the minor for HS students, discussions about the future of the minor will be part of our spring 2015 strategic planning process.

**Health Science.** The Health Science minor remains the core minor offered by the HS undergraduate program. We have strong enrollments and attract students from a range of disciplines throughout the University. In an effort to ensure steady enrollment in core courses for our major, to ensure academic rigor, and to facilitate timely graduation, we are evaluating the curricular content of the minor and plan to make adjustments in the required coursework, prerequisites, and sequencing of courses.

### 3. ASSESSMENT OF STUDENT LEARNING

**3a. Program Learning Objectives (PLOs)**

MPH program (see Appendix B, CEPH Report, Sections 2.6 and 2.7)
Recreation program (see Appendix, COAPRT Report, Section 2.05)

Health Science program Learning Outcomes
Adopted by the Health Science & Recreation Department April 3, 2013

Students who complete the B.S. in Health Science at San Jose State University will be able to...
1. Locate, evaluate, summarize, synthesize, and attribute information relevant to assessing and improving population health.
2. Practice cultural humility, civility, and respect in all interactions when working with diverse populations.

3. Engage in meaningful reflection to identify, interpret, and evaluate personal, cultural, and professional values to guide ethical decision-making.

4. Recognize how socio-economic, cultural, behavioral, structural, biological, environmental and other factors impact the health of individuals and communities, contribute to health disparities, and provide opportunities for promoting health throughout the life course.

5. Communicate health information in oral and written forms and through a variety of media and technology to diverse audiences.

6. Work independently and collaboratively, demonstrating an understanding of professional standards.

7. Support the design and implementation of research to collect, analyze, and report qualitative and quantitative data to describe population health, evaluate health programs and policies, and improve population wellbeing.

8. Understand and effectively engage with various organizational structures related to health globally and in the United States, including public and private health services systems, regulatory bodies, and government policy makers.

9. Identify and apply theories of health, disease, and wellbeing in the planning, implementation, assessment and evaluation of health interventions.

Based on our evaluation of these new HS PLOs using the WASC Rubric on Program Learning Outcomes, we are strong in some areas and emerging in others. Specifically, we have a highly developed comprehensive list of PLOs. The list was developed using the national disciplinary standards for our field, and the list is appropriate for undergraduate education. While we have developed assessable outcomes, in that each PLO is linked with a specific course learning outcome, we anticipate expanding in this area by creating model rubrics that evaluate student performance at varying levels for each PLO. As the national standards were only developed and promulgated in 2012, and we integrated these standards into our PLOs in 2013, we are in the midst of aligning our curriculum with these new standards. We have a highly developed assessment plan, in that we have a multi-year strategy for collecting data on each PLO, evaluating the results, and implementing necessary changes. We anticipate revising this plan as we more fully integrate the PLOs throughout the curriculum by introducing or modifying course SLOs. In terms of the Student Experience, the program is emerging: as of fall 2014, students have access to the PLOs via the department website, and we are identifying ways to ensure that students fully understand the PLOs and are able to use them to guide their own learning.

3b. Map of PLOs to University Learning Goals (ULG) (see Table 1)

3c. Matrix of PLOs to Courses (see Table 1)

Table 1.

<table>
<thead>
<tr>
<th>University Learning Goals</th>
<th>PLO</th>
<th>Health Science Focus</th>
<th>Program Outcomes</th>
<th>Student Learning Outcomes</th>
</tr>
</thead>
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Health Science and Recreation, Program Planning Report
<table>
<thead>
<tr>
<th>PLO</th>
<th>Knowledge Categories</th>
<th>Graduates will describe</th>
<th>Learners will describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Specialized Knowledge, Intellectual Skills, Applied Knowledge</td>
<td>Graduates will locate, evaluate, summarize, synthesize, and attribute information relevant to assessing and improving population health.</td>
<td>Understand and interpret quantitative measure of population health, including incidence and prevalence of disease. HS 161</td>
</tr>
<tr>
<td>2</td>
<td>Broad Integrative Knowledge, Social and Global Responsibilities</td>
<td>Graduates will practice cultural humility, civility, and respect in all interactions when working with diverse populations.</td>
<td>Describe how identities (i.e. religious, gender, ethnic, racial, class, sexual orientation, disability, and/or age) are shaped by cultural and societal influences within contexts of equality and inequality. HS 135</td>
</tr>
<tr>
<td>3</td>
<td>Specialized Knowledge, Intellectual Skills, Applied Knowledge</td>
<td>Graduates will engage in meaningful reflection to identify, interpret, and evaluate personal, cultural, and professional values to guide ethical decision-making.</td>
<td>Demonstrate competence in understanding (1) settings and roles, (2) skills for practice, (3) ethics, and (4) leadership and professional associations. HS 165</td>
</tr>
<tr>
<td>4</td>
<td>Specialized Knowledge, Intellectual Skills, Applied Knowledge, Social and Global Responsibilities</td>
<td>Graduates will recognize how socio-economic, cultural, behavioral, structural, biological, environmental and other factors impact the health of individuals and communities, contribute to health disparities, and provide opportunities for promoting health throughout the life course.</td>
<td>Successfully prepare a community health plan that will include interventions that reflect &quot;Best Practices&quot; and recognize the value of partnerships, media advocacy and policy advocacy. HS 159</td>
</tr>
<tr>
<td>5</td>
<td>Applied Knowledge, Social and Global Responsibilities</td>
<td>Graduates will communicate health information in oral and written forms and through a variety of media and technology to diverse audiences.</td>
<td>Produce health promotion materials for social media in partnership with a public health entity. HS 158</td>
</tr>
<tr>
<td>6</td>
<td>Broad Integrative Knowledge</td>
<td>Graduates will work independently and collaboratively, demonstrating an understanding of professional standards.</td>
<td>Collaboratively plan and implement community health events in partnership with local organizations. HS 104</td>
</tr>
<tr>
<td>7</td>
<td>Specialized Knowledge, Intellectual Skills, Applied Knowledge</td>
<td>Graduates will support the design and implementation of research to collect, analyze, and report qualitative and quantitative data to describe population health, evaluate health programs and policies, and improve population wellbeing.</td>
<td>Develop hypotheses, collect and analyze original data, and develop conclusions about challenges to population health. HS 161</td>
</tr>
</tbody>
</table>
Health Science and Recreation, Program Planning Report

3d. Assessment Data

Health Science faculty held a two day retreat/assessment meeting in April 2014 to discuss the strengths in student learning and possible modifications to class pedagogy and program outcomes. We have assessment schedules set for our PLOs and continue to work with full and part-time faculty, to develop robust and meaningful assessment tools and, to that end, have identified essential assignments and activities linked to specific SLOs. A standardized reporting tool, used by all programs in our department, has been developed to facilitate faculty ease in reporting and consistent data collection. Our assessment schedule has been thoughtfully developed, to assist in closing the loop and decrease the potential for assessment fatigue.

The Health Science degree PLOs will be communicated to students, via the HS&R website in fall 2014. All Health Science course syllabi are being revised to clearly outline the links between ULGs, PLOs, and SLOs. HS faculty will consult with full Department faculty to identify how often PLOs should be assessed. ULGs will be added to our website: [http://www.sjsu.edu/hsr/academicprograms/](http://www.sjsu.edu/hsr/academicprograms/).

3e. Assessment Results and Interpretation

In the past, PLOs were assessed in our capstone course, HS 165 The Health Professional, via a portfolio assignment. There has been a significant turnover in part time instructors teaching that course, and the assignment had been revised to the point where we realized that the assignment was not rigorous enough to provide us with sufficient data to meet our assessment needs. In light of this, our newly developed PLOs, and in consideration of the new national standards for our major, we are in the process of re-evaluating if the capstone course is the best way to assess student mastery of PLOs, or if it would be more effective to assess it across a series of courses. We plan to develop and pilot a capstone learning experience by spring 2016.

3f. Placement of Graduates

MPH program (see Appendix B, CEPH Report, Section 2.7)

Health Science program
In Fall 2014, we conducted a survey of Health Science program graduates. We had 49 responses to our email survey. Students who completed the survey had graduated between 1998 and 2013, with 75% of respondents graduating in the last four years. 63% of respondents were currently employed full time with an additional 21% employed part time. Of those who were currently employed, 29% worked in healthcare setting (hospital, private practice or health management organization), 19% worked for a University or research institution, 16% worked for a community based organization or non-profit, and 10% worked for local government (see Figure 1).

We asked alumni “How well would you say that the Health Science program prepared you for your job or next educational steps?”. On a scale of 1 – 5, with 1 being poorly prepared and 5 being well prepared, the mean response was 4.08.

Many of our alumni pursued further degrees (32% were enrolled in or had completed a Masters, and 22% were enrolled in or had completed a certificate program). Of those with advanced degrees, 37% were in public health with the remainder being in a variety of fields including public administration, education, and traditional medicine.

4. PROGRAM METRICS AND REQUIRED DATA
The Required Data Elements discussed in this section are attached in Appendix A of this report.
Methodology:

All data were obtained from SJSU’s Institutional Effectiveness and Analytics (iea.sjsu.edu). Data tables were transferred directly into Appendix A, without any modifications to cell numbers. We have observed that data provided by IEA could fluctuate depending on time of query. All estimates in this report are based on queries performed by IEA system between November 28, 2014 and December 13, 2014.

Averages were calculated based on counts and percentages. For trends, linear regression and chi-square tests were performed on the time period indicated. All computations and analyses were conducted using R statistical software (version 2.14.1).
4a. Enrollment, retention, graduation rates, and graduates

Enrollment

Health Science Program
First-time freshmen enrollment in Health Science declined in 2012, 2013 and 2014, from 49 in 2010 to 18 in 2014, a decline of 63% over 5 years (trend -8.6 students/year, p=0.008). New undergraduate transfers average 45.4 transfers per year, standard deviation 3.1 with no significant trend.

Recreation Program
First-time freshmen enrollment in Recreation has been stable for the past 4 years at an average of 2.0 enrollments per year. Enrollment for new undergraduate transfers grew 142% from an average of 5.5 in 2010-2011 to average of 13.3 in 2012-2014. This growth was attributed to the merger of the Department of Recreation and the Department of Health Science in Fall of 2011. As of Fall 2011, the graduate program in Recreation ceased to enroll new graduate students.

MPH Program
Enrollment for the MPH program new campus graduate students has fluctuated, with a mean of 20.8 new graduates per year, standard deviation of 3.0 and no strong evidence of a trend. The online format of our MPH program (Special Session) started in 2007, admitting 25 new graduate students. For subsequent years, program headcounts reflect year 1 and year 2 students enrolled in the program, and these numbers have been steady at an average headcount of 50.7, standard deviation 2.9.

College Enrollment
CASA first-time freshmen enrollment declined in 2013 and 2014, from 496 in 2010 to 307 in 2014, a decline of 38% over 5 years. New undergraduate transfers have been varying, with an average of 500.6 and a standard deviation of 64.1. CASA first time graduate student enrollment has been growing, from 298 in Fall 2010 to 478 in Fall 2014, growth of 60% over five years.

University Enrollment
University first time freshmen enrollment has varied, with an average of 3462.8 and standard deviation of 449.5. University undergraduate transfer enrollment has grown by 298.9 students per year over the last five years (p=0.010), from 2802 in Fall 2010 to 3887 in Fall 2014, a total growth of 38.7% over five years. University first-time graduate student enrollment has been steadily growing by 98.8 students per year (p=0.076), from 1666 in Fall 2010 to 2096 in Fall 2014, a total growth of 25.8% over five years.

Overall, first-time freshmen enrollment in Health Science and Recreation and CASA has been declining, but this pattern is not shown at University level, where averages have been stable. Trends in new undergraduate transfers within Health Science and Recreation are relatively consistent with that of CASA and University averages. MPH program growth has not been consistent with CASA and University growth in graduate enrollment, which can be attributed to insufficient faculty resources and requirements of our accrediting body, CEPH, to maintain an SFR of no more than 10:1.
Retention Rates 2008-2012

First-time freshmen
First-year retention rates for first-time freshmen in Health Science have been stable at an average of 89.5%, standard deviation 7.2%. URM first-year retention averages 81.4%, while non-URM first-year retention averages 93.6%, yielding some evidence that URM retention is lower than non-URM retention (p=0.087). For the recreation program, small numbers (1-3 students) prevent reliable estimation. CASA first-year retention rates have been similarly stable at an average of 85.6%, standard deviation 3.4%. CASA URM retention averages 80.8%, which is significantly lower than CASA non-URM retention of 87.9% (p=0.049). Interestingly, CASA non-URM retention is trending up (p=0.03) while URM retention is does not show such a clear trend. University first-year freshmen retention rates are not trending and there is little difference between URM and non-URM: overall average is 86.1%, URM average 84.2%, non-URM average 86.5%.

Undergraduate transfers
Retention rates for new undergraduate transfers in Health Science average 86.7%, standard deviation 7.2% with no significant difference between URM (86.7%) and non-URM (87.5%), and no significant trend. Retention rates for transfers in Recreation average 85.2% with no significant trend; numbers for URM students in Recreation (1-2) are too low to derive reliable stratified estimates. CASA retention rates for new undergraduate transfers average 86.5% with a standard deviation of 2.8%. CASA URM retention rates average 83.7% and are trending up (p=0.006), while CASA non-URM retention rates are marginally significantly higher at 88.1% (p=0.096) but with no significant trend. University retention rates for new undergraduate transfers average 86.1%, standard deviation 1.5% with no significant trend. University retention rates do not differ for URM transfers (84.2%) and for non-URM transfers (86.5%; p=0.168).

MPH graduate students
1st year retention rates for first-time graduate students in the MPH campus program average 93.3%, standard deviation 4.8% with no significant trend. URM rates of 88.6% do not differ significantly from non-URM rates of 95.2% (p=0.145). CASA 1st year retention rates for first-time graduate students average 86.6%, standard deviation 2.3% with no trend. CASA URM rates of 87.4% are not significantly different from non-URM rates of 86.4%. University 1st year retention rates for first-time graduate students average 84.7%, standard deviation 2.0% with no trend. University URM rates of 85.7% are significantly higher than non-URM rates of 82.3% (p=0.029). The Recreation graduate program is not admitting new students at this time, so we do not report retention rates.

Overall
First-year retention for first-time freshmen is higher for Health Science than for CASA or for the University, mostly attributable to higher non-URM retention rates in Health Science. Health Science URM retention rates match those of CASA and University URM rates for first-time freshmen. For undergraduate transfers, Health Science and Recreation retention rates match those of CASA and of the University, with few differences between URM and and non-URM rates. MPH campus first-year
retention rates for first-time graduate students are 7.7% higher than CASA rates (p=0.033), and are 10.2% higher than University rates (p=0.013).

Graduation Rates

6th-year graduation for first-time freshmen (Fall 2003-Fall 2007)
6th-year graduation rates for Health Science first-time freshmen average 38.9%, standard deviation 5.8% with no significant trend. URM graduation rates of 30.2% are slightly lower than non-URM graduation rates of 44.0% (p=0.103). For Recreation, small numbers of students (0-3) prevent reliable estimation. CASA 6th-year graduation rates average 44.4%, standard deviation 1.9% with no significant trend. CASA URM rates average 38.5%, which is significantly lower than CASA non-URM rates of 47.6% (p=0.008). University 6th-year graduation rates average 47.1%, standard deviation 0.7%, with URM rates of 38.4% significantly lower than non-URM rates of 50.9% (p<0.00001).

3rd-year graduation for new undergraduate transfers (Fall 2006-2010)
3rd-year graduation rates for Health Science undergraduate transfers average 61.6%, standard deviation 11.1% with no significant trend. URM graduation rates of 66.0% and non-URM graduation rates of 60.2% do not differ significantly. 3rd-year graduation rates for Recreation undergraduate transfers average 55.5%, with standard deviation 24.0% and no trend. Recreation numbers are too small to reliably estimate stratification by URM versus non-URM. CASA 3rd-year graduation rates for transfers average 49.3%, standard deviation 7.7% trending up (p=0.009). CASA URM graduation rate of 48.4% does not differ from non-URM 49.7%, and both are trending up as well. University 3rd-year graduation rates for transfers average 49.4%, standard deviation 5.3% and trending up (p=0.039). University URM graduation rates are 45.7%, which do not differ significantly from non-URM rates of 50.4%.

3rd-year graduation for first-time graduate students (Fall 2006-2010)
3rd-year graduation rates for MPH campus program first-time graduate students average 67.7%, standard deviation 20.0% and trending up (p=0.0006). URM rates have relatively low sample sizes, but average 53.8% versus 75.0% for non-URM MPH students (difference is not statistically significant). Special session data are not available, and we do not report Recreation graduate program numbers since that program is not admitting new students. 3rd-year graduation rates for CASA first-time graduate students average 65.5%, standard deviation 9.1%, and URM rates of 70.1% do not significantly differ from non-URM rates of 65.0%. University rates average 65.4%, standard deviation 3.5% with no trend, and URM rates of 63.7% do not significantly differ from non-URM rates of 59.7%.

Overall
Health Science 6th-year graduation rates are 12.4% lower relative to CASA rates (p=0.100), and 17.6% lower relative to University rates (p=0.032), and are below 2015 University targets of 51.6% (47.8% URM, 53.2% non-URM). Health Science 3rd-year graduation rates for new undergraduate transfers are 25% higher than CASA and University rates (p=0.081). Recreation 3rd-year graduation rates for transfers are also higher than CASA and University rates, though the difference is not
statistically significant. MPH campus program 3rd-year graduation rates for first-time graduate students do not differ from the rates of graduation in CASA and the University.

**Department Graduates (2009/2010-2013/2014)**

Over the last 5 academic years, Health Science has awarded an average of 142 BS degrees per year, and this number has been trending up (trend +15.1 degrees/year, p=0.020) with the 2013/2014 AY total 49.2% higher than the 2009/2010 AY total. The MPH program (campus and online formats combined) has awarded an average of 44.8 MS degrees per year; this number is stable year over year.

Recreation has awarded an average of 32.6 BS degrees per year, though the most recent year (2013/2014 AY) saw a significant increase to 52 BS degrees. The Recreation MS program is not awarding degrees at this time (down from an average of 11 MS degrees / year), with the last MS degree awarded in 2013/2014.

**4b. Headcount in sections**

**Section Size (Fall 2010-Fall 2014)**

Health Science lower division section sizes average 30.4 students per section, which is 9.3% lower than CASA lower division averages of 33.5 students per section and 11.9% lower than University lower division averages of 34.5 students per section. Health Science upper division section sizes average 30.0 students per section, which is 28.8% higher than CASA upper division averages of 23.3 students per section and 15.8% higher than University upper division averages of 25.9 students per section. Health Science upper division section sizes are trending downward by 1.6 students per year (p=0.013). MPH graduate division section sizes average 18.2 students per section, which is 30.0% higher than CASA averages of 14.0 students per section and 38.9% higher than University averages of 13.1 students per graduate division section. MPH graduate division section sizes are trending downward by 1.2 students per year (p=0.024). Most CASA and University section sizes are trending up slightly.

Recreation data on section size is available for Fall 2013-Fall 2014 but is missing for earlier years. We do not report trends or significance because of the limited number of data points available. Recreation lower division section sizes for Fall 2013-Fall 2014 average 40.6 students per section, which is 21.2% higher than CASA lower division averages of 33.5 and 35.3% higher than University averages of 30.0. Recreation upper division section sizes average 24.9 students per section, which is close to CASA upper division averages of 23.3 and University averages of 25.9.

**4c. FTES, Induced Load Matrix**

**FTES**

**Health Science FTES (Fall 2010-Fall 2014)**

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*Health Science and Recreation, Program Planning Report*
Health Science FTEs average 451.1, standard deviation 22.4 with no significant trend (-2.0/year, p=0.819). 89.2% of headcount in Health Science is in undergraduate majors (10.8% is in the MPH graduate program), and this fraction has been relatively stable over time. Within undergraduate students, 57.9% major in Health Science, 30.9% major in Health Services, 9.7% major in Health Professions and 1.5% major in Gerontology, with Health Services growing and Health Professions and Gerontology shrinking in the latest year. New student Health Science FTEs average 72.5, standard deviation 13.1 with a downward trend of 7.6 new students / year (p=0.029). 24.5% of these new students are first-time freshmen, 54.2% are new undergraduate transfers, and 21.3% are first-time graduate students. This distribution has changed over time, with first-time freshmen shrinking and transfers and graduate students growing in the latest year.

Recreation FTEs (Fall 2010-Fall 2014)
Recreation FTEs average 113.6, standard deviation 28.3 with an upward trend of 17.2 students / year (p=0.009), leading to a Fall 2014 FTE enrollment of 138.93. This large increase is timed closely with and likely related to the merger of Health Science and Recreation departments in 2011. Among Recreation students, 22.1% major in Recreation, 23.3% major in Recreation Management, 54.6% major in Therapeutic Recreation, with dramatic increases in Recreation Management and Therapeutic Recreation in the latest year relative to the Recreation major. In the most recent year, new student Recreation FTEs were split 17.9% first-time freshmen and 82.1% new undergraduate transfers, though the distribution and number of new student FTEs has been varying widely in recent years.

Induced Load Matrix
59.9% of undergraduate FTEs in Health Science take courses within the major and general education course offerings of Health Science and Health Professions. The next two most popular departments are Nutrition/Food Science and Gerontology, at 4.9% and 3.8% of FTEs respectively. 72.0% of undergraduate FTEs in Recreation take courses within the major and general education course offerings of Recreation. The next two most popular departments are Health Science and Kinesiology, at 3.3% and 2.9% respectively.

4d. FTEF, SFR, Percentage T/TT Faculty

Health Science and Recreation (2009/2010-2013/2014)
Tenured FTEF averaged 4.2 over the period with no significant trend. Probationary FTEF averaged 2.5 over the period with a large drop from 3.5 in 2012/2013 AY to just 1.5 for 2013/2014 AY. Temporary FTEF averaged 12.8 with an upward trend (p=0.011). The 19.4 temporary FTEF in 2013/2014 AY represent an increase of 44.8% over the previous year. Health Science and Recreation ratios of tenured/tenure-track FTEF versus temporary FTEF are lower than similar ratios in CASA and in the University. 22.6% of Health Science and Recreation FTEF were tenured/tenure-track in Spring 2014, versus 37.1% for CASA and 48.0% for the University.
Health Science and Recreation SFR for lower division classes was 34.1 in Spring 2014, which is 18.0% higher than CASA and 16.4% higher than the University SFR. Health Science and Recreation SFR for upper division classes was 30.7 in Spring 2014, which is 34.6% higher than CASA and 25.3% higher than the University SFR for upper division classes. Health Science and Recreation SFR for graduation division classes was 20.8, which is 29.2% higher than CASA and 15.6% higher than the University SFR for graduate division classes.

Health Science and Recreation SFR for lower division classes has increased 9.6% since Spring 2010, versus no increase in CASA lower division SFR but a 15.8% increase in University lower division SFR over the same period. Health Science and Recreation SFR for upper division classes has increased 3.7% since Spring 2010, versus an 11.2% increase in CASA upper division SFR and 23.1% increase in University upper division SFR over that time. Health Science and Recreation SFR for graduate division classes has increased 13.0% since Spring 2010, versus a CASA graduate SFR increase of 2.5% and a University graduate SFR increase of 23.3% over that period.

Overall, Health Science and Recreation SFR remains high relative to CASA and University, despite a recent increase in SFR University-wide. The high SFR in Health Science and Recreation, combined with the low proportion of tenured/tenure-track faculty, indicates that there are too few tenured/tenure-track faculty to support department students.

5. PROGRAM RESOURCES

5a. Faculty
The department has 9 full-time faculty members (4 tenured, 3 probationary, 2 temporary). In addition, there are 3 tenured faculty who are participating in the Faculty Early Retirement Program (FERP), one of whom has grant funded work in Long Beach and is not teaching in the Department. All are well qualified to teach in the Department and perform duties to maintain accreditation with the Council on Education for Public Health (MPH Program) and the Council on Accreditation of Parks, Recreation, Tourism and Related Professions (Recreation Program).

There are currently 45 temporary part-time lecturers who teach GE classes and classes in programs and concentrations. Some faculty members have been teaching in the Department for many years, a small percentage are new hires.

All faculty meet University requirements for appointment. Tenure track faculty members are required to have a doctoral degree. Faculty who teach in the MPH program must have a public health degree (either masters or doctorate), and some courses must be taught by faculty with degrees in specialized areas, e.g., environmental health and epidemiology. All faculty who teach HS and RECL courses must have a masters degree in an area related to the courses they teach. This cadre of faculty bring a wealth of experience and knowledge to the programs.

5b. Support staff
There are 2 full time, 12-month Administrative Support Coordinators and 1 part time (15-20 hours/week) work study student to support the department. We do not have a budget analyst, which is particularly challenging due to the nature of our programs. We offer a very successful self-supported online format of our MPH program through IES, and the funds generated from that program require careful management. The department budget was managed by a full time tenured faculty member until May 2014, when that faculty member retired. One of our Support Coordinators is poised to take over budget management, but he needs additional training. We recently conducted an emergency hire for a coordinator (.40) for our online format to replace the previous coordinator who quit due to lack of institutional support for self-support programs. The new coordinator is one of two staff members who provide year-round technology training and program support to online faculty and students, leaving us with only one staff member to provide this intense level of support. We are hopeful that our fee increase proposal will be approved, so we can hire another staff member and adequately resource our online MPH program format.

5c. Facilities
The Health Science and Recreation Department is located in MacQuarrie Hall with most offices located on the fourth and fifth floors. The Department office, including the office of the Interim Chair and approximately half of faculty are on the fourth floor. Other faculty are on the fifth floor, with 2 faculty members currently using office space in the Justice Studies Department. Part time faculty share two offices – one on each of the third and fourth floors. All tenured/tenure track faculty, except the Interim Chair, share two person offices. The space of the Department office is inadequate to house desks, copy machine, mail boxes, file cabinets, and so on, while maintaining sufficient space to move around safely. We are schedule to relocate to the renovated Spartan Complex in summer 2015 and hope that some of these space issues will be resolved.

Courses are scheduled in Smart or Enhanced classrooms that include LCD projectors, DVD/VHS combo players (Smart rooms), and VGA cables to connect computers to projectors. Instructors may request rooms with moveable chairs or work tables. We have been able to schedule courses in the Incubator classroom – a state-of-the-art digital communications laboratory that enables faculty to experiment with flexible learning environments and technology tools designed to enhance faculty-student interaction, encourage active learning, and increase student involvement. With the renovation and rededication of Yuchida Hall, we now have a dedicated classroom and observation lab. We also have access to the CASA Computer Lab, which has 24 computer workstations, the CASA Student Success Center for advising student groups, and the Dean’s conference room when available.

With the amount of construction taking place, it has become all but impossible to locate conference rooms to hold meetings. Classroom space is at a premium; many classrooms need new furniture and window coverings; some classrooms have equipment that does not work consistently. Again, it is our hope that the new construction will remedy many of these issues.

6. OTHER STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND CHALLENGES
Strengths
**Faculty Commitment:** One of our greatest strengths is faculty commitment to our students and our programs. We have a dedicated faculty (part time and full time) who go above and beyond what is required in their roles and responsibilities.

**Program Growth and Interest:** We have had continued and growing interest in our Undergraduate Program for more than a decade and have remained at maximum capacity. We consistently have many students apply to our program through the transfer and university application process as well as twice a year through the change of major application process. We have been impacted since fall 2012.

**Student awards:** Our students are consistently recognized as President’s honor students. In 2011 and 2014, two students - Mojgan Mohammadi and Isra Ahmad – were named Outstanding Graduating Seniors. In 2012, two students - Nicole Adel and Aldo Chazaro - were the recipients of the CASA Committee to Enhance Equity and Diversity (CEED) awards. A number of our students are SJSU Salzburg Scholars: 2010–2011- Mojgan Mohammadi (HS major), Theresa Ngo (HS, Health Services Administration), and Dwayne Abella (HS minor); 2012-13- Rebecca Krueger (MPH), Jessica Ponce (HS major); and, 2014-15- Joyce Suen (HS major).

**Faculty Awards:** Dr. Kathleen Roe received the SJSU Arthur Dunklin Diversity Award (2011), a Salzburg Scholar Award (2011), and SJSU CASA Dean’s Community Award (for her work with McKinley School). Dr. Suzy Ross received the Outstanding Educator Award - Recreation Therapy, California Park and Recreation Society in 2013.

**Community engagement:** We have well-established relationships with numerous community partners, including Kaiser Permanente, Santa Clara County Department of Public Health, SOMOS Mayfair, Planned Parenthood, Community Health Partnership, Second Harvest Food Bank, Santa Clara County Parks and Recreation, and many others, who provide internships and service learning opportunities for our students, deliver guest lectures in our classes, and actively participate on our advisory committees.

Salud Familiar en McKinley is a joint project between McKinley Elementary School and the HS&R Department, designed for the purpose of nurturing family health as a key strategy to support educational success, and community resilience, and build community capacity.

Dr. Ta Park served Health Needs Assessment Advisory Committee for Santa Clara County to assess the health and health care needs of the large Vietnamese population in this region.

Dr. Anne Demers is a member of the Northern California Collaboration for Veterans and Their Families. The purpose of this collaborative is to identify services, and gaps in them, and to develop a strong support network for returning veterans and their loved ones.
**Professional and Leadership Development:** Students have the opportunity to apply for travel scholarships (an average of two per year per conference) and participate in a number of conferences at state and national levels. These include a) Annual American Public Health Association (APHA), where professionals and academics gather to share the “latest research and information, promote best practices, and advocate for public health issues and policies grounded in research” (www.apha.org); b) Annual Society for Public Health Education (SOPHE) meeting, which provides networking and professional development opportunities for health education researchers, practitioners, young professionals and students (www.sophe.org); c) Annual Insure the Uninsured Project (ITUP) ITUP “identifies, assists, and promotes new approaches to expand health care and coverage for California’s uninsured” (itup.org); d) California State University Policy Advocacy Summit, funded by the CA Endowment. The goal of the program is to bring together HS students throughout the CSU system and to explore the opportunities that may exist in policy advocacy careers in health and health promotion. On our campus, 12 students were selected to attend two-full days of policy events and panels in Sacramento. The professional line up of speakers has included legislative leaders and leaders in public health and health and human services.; e) Covered California- Our faculty have been involved with a statewide CSU outreach and education grant through a subcontract from the beginning of the implementation of Covered CA (our state health exchange set up in accordance with the federal Affordable Care Act). Our department supervised the implementation of education and outreach efforts in the northern california CSU campuses (including SJSU’s). Throughout the state, this project was responsible for educating thousands of CSU students through classroom presentations and campus forums. Each campus also ensured opportunities for students to seek support from enrollment counselors and Medi-Cal representatives. Since 2013, five HS students have been hired to participate as coordinators in campus education events. These five coordinators were trained by Covered California and are now Certified Covered California Educators.

**Program sponsored events:** a) Careers in Aging Week- over the past decade we have offered a minimum of three panels over three days (and a maximum of five) to expose students to the array of careers that are available in the field of aging and gerontology. The panels have been organized to accommodate between 50-100 students per panel, reaching between 300-500 students throughout the entire week of events. We have a history of applying for, and receiving, funding from the national Association for Gerontology in Higher Education to help offset the costs associated with the planning of these events.; b) Annual Health Services Administration Mixer and Professional Panel - an annual event that allows Health Science students, particularly those in the department’s Health Services Administration concentration, to gain important and helpful information on health services administration from professionals in the field, including one recent alumnus. The recent HSA panel took place in April 2014 and had 150+ participants including students, alumni, and faculty.

**Department sponsored events:** a) Sexual Diversity- the event started in 1998 to infuse inclusivity of the LGBT experience throughout all aspects of the MPH program and curriculum. The event is always contemporary and cutting edge and seeks to raise awareness, improve understanding, and celebrate the lives and contributions of LGBTQ community members in all aspects of society. The
event typically has a turnout between 150-300 students and faculty; b) Dorothy Nyswander Lecture-began in the early 2000s in order to pay tribute to Nyswander, a pioneer in public health, and her vision of an Open Society. Up until AY 2013/2014, each year, a professional who demonstrates a strong commitment to her vision by "starting where the people are," and working with both individual and community needs and assets is invited to hold a Master Class and lecture that is open to the campus community, our alumni, and community partners. It has been placed on hiatus due to lack of resources to adequately plan and host it. We hope to bring it back in the near future.

Alumni success: According to our fall 2014 HS alumni survey findings, a) 84% of our alumni are employed either full-time or part-time, b) alumni reported a high mean score (4.08 out of 5) that the Health Science program prepared them for their job or next educational steps, and, c) more than half reported that they were either enrolled in or have completed an advanced degree or certificate program. Our HS alumni have also received national success; for example, some of our HS alumni have been selected in a highly competitive Centers for Disease Control and Prevention internship.

Faculty RSCA: Our faculty are well-respected scholars with a good track record of grant awards, e.g., Dr. Miranda Worthen, Native American Health Centers, San Jose and Oakland; Dr. Anne Demers, Blue Shield of California Foundation; publications; and consulting invitations, e.g., Dr. Kathleen Roe, WASC; Dr. Van Ta Park, Asian American Research Center on Health (UCSF); Dr. Jane Pham, Santa Clara County Department of Public Health; and Dr. Bud Gerstman, forensic epidemiology expert.

Weaknesses
Our greatest weakness is the insufficient number of tenured/tenure track faculty in our department, who are available to teach required classes, advise all of our students, perform required accreditation and assessment activities, participate in college/university committee work, and conduct research required for tenure and promotion. This is primarily due to significant turnover, i.e., two full professors retired in 2014; two faculty (one tenured and one tenure-track) left the university in 2013; and three full professors are participating in the Faculty Early Retirement Program (FERP) (one is in year five, one is in year three, and another is in year one). As a result, both the MPH and RECL programs are out of compliance with minimum faculty requirements established by the respective accrediting bodies (CEPH and COAPRT). The Health Science program is woefully understaffed, with only two full time faculty and a combination of part time instructors having the responsibility for leadership of the program, and teaching, advising, and supervising fieldwork for 506 students. Neither of the full time faculty taught in the program last semester and will not teach in spring 2015, due to leaves of absence and release time for research. We have two faculty searches in progress, one for the MPH program and one for the RECL program. We have an additional search approved which will be dedicated to hiring another faculty member for the MPH program. If these three searches are successful, we will be in compliance with minimum accreditation requirements for both programs. However, we are currently maintaining the HS program via emergency hires, and we must be approved for an additional tenure track position to ensure successful continuation of, and rigor in, the Health Science program.
There are additional challenges to our department. First, there are few courses taught by tenured/tenure track faculty and, even with new hires, this will be an ongoing issue into the future. While it is important that new faculty receive support for their scholarship, under the former Dean, CASA provided each new faculty member with .40 per semester release time for the first two years; thus limiting our ability to have full time faculty teaching in the classroom and the possibility of significantly reducing the ratio of full time to part time faculty, which has a significant impact on our budget. The second critical challenge is a lack of infrastructure to support the online format of our MPH program. We are one of the most respected MPH programs in the country, with a very successful online component, and charging one of the lowest tuition rates in the country. As noted in Section 5b of this report, we must have dedicated staff to support our online format. To this end, we are developing a modest fee increase proposal. In addition, we need better systems in place for hiring and paying staff who teach in online programs. There are two key issues: first, the process for expediting paperwork must be improved. Currently, paperwork can be delayed for up to six months. Second, while the new Non-instruction appointments as a replacement for Special Consultant appointments are a step in the right direction, only individuals with faculty appointments may be hired into the Non-instruction appointments. This does not meet the needs for hiring part time staff to support our online students and faculty, and we are once again, without a system to support the online component of our MPH program. The third challenge is the recent reduction of FTE/S. We have reached a critical point where a significant percentage of our students, primarily HS, cannot enroll in the courses they need to progress in a timely manner toward graduation. It is unknown how this will impact graduation and retention rates.

**Opportunities**

**Expand on our international learning opportunities** - Given CASA’s recent international initiative where all CASA students will participate in an educational experience outside the U.S. as a graduation requirement, HS&R faculty are exploring opportunities to expand our already strong commitment to international learning. For example, Dr. Van Ta Park is currently developing a faculty led program to be offered in the summer of 2016 in Hong Kong for undergraduate students to earn general education credit.

**Expand our internship opportunities in policy making including at the state level** - Work with a collaborative team of Health Science faculty through the CSU system to create a formal internship program in the California Department of Public Health to provide increased policy making opportunities for our students.

**Explore new directions for the Department** – The recent merger between RECL and HS Departments, and the Department’s recent commitment to ensuring that HS students are actively engaged with communities through coursework, provide the opportunity to imagine new possibilities for the future. We are committed to exploring possible linkages between RECL and the MPH programs through courses and research, and to exploring the viability of accrediting the HS program.

**Explore restructuring Department** to ensure resources are judiciously utilized.
### Table 2. DEPARTMENT ACTION PLAN

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<th>Action items for future improvement of student learning and program operations</th>
<th>Resources</th>
<th>Timelines</th>
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| **1. Hire faculty**  
a. Continue searches for two open positions and bring candidates to campus for interviews.  
b. Search for third approved position.  
c. Work with the Dean to obtain approval for another tenure track line and ensure our budget supports that hire | University, College, and Department | Spring 2015  
AY 2015-16  
Approval: early spring 2015  
Search: AY 2015-16 |
| **2. Develop a strategic plan**  
a. Examine the structure of the department. Identify ways resources might be used more efficiently and effectively.  
b. Explore options for HS curriculum change  
c. Identify ways to operationalize collaboration between MPH and RECL programs | Department T/TT and fulltime faculty  
Convene appropriate advisory committees | Spring 2015  
HS: spring 2015  
RECL and MPH: fall 2015 |
| **3. Establish a tracking system for HS student and program success and improving curriculum as necessary to close the loop, i.e., continuous measurement of SLOs and PLOs; includes developing capstone experience** | HS faculty with Department support | Spring 2015-Fall 2015 |
| **4. Work with other Departments to increase support for online format of MPH program (fee increase proposal, efficient systems for processing paperwork, student recruitment)** | CASA budget analyst, Dean, IES, Faculty Affairs, and Graduate Studies | Spring 2015 |