Health Science Department Program Review
Self-Study Report

This report presents the process, findings, and conclusions of the Health Science Department’s comprehensive self-study and program planning process. Seizing a long-overdue opportunity for strategic planning and curricular assessment, the faculty devoted significant time to self-study and prospective program planning over the three Academic Years 2001-2004. Dr. Kathleen Roe, Department Chair (elected Spring 2001), provided overall leadership to the self-study process and wrote this Report. The Report, based on decisions, discussions, and documents of the self-study, was reviewed and approved throughout the three-year period, and fully adopted by the full-time Health Science faculty on August 27, 2004. The organization and content of the report follow the protocol outlined in “Guidelines for Program Planning: May 22, 1998” and respond to University Policy S93-14, “Curricular Priorities.” Commitments, resource implications, and priority actions are identified in each section.

A. Department Mission and Overview

The mission of the Health Science Department is:

To enrich the lives of students and contribute to public health through:

- Innovative and contemporary education in the principles and skills of health science,
- Contributions to the intellectual foundations of community health,
- Leadership in the public health profession, and
- Collaborations with community partners.

Using a social ecological framework emphasizing the relationships between health, disease, environment, and behavior, the Health Science Department offers knowledge and skills useful throughout life, practical and analytical experiences necessary for professional practice and leadership, and the foundation for a wide range of careers and contributions to society.

The relationship of the Health Science Department mission to the missions of the university and the College of Applied Sciences and Arts, and to its Undergraduate and MPH programs, is displayed in Appendix 1.
Health Science today is a small but productive department, offering the Health Science major with four options (Health Science, Health Science plus a Minor, Health Science with a Concentration in Gerontology, and Health Science with a Concentration in Health Services Administration), two minors (Health Science and Gerontology), three Core and four Advanced General Education courses, and the Master of Public Health (M.P.H.) degree. In Fall 2001, the department agreed to incorporate the Gerontology program in a staged three-year merger. Our department offerings are based on the multidisciplinary intellectual foundations of community and public health. Our vision, priorities, and actions are rooted in a set of core values and shared concepts, definitions, and principles. The Health Science degrees (B.S. and M.P.H.) have been part of San Jose State University for over 30 years. Appendix 2 contains the SJSU Online Catalog description of the department and its programs prior to our final curricular changes. Please note that we have submitted final catalog changes for Fall 2005.

The Bachelor of Science in Health Science degree was established in the 1960s. Its emphasis and options have been reorganized at several points over the past 40 years to respond to emerging priorities for professional preparation of the community health workforce, changing demographics and epidemiology of our geographic area, and the educational goals of SJSU students. The early findings of this self-study stimulated the most recent – and highly successful – restructuring of the B.S. degree. Students in the Health Science Major choose one of four options: Health Science + Electives, Health Science + a Minor, Health Science with a Concentration in Gerontology, and Health Science with a Concentration in Health Services Administration. In Fall 2005, we will submit a proposal for a fifth option: Health Science with a Concentration in Health Professions.

The Master of Public Health (M.P.H.) degree in community health education was established at San Jose State University in 1970. Our MPH program was among the first established in California and one of the first in the country outside of a school of public health. The program has been fully and continuously accredited since 1974 by the Council on Education for Public Health (CEPH), the accrediting body for schools of public health, community health education graduate programs, and community health/preventive medicine programs. In two of the three years in which community health education graduate programs were ranked, our MPH program tied for the #1 program outside of a preventive medicine program or school of public health (U.S. News and World Report, April 2000, 2001). Our program tied for third in its category in 2003.

Our self-study occurred during a time of significant changes in university enrollment patterns, related shifts in career opportunities, and dramatic reversals in the economies of the Silicon Valley and the state of California. The self-study also coincided with a shift in the vision and leadership of the Health Science Department, and the development of a unified, capable, and mature faculty team. When we began this self-study in Fall 2001, un-replaced early retirements of the early 1990s, College resource challenges, and the department’s ailing undergraduate program had reduced faculty allocation to 7.5 FTE/F (down from 12.85 in 1991, a 41% reduction in 10 years). Individually, we were working hard but, as a department, we were consistently unable to meet enrollment targets or
find our way in the changing internal and external environments. Self-study was key to our ability to respond in a proactive and thoughtful way to the challenges of the times and the timeless need for professionals trained in the principles and values of community health.

B. Parallel and Integrated Self-Studies

We designed our department assessment as a set of parallel and integrated self-studies. The focus and key participants of each are introduced below.

1. Department Self-Study

From Spring 2001 through Fall 2004, the Health Science faculty engaged in an ongoing and intensive examination of our purpose, expertise, resources, and contribution to the university and surrounding community. At the beginning of the new decade, the Department found itself in the paradoxical situation of having the #1 ranked community health education graduate program in the country, but inadequate resources to sustain it even at the barebones level at which it had been operating for several years. The Department’s precarious situation at that time had many contributing factors, key among them the sudden concentration of undergraduates in business and technology, our then limited General Education offerings, a lack of outside resources supporting the department, and a long-term lack of appropriate attention to our undergraduate major. Recognition of the depth of this crisis brought significant change to the department’s leadership and priorities.

We began the self-study as an entire department, identifying our assumptions and developing a common framework for the program-specific self-studies that followed. After two years of intensive and iterative assessment, reflection, planning, and action in the undergraduate and graduate programs, we came back together to integrate our plans and prioritize our commitments. A highlight of the self-study process was our December 2003 Advisory Group Summit, a full-day working meeting attended by six of the eight Health Science full-time faculty and over 25 local public health leaders and community partners (See Appendix 3 for Advisory Group roster, Summit agenda, summary notes, and follow-up actions).

This report presents the methods and results of our department-level assessment and strategic planning. The experience was far more challenging and time consuming than we imagined when we started, but the result is clearly a strong, focused, resilient, and revitalized Health Science Department.

2. Undergraduate Program Self-Study

Dr. Daniel Perales, Undergraduate Program Director (2001-2002) and Dr. Kathleen Roe (Interim Director, 2002) coordinated the early stages of the Undergraduate Program Self-Study. Upon a
leadership change in the program in 2002, Dr. Roe assumed responsibility for completion of the Undergraduate Self-Study. The Undergraduate Core Faculty, Drs. Ramani Rangavajhula, Nancy Hikoyeda, Tina Foley (Program Director as of Spring 2003), and Bud Gerstman (on leave Spring-Fall 2002), were actively involved in all phases of the process. Undergraduate students and alumni provided input and perspective, as did part-time instructors and internship supervisors. The focus of the Undergraduate Self-Study was the viability of the Health Science major given 1) current economic, employment, and demographic developments in the region, 2) the university’s enrollment trends and resource priorities, and 3) the state budget deficit, which became an increasingly important variable throughout the review period. Our self-study resulted in a significant redesign of the undergraduate program, particularly the major requirements and options, the minors, and our General Education offerings. It also resulted in a renaissance of our Undergraduate program, as evidenced by a 400% increase in majors in just three years.

3. MPH Program Self-Study

Dr. Edward Mamary, MPH Program Director (beginning Fall 2001) and Dr. Roe co-coordinated the MPH Self-Study. Our MPH program has a long-established pattern of continuous program assessment and improvement. The Department’s self-study occurred in the middle of the MPH program’s current CEPH accreditation term (1999 – 2006) and just as the rigorous three-year re-accreditation self-study was beginning. Under Dr. Mamary’s leadership, the MPH Core Faculty, Dr. Roe and Dr. Dan Perales (as of Fall 2002) conducted the MPH Program Review. We drew from the wealth of data available in our 1999 CEPH Self-Study Report and our current re-accreditation data collection, as well as input and perspectives from MPH students, alumni, part-time instructors, and fieldwork mentors. This program review process was particularly timely as Dr. Mamary assumed leadership, while still an Assistant Professor, of a program that has had only three other directors in over 30 years.

4. Gerontology Program Self-Study

In Fall 2001, the interdisciplinary Gerontology program asked to be integrated into the Health Science Department. This request was the result of the Gerontology program’s own 2000 self-study and subsequent university recommendations. After careful consideration, the Health Science and Gerontology faculties agreed to a staged incorporation over the three-year period 2001-2004, with a final decision on future relationship and resource support to be made in Spring 2004. In the meantime, it was agreed that Gerontology’s operating expenses and clerical support would gradually transfer to the Health Science Department, while faculty allocation would be negotiated separately with the College Dean until the merger was finalized in 2004.

As the faculties worked together to find common ground, a new Gerontology Concentration was added to the Health Science undergraduate major and the department faculty introduced an
intergenerational and lifespan orientation to both the undergraduate and graduate curricula. Since the Gerontology faculty had completed their program review cycle just as ours was finally getting underway, we decided against devoting resources to a separate Gerontology program self-study at this time. However, Gerontology faculty members were key contributors to the Health Science self-study process, and all of our planning was done with the future, merged relationship in mind. In early Spring 2004, the two faculties and the Dean made the final commitment to fully incorporate the Gerontology program into the Health Science Department, with all resources and operations merged as of Fall 2004. A summary of Gerontology program developments since their last Program Review is located in Appendix 4.

C. Broad Department Goals for the Next Five Years
The Health Science Department has established six broad goals for the five-year period 2004 – 2009:

1. Maintain the excellence and national prominence of our MPH program;

2. Assure the relevance and quality of our undergraduate program;

3. Increase the number of undergraduate Health Science majors and minors;

4. Develop and sustain an environment that supports student development and faculty fulfillment;

5. Establish a formal structure for providing professional and continuing education to the community and public health workforce in the region, utilizing new educational technologies and our vast network of alumni and community partners;

6. Establish an integrated set of community-based partnerships, based on our model of the engaged department (Appendix 5), that involves students and faculty in service, learning, and community leadership.

Our plans for achieving these goals and evidence of our organizational capacity to do so are discussed throughout this report.

D. Our Assumptions and Core Values

Our self-study had the dual focus of interrogating our past and designing our future. Our work together began with an objective analysis of our situation and the options available to us. In order to make wise decisions, we began by articulating our assumptions about the future and identified the core values, definitions, and principles that guide our collective actions.

1. Our assumptions about the future

Our research and experience led us to seven key assumptions about the future of public health, health care, and the need for health science-prepared professionals in the communities we serve.
a. Our changing demography will continue to change our world – We live and work in one of the most dynamically diverse areas of the world. We assume that our multicultural environment will continue to diversify, both through newcomers to the country, migration from within the United States, and the growing proportions of multicultural and multiethnic children, youths, adults, and elders. This rich and complex society will require a community health workforce and college educated professionals who reflect its diversity, understand its challenges, and are confident and prepared for its future. The topics and experiences of Health Science courses examine, explore, and analyze the lived experience of this unique time and place through the particular lens of personal and community health, and apply what is learned to the roles and responsibilities of the professional, leader, and contributor to society.

b. The health care crisis will continue – Despite the promise of biotechnology and genomics, we believe that as long as the country’s health care system is based on profit, fee-for-service, and market justice, we will experience a long and divisive health care crisis. Professionals trained in the principles and skills of community health, health promotion, and systems thinking will be crucial to the evolution of a more responsive and proactive health system. The conceptual framework of our approach to health science prepares students and graduates to identify problems, critically analyze complex situations, and propose interventions to prevent or alleviate the individual crises and population inequities inevitable under the current system.

c. 21st century professionals will need flexible career paths and multiple points of entry – The new professionals of the 21st century will experience a very different work history than those of us whose careers began in past decades. The skills and experiences of community and public health training offer ways of viewing populations, problems, and solutions that prepare students for a wide range of careers, mid-career transitions, and contributions to our society.

d. Even centers of innovation and technology have community health needs – Despite recent setbacks, we assume that the Silicon Valley and its surrounding counties will continue as centers of technologic and business innovation. We also assume that a community health infrastructure will continue to be crucial to the stability and viability of the region. Public health, health promotion and disease prevention, health administration and planning, long term care, and health policy – all the domains of the Health Science Department – are as crucial to a healthy economy as business ventures and scientific discovery. Furthermore, we assume that the biotechnology and other innovations developed in this region will create new allied health training needs which the Department can help meet.
e. The roles and responsibilities of public health are changing – After two decades of drastic dismantling of the public health infrastructure nationwide, public health came back on the news and onto the public agenda as a valued first response against bioterrorism. Local, county, and state jurisdictions are struggling to balance the new and urgent needs for emergency response planning and homeland security with the ongoing issues of environmental quality, disease prevention, health promotion, and healthy public policy. In addition, the move to credential the public health workforce has gained support with key policymakers and national opinion leaders. As the only source of public health training and community health education between San Francisco and Fresno, SJSU’s Health Science Department is uniquely positioned to play a role in the changing responsibilities and expectations of the local public health workforce.

f. Global curriculum, collaboration, and exchange will be increasingly important – The technological capacity for global communication, opportunities for international travel, and increasing ease of information exchange and collaboration with colleagues and institutions around the world have already transformed the boundaries of our campus and the mandate of our work. A contemporary and relevant Health Science Department will incorporate international perspectives, global exchange, and cross-cultural collaborations in order to meet both local and international public health needs. With 40% of our health science introductory class born outside of the United States, a global perspective is both welcome and inevitable.

g. Resources will be tight and allocation competitive – Our self-study process galvanized a shared vision of the role we could play and the contribution we could make to the College, the University, the region, and the field. It also brought into relief the fact that these contributions will need to be made in a time of limited and increasingly competitive resources. Our plans need to assume the worst of times and celebrate the best of times. Strategic resource planning and development are crucial.

2. The core values, definitions, and principles of the Health Science Department

The Health Science Department faculty affirms nine core values as the foundation of our curriculum and organizational practices (Figure 1). Identification of these core values grew out of our work together over several years, beginning with the 1999 MPH re-accreditation self-study and expanded department-wide during the current Program Review. The set of core values was formally endorsed by the Department faculty in October 2002. As they have with our MPH program, these values guide our department’s strategic planning, priority identification, resource management, and decision-making. They also help us define how we are related to and different from other units in the university, other programs in the field, and other partners in the community.
Figure 1.
Core Values of the Health Science Department

Health
Of each individual, our organization, our institution, and our community

Community
Our setting, our methods, and our orientation to health

Prevention
Primary, secondary, and tertiary

Equity
Of opportunity, risk, and protection

Advocacy
The natural extension of discovery, knowledge, and analysis

Diversity
Assumed, encouraged, celebrated, and honored

Respect
For persons, beliefs, actions, experiences, and choices

Excellence
The goal of our work

Balance
In our lives, our work, and our recreation

During our self-study, five core definitions were identified from the philosophy, curriculum, and activities of both our faculty, programs, and student organizations (Figure 2). The five definitions provide the foundation for discourse and inquiry within the Health Science Department. They also establish our shared interests and unique perspective relative to the other academic units of the College and university, particularly those in the health professions. Identifying how we are similar and how we are different was a profound turning point in our ability to proactively organize ourselves and our work together.
Figure 2.
Core Definitions of the Health Science Department

**Health**
A multidimensional and dynamic integration of our physical, emotional, social, spiritual, and intellectual lives, and a lifelong resource for living (adapted from the World Health Organization, 1948).

**Public health**
Organized community efforts to enhance health in human populations (CEPH, 1978), ultimately and essentially an ethical enterprise committed to the notion that all persons are entitled to protection against the hazards of this world and the minimization of death and disability in a society (Beauchamp, 1976).

**Community health**
The health status of a defined population, and the field of practice responsible for the actions and conditions that promote, protect, and preserve their health (McKenzie, Pinger & Kotecki, 2002).

**Health promotion**
The combination of educational, organizational, environmental, and economic supports to foster behavior conducive to health (Green and Kreuter, 2004), aimed at reducing differences in current health status and ensuring equal opportunities and resources to enable people to achieve their fullest human potential (Ottawa Charter, 1986).

**Health Science**
Multidisciplinary study of individual and population level determinants of health, changes in health status, and effective interventions to promote health and prevent disease.

Our core values and definitions are complemented by 16 principles formally endorsed by the Health Science faculty and expressed through our curriculum, interactions, and initiatives (Figure 3). Explanation of each of the principles can be found in Appendix 6. Additional principles have been identified for the undergraduate and M.P.H. programs respectively. The principles are widely shared on our website and promotional materials, and frequently discussed in program leadership meetings, faculty and student orientations, core courses, student-sponsored activities and events, and our now ongoing program assessment.
<table>
<thead>
<tr>
<th>Professional ethics</th>
<th>Civic engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal ethics, integrity &amp; responsibility</td>
<td>Empowerment</td>
</tr>
<tr>
<td>Professional responsibility</td>
<td>Appropriate technology</td>
</tr>
<tr>
<td>Relevance and participation</td>
<td>Global perspectives</td>
</tr>
<tr>
<td>Intergenerational perspectives</td>
<td>Systems thinking &amp; the ecological approach</td>
</tr>
<tr>
<td>Inclusive and respectful language</td>
<td>Partnership</td>
</tr>
<tr>
<td>Critical thinking and dissent</td>
<td>Compassion</td>
</tr>
<tr>
<td>Collaborative achievement</td>
<td>That which is not given away is lost</td>
</tr>
</tbody>
</table>

E. Our Vision of the Future

Our self-study has resulted in a clear and unified vision of the future. To guide our future efforts, we have identified shared commitments and strategic priorities. Together, they provide a framework through which we will organize and evaluate our actions in the five year period ahead. We are agreed that, during that period, all resource allocations and new initiatives must be specifically aligned with at least one of these commitments and priorities.

1. Our commitments

As a result of our program assessment and strategic planning, we make the following commitments for the 5-year period, 2004-2009:

a. We commit to continuing to serve the mission of San Jose State University through our own unique contribution: the scholarship, skills, and practices of community health;

b. We pledge to continue as a responsible, productive, and innovative part of the College of Applied Sciences and Arts;

c. We will re-establish ourselves as a thriving department, continuing our pattern of contemporary curricula, community engagement, applied scholarship, service, and responsive department-community relationships;

d. We commit to expanding our role as a primary professional training resource for multicultural, leading edge public health and community health professionals in the Bay Area;
e. We will work to **expand access** to community health professional development, from **pre-baccalaureate through graduate training and continuing education** to meet the community health workforce needs of our region and underserved areas;

f. We will make **more regular contributions to the scholarly literature**, reflecting the synergistic work of our faculty, students, and community partners, and the maturation of our individual scholarship;

g. We will **continue the department's history of professional leadership** in the local area, the region, and nationwide;

h. We will develop a **resource base that supports department initiatives and priorities**, composed of state support, development, extended education, contracts/grants;

i. We commit to a **shared environment that reflects the joy of learning** and the dual realizations that, while we are fortunate to live in this time and place, whatever we put into the mix affects the unfolding of events.

2. **Our department's strategic priorities, 2004 - 2009**

In order to achieve our goals and honor our commitments, we have established five strategic priorities for the Health Science Department for the period 2004-2009:

a. Increase the **visibility of the Health Science Department**, its curricular and career offerings;

b. Responsibly and strategically manage **resources and enrollment**;

c. Maintain our new department organizational structure which provides **time and support for faculty development and leadership**;

d. Continue our creative and newly **reflective orientation to strategic planning, program development and innovation**, and

e. Proactively pursue **new development opportunities** within and beyond the university.

Our plans, capacity, and activities to achieve these priorities and meet our broad goals are presented in the individual program reports that follow. Our self-study efforts culminated in adoption of shared
departmental commitments for the five-year period ahead, derived from the commitments of our two programs (Undergraduate and MPH program commitments in Appendix 7 and 8, respectively), selection of specific priorities from within those commitments for AY 2004-2005 (Appendix 9), and development of a new Five-Year Faculty Recruitment Plan (Appendix 10). In the face of both anticipated and unanticipated senior faculty retirements in the second half of 2004, the surprise resignation of our dean, the gratifying come-back and now rapid expansion of our Undergraduate program, and the continuing state budget crisis, our common commitments and priorities will serve as an invaluable compass as we navigate our way through interesting times.
1. Financial Resources

The financial resources of the Health Science Undergraduate program are inextricably entwined with the department’s resources overall. As a small department, all full-time faculty members teach both undergraduate and graduate courses, administrative support is shared across programs, and the modest department budget is utilized more by faculty than by programs. During self-study, we made a significant effort to identify the resource costs and benefits of our Undergraduate program, and are now able to identify its unique resource needs and contributions.

a. Faculty resources

Per College protocol during the period under review, faculty resources were allocated to departments as FTE/F rather than salary dollars. This will begin to change throughout AY 2004-2005 as the College complies with the university’s new budget transparency policies.

Since Fall 2001, the Health Science faculty allocation has averaged 7.68 FTE/F with a corresponding FTE/S target of 181.41 (Figure 38).

Figure 38.
Health Science Faculty Allocation and Enrollment Targets, Fall 2001 – Spring 2004

<table>
<thead>
<tr>
<th>Semester</th>
<th>FTE/F</th>
<th>FTE/S Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2001</td>
<td>7.50</td>
<td>179.0</td>
</tr>
<tr>
<td>Spring 2002</td>
<td>7.50</td>
<td>179.0</td>
</tr>
<tr>
<td>Fall 2002¹</td>
<td>7.98</td>
<td>174.9</td>
</tr>
<tr>
<td>Spring 2003</td>
<td>7.35</td>
<td>174.2</td>
</tr>
<tr>
<td>Fall 2003</td>
<td>7.80</td>
<td>184.9</td>
</tr>
<tr>
<td>Spring 2004</td>
<td>7.80</td>
<td>184.9</td>
</tr>
</tbody>
</table>

Notes: ¹ Included one-time GE Summer Supplement from Dean

When we began self-study, we had no strategic analysis of how to use our faculty allocation to reach the required enrollment target; as a result, we taught what suited our programs, schedules, faculty expertise, and student interests. While this management strategy led to a period of exciting curricular innovation in our graduate program, it inadvertently contributed to the near demise of our undergraduate major and GE courses. Careful analysis of program needs, student demand,
enrollment patterns, and appropriate FTE/S contributions to the department’s overall target led to the FTE/F and FTE/S forecasting and management model displayed in Figure 39.

The example provided below is for Fall 2004. The table indicates the appropriate FTE/F share of each program (MPH, Major, MUSE, Core GE, and Advanced GE). With the exception of MUSE (fall semesters only) and an annual fall-spring shift of .20 from the undergraduate to MPH programs, the basic proportions in this table are the same across both semesters of the academic year. Figure 39 reflects, for the first time, the additional allocation from the Gerontology program.

The forecasting model shows that, given department-wide priorities and the needs of individual programs, during Fall semester, 3.9 FTE/F must be dedicated to the Health Science major and our Core GE courses, with an additional 1.0 FTE/F dedicated to Advanced GE, and .1 available for MUSE (partial support from the Provost and Dean). The total, 5.0 FTE/F, is the absolute minimum necessary to sustain the integrity of our major and maintain our participation in GE given the SFR of 1:23.7 implied in our assigned faculty allocation and student enrollment target. Our actual undergraduate SFR is higher than 1:23.7, given our commitment to devoting Assigned Time to program leadership and oversight.

Figure 39.
Health Science Department FTE/F and FTE/S Distribution, Fall 2004

<table>
<thead>
<tr>
<th>Sector</th>
<th>FTE/F</th>
<th>Assumed FTE/S</th>
<th>Enrolled FTE/S</th>
<th>Final FTE/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH</td>
<td>1.4</td>
<td>29.8 (14.3%)</td>
<td>21.8 (10.5%)</td>
<td>36.0 (17%)</td>
</tr>
<tr>
<td>Major</td>
<td>2.3</td>
<td>82.0 (39.4%)</td>
<td>78.6 (37.8%)</td>
<td>77.2 (37%)</td>
</tr>
<tr>
<td>MUSE</td>
<td>.1</td>
<td>8.0 (3.8%)</td>
<td>6.8 (3.3%)</td>
<td>17.5 (8%)</td>
</tr>
<tr>
<td>Core GE</td>
<td>1.6</td>
<td>64.0 (30.8%)</td>
<td>63.2 (27.9%)</td>
<td>64.4 (31%)</td>
</tr>
<tr>
<td>Advanced GE</td>
<td>1.0</td>
<td>38.0 (18.3%)</td>
<td>41.4 (19.9%)</td>
<td>48.0 (23%)</td>
</tr>
<tr>
<td><strong>All sectors</strong></td>
<td><strong>7.8 of 9.25 FTE/F (instruction)</strong></td>
<td><strong>142.4 FTE/S (208.09 Target)</strong></td>
<td><strong>211.8 (102% Target)</strong></td>
<td><strong>243.1 (117% over Target)</strong></td>
</tr>
</tbody>
</table>

"Assumed FTE/S" reflects our analysis of the number of students we can expect in individual courses when we set the draft schedule and teaching assignments the semester before. This number is based on data from several sources: 1) our analysis of past enrollment trends, 2) our assessment of emerging environmental factors (i.e., university-wide enrollment needs, trends in the distribution of majors across departments, the ripple effect of impaction in other health majors), 3) observations from our undergraduate advisors, and 4) results of our electronic survey of all majors regarding the courses they plan to take the coming semester. "Enrolled FTE/S" reflects the number of students enrolled in each course as of the first day of instruction. "Final FTE/S" is the number enrolled at Census. Formation of this model in December 2003, and the analysis behind it, were
key turning points in the department’s ability to more accurately predict, prepare for, manage, and respond to student enrollment trends during a time of unprecedented change within the university.

As the key elements of the forecasting model emerged and proved increasingly accurate, the faculty’s willingness to take on new teaching assignments, change their preferred schedules, and otherwise flex their own time and resource management enabled us to deploy our faculty allocation according to the model. The results are clear in the now stable and predictable distribution of FTE/S across our major, GE courses, and MPH program - a pattern that provides a viable base for our department. It is not always easy to stick to the prescribed proportional distribution of faculty resources across programs, especially when individual faculty members advocate passionately for the opportunity to branch out in new and potentially exciting directions. However, we have found that the model secures our base. Combining that new discipline with continuing outreach with community college and transfer advisors, focused promotion of specific courses, and the now established pattern of effective teaching across the Undergraduate program have enabled us to meet our assigned enrollment target each academic year since AY 2002 (Figure 40). This is a monumental turnaround for a department in such trouble just four years ago.

Figure 40.
Health Science Enrollments, Fall 2001 - Spring 2004

<table>
<thead>
<tr>
<th></th>
<th>Fall 01</th>
<th>Spring 02</th>
<th>Sum/Fall 02</th>
<th>Spring 03</th>
<th>Fall 03</th>
<th>Spring 04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>179.0</td>
<td>179.0</td>
<td>174.9</td>
<td>174.2</td>
<td>184.9</td>
<td>184.9</td>
</tr>
<tr>
<td>Actual</td>
<td>108.6</td>
<td>145.8</td>
<td>200.00</td>
<td>146.4</td>
<td>203.2</td>
<td>189.9</td>
</tr>
<tr>
<td>% Target</td>
<td>.61</td>
<td>.81</td>
<td>1.14</td>
<td>.84</td>
<td>1.10</td>
<td>1.03</td>
</tr>
</tbody>
</table>

b. Clerical and administrative support

Similar to faculty allocation, clerical and administrative support has traditionally been distributed to CASA departments as FTEs rather than budget lines or dollars. The Health Science Department has been allocated one Administrative Support Coordinator position for over a decade. The merger with Gerontology brought an additional support position to the department (Student Assistant, 12 hours/week), which has been greatly appreciated. Recently, the Dean provided partial support for temporary Student Assistants during the unanticipated and extensive medical leave (January – June 2003) and planned maternity leave (January – April 2004) of our Administrative Support Coordinator and the Chair’s unanticipated surgery and time away from campus (May –June 2004). This staffing level has been adequate to meet our needs to date, largely because of the extraordinary level of communication and coordinating responsibility assumed by the Chair and
Program Directors. However, we are concerned that the coming shift to department-level full fiscal management will significantly stretch and stress our small support staff, as well as draw resources away from planned strategic initiatives. Securing additional Student Assistant support is crucial.

c. General Fund allocation

The General Fund allocation is the department's primary source of operating support. Over the past five years, our General Fund allocation has remained relatively stable (Figure 43). In AY 2002-2003, the Gerontology program's General Fund allocation was combined with that of Health Science, except for FTE/F, resulting in a 26% increase in our Operating & Expenses (O&E) budget. During the period under review, other sources of support have included special allocations for equipment and 2002 assistance from the Provost to help underwrite the cost of our new promotional materials.

d. Continuing Education (CE) income

Prior to 2001, the Department had relied on a few classes offered each Summer Session to annually replenish resources in our Continuing Education account. These monies, in turn, were used to support faculty travel to present papers at scholarly meetings (enhanced awards for probationary faculty), special events, equipment purchases, and unanticipated situations (such as partial support for Student Assistants during out Administrative Support Coordinator's extended 2003 medical leaves). Recent system-wide changes in summer session policy have virtually eliminated this source of new revenue for the department.

e. Foundation accounts: Cost-sharing from contracts and grants

Revenue to the department from contracts and grants administered through the SJSU Foundation has been modest during the period under review. The majority of the cost-sharing funds come from grants to a few faculty members, particularly Dr. David and or former Chair, Dr. Washington. Other accounts administered by the Foundation include a modest amount from gifts to the department and an account from honoraria from speeches donated by the current Chair over the past eight years.

f. Other sources of financial support

During the period under review, we have been fortunate to receive small but important supplements to our department budget, most notably from Academic Improvement Monies (AIM), MUSE, Lottery, and our student organizations.
### Annual Support from the College of Applied Sciences and Arts

<table>
<thead>
<tr>
<th></th>
<th>AY 01-02</th>
<th>AY 02-03</th>
<th>AY 03-04</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS Operating Expenses</td>
<td>$12,556¹</td>
<td>$14,380²</td>
<td>$14,380</td>
</tr>
<tr>
<td>Equipment</td>
<td>$ 5,000</td>
<td>$ 5,000</td>
<td>$ 5,000</td>
</tr>
<tr>
<td>Supervision Travel</td>
<td>$  300</td>
<td>$  300</td>
<td>$  300</td>
</tr>
<tr>
<td>Work Study</td>
<td>$  3,000</td>
<td>$  3,553</td>
<td>$  3,649</td>
</tr>
</tbody>
</table>

### Other Support from the University

<table>
<thead>
<tr>
<th></th>
<th>AY 01-02</th>
<th>AY 02-03</th>
<th>AY 03-04</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Convocation</td>
<td>$   89</td>
<td>$   89</td>
<td>$   75</td>
</tr>
<tr>
<td>AIM</td>
<td>$7,682</td>
<td>$6,369³</td>
<td>$1,594</td>
</tr>
<tr>
<td>MUSE Stipends</td>
<td>-</td>
<td>$ 2,000</td>
<td>$ 2,000</td>
</tr>
<tr>
<td>Lottery Award</td>
<td>$1,700</td>
<td>$1,500</td>
<td>$   500</td>
</tr>
<tr>
<td>Junior Faculty Award</td>
<td>-</td>
<td>$ 2,000</td>
<td>-</td>
</tr>
</tbody>
</table>

### Accumulated Funds – Dedicated to Emerging Needs

<table>
<thead>
<tr>
<th></th>
<th>AY 01-02</th>
<th>AY 02-03</th>
<th>AY 03-04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Education⁴</td>
<td>$35,000</td>
<td>$29,949</td>
<td>$16,506</td>
</tr>
<tr>
<td>SJSU Foundation</td>
<td>$ 17,250</td>
<td>$ 11,007</td>
<td>-</td>
</tr>
</tbody>
</table>

**Notes:**

¹ $2,103 was deducted from the allocation to cover a deficit from AY 2000-01 (prior to current Chair and department financial management plan), leaving an AY 01-02 operating budget of $10,753.

² The operating budgets for Health Science and Gerontology were combined beginning AY 02-03. During that year, the HS allocation was $11,400 and the Gero allocation was $2,980 for a combined total of $14,380. All cells in the table from AY 02-03 and AY 03-04 reflect combined allocations.

³ Includes $674 allocated to Gerontology and used for departmentwide promotion of the Gerontology Program.

⁴ Does not include $6,704 Gero CE funds, as they are reserved for program or professional development us only by the Gerontology faculty who contributed to the development of this account.
AIM: The Health Science Department has received AIM funds (Academic Improvement Monies) each year of the Provost's program. The faculty prioritized these funds for junior faculty development and new promotional materials for the department.

MUSE: Three Health Science faculty members have taught a total of four MUSE sections during the period under review, bringing a total of $5,000 to the department. Per MUSE stipulation, these funds have been dedicated to the instructional or professional development priorities of those individual instructors.

Lottery: The Department has received approval for several lottery proposals authored by Undergraduate program faculty between 1999 and 2003. Lottery funds have been used to support Undergraduate program initiatives, including the annual Career Expo, student and faculty travel to national meetings, purchase of updated videos on aging for campus-wide use, and the week-long Careers in Aging series.

Faculty Development Awards: Dr. Ramani Rangavajhula was the recipient of a Junior Faculty Career Development Grant (2002), a Center for Service Learning Mini-grant (2002), a Service Learning Curriculum Development Award (2000), and a Technology Training Grant from the Institute for Teaching and Learning (1999). The majority of these resources were awarded to support enhanced undergraduate instruction.

Student Association Fundraising: Our two undergraduate student associations annually raise $500 – $1,500 to support their social, service, and professional development programs. Their best fundraising activities are their famous bake sales.

While each of these sources provided only one-time, single use support, they have been crucial to our ability to be innovative, proactive, and responsive to student/societal interests during this challenging period.

2. Resource Management and Efficiency

In earlier times, the Health Science Department was well-served by a resource management philosophy that assumed constant if not increasing institutional support, maintained a strong CE reserve, and frugally conserved resources to ensure future viability and independence. Until the current department leadership, all resource decisions had been made by the Chair. However, the fiscal crisis of the current period clearly calls for a different resource development and management philosophy. A significant component of our department-wide self-study has been analysis of our resource management and efficiency, and implementation of strategic changes designed to enhance...
both. The analysis began with the current Chair’s identification of resource management goals and commitments (see Appendix 25), followed by in-depth discussion by the Directors of departmental organization and procedures to enhance resource management. Key findings of our analysis are presented below (Figures 41 and 42).

Figure 41.

<table>
<thead>
<tr>
<th>What We Do Well</th>
<th>Positive Result</th>
<th>Downside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get by on very modest office budget - rarely overspend</td>
<td>Basic computers for all, regular supply of paper and office supplies, copier, basic AV for classes</td>
<td>Outdated equipment, old purchasing patterns resulting in supplies we no longer use, dream of things we need or want but never get them (i.e., LCD projector for classes, color laser printer for office)</td>
</tr>
<tr>
<td>Subsidize limited O&amp;E budget with personal faculty resources (i.e., cell phones, copying)</td>
<td>Conserves department resources</td>
<td>Incurs personal expenses, masks real costs of running a department</td>
</tr>
<tr>
<td>Successfully seek outside sources for support of events</td>
<td>Big events (i.e., Convocation, Open House, Workshops, Receptions, Professional Development Conferences) that students and alumni both enjoy and look forward to</td>
<td>Always scurrying to make ends meet, cover event budgets, submit proposals, account for expenditures and revenue, pay vendors</td>
</tr>
<tr>
<td>Nurture fundraising by student organizations</td>
<td>Shared responsibility for acquiring additional funds, good learning experience for students, significant money raised each year</td>
<td>Very labor intensive, subject to student interests and priorities, too much of department calendar dependent on student fundraising</td>
</tr>
</tbody>
</table>

We began to address some of the unintended consequences of the way we were managing our resources (the “downsides”) by developing and implementing specific management protocols (Figure 42). By Fall 2004, Health Science had a new way of doing business, which we hope will result in 1) more strategic use of our resources, and 2) a productive and sustainable plan for department advancement and resource development.
### Summary Description of Past and Current Department Resource Management Practices

<table>
<thead>
<tr>
<th>What We Didn’t Have</th>
<th>What We Do Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Realtime accounting and regular reports of department budget status</td>
<td>Realtime budget tracking and report production built into job description of Office staff</td>
</tr>
<tr>
<td>Shared analysis of annual department expenditures, prospective resource priorities</td>
<td>Annual report prepared by Chair, reviewed with Directors, discussed with faculty</td>
</tr>
<tr>
<td>Prospective planning for equipment purchases, major office needs, etc.</td>
<td>Annual purchasing plan &amp; replacement schedule for computers, office needs, etc.</td>
</tr>
<tr>
<td>Prospective program-specific budget planning or accounting</td>
<td>Annual program budget projections &amp; review, prepared by individual Program Director, reviewed by Directors Group and Chair</td>
</tr>
<tr>
<td>Prospective event budgeting (i.e., Convocation)</td>
<td>Event protocol, including resource and revenue projections &amp; accounting, and policy that all events must be self-supporting</td>
</tr>
<tr>
<td>Department development plan or fundraising activities</td>
<td>Strategic plan for department advancement &amp; fundraising, including first two donation opportunities (yield: $1300I).</td>
</tr>
<tr>
<td>Program or activity that generates significant revenue for the department</td>
<td>Eager anticipation &amp; preparation to launch Special Session offerings of our MPH program (Substantive Change proposal submitted to university administration to be sent to WASC in March 2003; as of June 15, 2004, proposal still has not been scheduled for review).</td>
</tr>
</tbody>
</table>

The university’s move to a new transparent budget process, including department-level management and public reporting of all resources and expenditures, and the College decision to shift full resource management to departments, makes these new management policies and practices particularly timely.
3. Viability of Undergraduate Program Based on Existing Resources

The Health Science Undergraduate program is viable at current resource levels. However, we are concerned that further cuts to department resources, particularly faculty allocation, would significantly compromise our ability to maintain the program and its contributions to the mission of the university.

a. Basic resource needs we can meet

The Department is able to meet the Undergraduate program's basic resource needs, which include:

- **Adequate FTE/F to provide a range of faculty members and breadth of faculty expertise** – Our current allocation provides basic coverage of the courses necessary for a robust major and a productive General Education program.

- **Dedicated FTE/F for program leadership and administration** – Allocating .20 each semester for an Undergraduate Program Director has been one of our most important administrative decisions in recent years. Assigned time allows the designated director to coordinate the program’s activities, monitor and support curriculum (particularly GE course development, assessment, and review), participate in strategic planning with other program directors, align the program’s priorities and resource needs with those of the other programs and the department as a whole, and develop the systems necessary for a smoothly functioning and productive program. Sample job descriptions and semester reports of the Program Directors are located in Appendix 14.

- **Office space** – We are assigned five faculty offices (10 workstations) in MacQuarrie Hall and four additional workstations (currently shared by eight HS part-time instructors) in a large MH office shared by part-time instructors from throughout the building. All Undergraduate program faculty members, full-time and part-time, have desks and file drawers, office supplies, phones, access to the Department copier and fax machine, and convenient access to the department office. The Office has two staff workstations.

- **Computer workstations** – All full-time faculty and staff are provided with a computer, monitor, printer, and network connection.

- **Computer lab** – Two undergraduate courses require weekly use of a computer lab and another requires periodic lab use. These scheduling requests have so far been accommodated by the College computer lab.
Classroom equipment - From chalk to screen projection, the Undergraduate program depends on the supplies that make large class teaching and learning possible. The department budget is able to meet these basic needs, although we must supply our own chalk and often have to clean desks, empty garbage, and even wash walls due to the filthy conditions in assigned classrooms, particularly HB 407.

Events & professional development – Through student-initiated fundraising and small grant opportunities, the Undergraduate program is able to supplement the curriculum with popular self-supporting special events (i.e., Career Week, Convocation). An important innovation for AY 2004-05 is implementation of an Event Management Protocol which, we hope, will help us more accurately predict and track the actual costs – and potential revenue – of our many events, while teaching students sound fiscal management practices.

b. Basic resource needs we can not meet - yet

The Department is currently unable to meet the following Undergraduate program needs with existing resources:

Computer support for part-time instructors – Although part-time instructors teach a significant proportion of our undergraduate courses, we are not able to provide computer access for most of them. Most prepare for their courses and develop materials from their home computers, providing an extraordinary in-kind service to the university. We hope to be able to provide basic computer equipment to all part-time faculty in the near future.

Telecommunications support for national leadership roles – Our department benefits tremendously from the national and regional leadership positions held by our faculty, particularly in the Society for Public Health Education (SOPHE) and the American Public Health Association (APHA). Yet department resources can not support the conference calls and telecommunications so necessary for this kind of work. Faculty members use their own cell phones for almost all professional calls except communication with students and on-campus contacts. This is another in-kind service provided to the university, but something that the department should be supporting.

Instructional materials and technology for large classes – Some of the classrooms we are assigned have full instructional technology capability (i.e., built-in VCR and LCD projectors, large screens). However, the majority of the rooms we are assigned not only do not have that level of technology available, but have inadequate or unacceptable equipment - unusable or missing overhead projectors; filthy whiteboards that can never be made clean; or small, female-degrading pornographic messages
engraved right in the middle of the chalkboard where the instructor (usually female) needs to write. Prior to the Optimizer Era, we were told that restoring classrooms or equipment was the responsibility of the department; at this point, FD&O has not responded to our structural repair requests and the IRC has said that we must supply our own projectors (overhead and LCD) in rooms that are not equipped with them. Since the Optimizer now has us scattered across 30+ different classrooms on campus, our department can not afford to provide instructional materials and technology for them all. As a result, we are chronically struggling with the challenge of large classes and inadequate instructional equipment. We are also in desperate need of more recent educational materials (i.e., videos, CDs, documentaries), as most of our community health collection was acquired in the 1990s and is now out of date.

- **Teaching assistant support for large classes** – Health Science faculty have been unusually willing to accept increasingly large class minimums in order to build critical mass and restore our Undergraduate program. However, undergraduate class sizes of 35 – 50 are now the norm in our department. Since many of our courses have extensive writing demands, we are eager to find a way to support over-extended faculty by providing Teaching Assistant opportunities for our MPH students. We are in particular need of TAs who could read homework and evaluate student papers.

Finally, we are concerned that the rapid growth in our Undergraduate program foreshadows a coming resource crisis. If our enrollments continue to grow but our faculty allocation remains stable, or is reduced, we will not be able to grow the program as we would like and will have to limit enrollments in the major and General Education courses. Since our department’s ability to make our overall target is based on a large undergraduate base, this could jeopardize our viability. It would also preclude us from meeting the now established student demand for our courses, as well as interfere with our ability to matriculate our now steady group of majors.

4. **Resource development plans**

For the first time in its history, the Health Science Department has a strategic resource development plan! Key elements of the plan, developed through self-study and faculty relationships in the community, include:

- **Alumni development** – We have never asked alumni for money. It’s time. We are planning a Fall 2004 alumni outreach initiative, to be followed up in Spring 2005 with, what we hope will become, an annual development campaign.

- **Formalized scholarship opportunities** – We have successfully raised funds for our professional association through local foundations, particularly the California Endowment. These resources have provided conference scholarships for students
throughout the state, but our own students have always competed very well. We are actively investigating the possibility of a more formal mechanism to support SJSU Health Science students’ participation in our national meetings and other professional development opportunities. One recent example is five undergraduate scholarship positions just secured by the Chair for Health Science undergraduates to volunteer/participate in the prestigious Minority Training Program in Cancer Control Research, held each summer in San Francisco but restricted to graduate students.

- **Grants.** Several Health Science faculty are eager to secure research or project grants that can be administered through the SJSU Foundation. Dr. Edward Mamary was just awarded a research grant through the University-wide AIDS Research Project (October 2004) and Dr. Kathleen Roe has been assigned a lead role in development of a promising multi-institution proposal to establish a Western Family Health Promotion Consortium through the WAC. Dr. Roe also is in active dialogue with The Health Trust regarding establishing a Community Health Studies Center at SJSU which would provide opportunities for undergraduate and MPH students to be involved in community-based evaluation projects funded by The Health Trust.

- **Special Session.** In response to a growing need in the field for a way for experienced public health professionals in rural areas to earn an MPH degree through distance education, we have submitted a substantive change proposal to WASC. Specifically, we are proposing the extension of our campus MPH program to include a distance cohort. The proposal is described in greater detail in the MPH report that follows. Once approved, the department should receive additional resources through the special session fees paid by students in the distance cohort.

5. **Five-Year Plan for Faculty Recruitment**

Appendix 10 outlines our department’s five-year plan for faculty recruitment. We will lose two full-time faculty positions by the end of AY 2004-2005 due to the final semester of Dr. Sam Radelfinger’s 5-year FERP and the unanticipated Summer 2004 retirement of Dr. William Washington. A key goal of future recruitment is experience and enthusiasm for undergraduate program leadership and development (a position currently held by a part-time instructor). Our department plans have long put priority on hiring a Health Science “generalist” – someone with broad skills in the full range of basic health topics. Indeed, this position has been a stated priority for at least 15 years. Changes in the field of community health also call for graduates to have increased sophistication in health communications, from patient education to mass media campaigns. As of this writing, we were just approved to begin searching for our two priority faculty positions. Our 5-year plan also looks forward to new faculty lines, assuming enrollment growth due to some of our strategic initiatives (particularly increased GE and elective offerings, the planned articulation with the other health profession programs,
and growth of our quantitative science courses) and the quickly emerging need for faculty expertise in distance and hybrid learning technologies.


The Health Science Department has fared remarkably well over the past decade without a steady source of external support or a strategic plan for the development and inter-relationship of its component programs. A relaxed approach to financial management, relieving individual faculty of concern for program budgets and assuming adequate short-term fundraising for specific events, allowed faculty to focus on individual teaching, service, and scholarship. However, times have clearly changed. Eroding state support for higher education, resource challenges within our university and college, and the now definitive expectation of internal and external support for departments’ basic operations requires that we do things very differently.

The Health Science Department has identified 12 priorities for the Undergraduate program to ensure viability and financial stability of both the program and the department in the 5-year period ahead:

E.1. Actively participate in the department’s new proactive development and resource management plans, policies and procedures, accepting shared faculty/staff responsibility for the financial viability of the Undergraduate program and department;

E.2. Annually revisit and adjust, as needed, the Undergraduate Program’s unique role in the financial viability of the department, including opportunities and responsibilities of faculty and students;

E.3. Align program-specific accounts with department’s new financial management policies and procedures (e.g. CE, Foundation, student associations);

E.4. Adhere to department’s new event management protocol for all Undergraduate Program events and all Department events which involve or benefit undergraduate students or faculty;

E.5. Seek increased faculty allocation in order to efficiently matriculate majors, offering sufficient electives and scheduling required major courses twice a year;

E.6. Seek increased faculty resources in order to offer more sections of popular GE courses (i.e., HS 1 Understanding Your Health, HS 15 Human Life Span, and our new Core GE course HS 67 Health Statistics);
E.7. Seek to support teaching assistants to allow larger class sizes or convert appropriate courses to large lectures with multiple lab/discussion sections formats;

E.8. Seek support to enhance classroom equipment to facilitate teaching and learning in large classes (higher quality projectors, larger viewing screens, more recent CD/video resources);

E.9. Protect the Chair’s right to assign a minimal amount of instructional resources to planning and program coordination through judicious and evaluated use of Assigned Time for Program Directors and other key coordinating positions as necessary;

E.10. Secure enhanced and consistent Student Assistant support to help with the many activities of our department;

E.11. Work to ensure adequate office space for Health Science faculty, keeping offices as close to the Department Office as possible, and computer workstations for all part-time instructors;

E.12. Minimize changes in the undergraduate program in order to direct attention to the long-anticipated launch of the Special Session MPH program and its complicated resource management.

F. Interdependence of Programs

The Health Science Undergraduate program is both formally and informally involved with other departments on campus through shared and/or complementary curricula. Current relationships are structured around General Education, the MUSE program, minors, the Certificate in Applied Social Gerontology, and electives.

1. General Education

The Health Science Department participates as both provider and consumer of the SJSU General Education curriculum. Although the specific courses have changed over time, General Education has been a part of the Department's undergraduate offerings for at least two decades.
a. General Education courses taken by Health Science majors

Health Science majors must fulfill the university's 53 units of General Education and Physical Activity courses, in addition to the requirements of the major. While it is possible for students to receive some major credit for Health Science GE courses (i.e., HS 1 Understanding Your Health, HS 15 Human Life Span, and HS 135 Health Issues in a Multicultural Society), students take most of their GE courses from throughout the campus. Our undergraduate advisors actively encourage Health Science majors to select courses from a broad range of fields.

b. General Education courses offered by the Health Science Department

Our department has a strong commitment to participating in the General Education program of the university. Each semester, we offer at least seven sections of Core GE (HS 1, 15, and, as of Spring 2005, HS 67) and a minimum of four Advanced GE sections (HS 107, 135, 140, 169). Our seven courses cover four General Education areas – Area B3 Mathematical Concepts, Area D1 Human Behavior, Area E Human Understanding and Development, and Area S Self and Society. Figure 43 displays the General Education courses we offer each year, the departments with which we collaborate, and the number of students served. The numbers are based on actual Fall 2004 enrollments and projections from Spring 2004.

Figure 43. General Education Courses Offered by the Health Science Department, 2004-2005

<table>
<thead>
<tr>
<th>HS 1</th>
<th>Understanding Your Health</th>
<th>Area E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Department:</td>
<td>Health Science</td>
</tr>
<tr>
<td></td>
<td>Collaborating Departments:</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Semesters Offered:</td>
<td>Fall, Spring</td>
</tr>
<tr>
<td></td>
<td>Number of Sections:</td>
<td>7 sections per semester</td>
</tr>
<tr>
<td></td>
<td>Students Served:</td>
<td>490 students, 98.0 FTE/S</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HS 15</th>
<th>Human Life Span</th>
<th>Area D1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Department:</td>
<td>Health Science</td>
</tr>
<tr>
<td></td>
<td>Collaborating Departments:</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Semesters Offered:</td>
<td>Fall, Spring</td>
</tr>
<tr>
<td></td>
<td>Number of Sections:</td>
<td>1 section per semester</td>
</tr>
<tr>
<td></td>
<td>Students Served:</td>
<td>151 students, 30.2 FTE/S</td>
</tr>
</tbody>
</table>

(Figure continues)
<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Area</th>
<th>Home Department</th>
<th>Collaborating Departments</th>
<th>Semesters Offered</th>
<th>Number of Sections</th>
<th>Students Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 67</td>
<td>Health Statistics</td>
<td>B3</td>
<td>Health Science</td>
<td>None</td>
<td>Spring 2005</td>
<td>1 section per semester to start</td>
<td>30 students, 6.0 FTE/S anticipated</td>
</tr>
<tr>
<td>HS 107</td>
<td>Aging and Society</td>
<td>S</td>
<td>Health Science/Gerontology</td>
<td>Sociology, Social Work</td>
<td>Fall, Spring</td>
<td>1-2 sections per semester</td>
<td>90 students, 18.0 FTE/S</td>
</tr>
<tr>
<td>HS 135</td>
<td>Health Issues in a Multicultural Society</td>
<td>S</td>
<td>Health Professions</td>
<td>Health Science, Occupational Therapy</td>
<td>Fall, Spring</td>
<td>1 per semester offered by Health Science</td>
<td>70 students, 14.0 FTE/S</td>
</tr>
<tr>
<td>HS 140</td>
<td>Human Sexuality</td>
<td>S</td>
<td>Anthropology</td>
<td>Health Science, Biology</td>
<td>Fall, Spring</td>
<td>2 sections per semester by Health Science</td>
<td>266 students, 53.2 FTE/S</td>
</tr>
</tbody>
</table>

(Figure continues)
HS 169  Diversity, Stress, and Health  

**Home Department:** Human Performance  
**Collaborating Departments:** Health Science  
**Semesters Offered:** Fall, Spring  
**Number of Sections:** 1 per semester offered by Health Science  
**Students Served:** 54 students, 27.0 FTE/S

Students from departments throughout the campus enroll in the GE courses offered by Health Science and collaborating departments. For example, HS 1 Understanding Your Health, typically enrolls students from six colleges and over 25 different majors; HS 67 and HS 1 are on the recommended or required Core GE lists of several departments. Advanced GE courses show similar appeal across campus.

c. Faculty participation in General Education policy

Health Science faculty members provide support to the General Education program beyond offering courses. During the period of this Self-Study, Dr. Ramani Rangavajhula served on the 2003 General Education Advisory Panel (GEAPS) for Human Understanding and Development (Area E) and Dr. Kathleen Roe served on the Senate 2004 Curriculum and Research Committee.

d. Future directions in General Education

The creation and success of HS 1 Understanding Your Health, and the Spring 20005 introduction of our newest course, HS 67 Health Statistics, represent one of the most significant department initiatives in recent years. Until 2000, we had collaborated on several General Education courses but were the home department of only one, HS 15 Human Life Span. During self-study, we realized that basic health promotion principles and the multidisciplinary foundation of public health might be of interest and benefit to students throughout the university. We also realized that community health provides a useful vehicle through which to meet the goals and objectives of SJSU’s General Education program. We made a commitment to continuously assess the GE environment, looking for opportunities to offer the expertise of our faculty to the general student body. HS 1 was our first project and we have been delighted with the results. Student interest has grown beyond what
our current resources can accommodate, full-time faculty have enjoyed the opportunity to “return to their roots” with an introductory course, and we have been able to hire enthusiastic, masterslevel health educators to teach additional sections each semester. We have all enjoyed the perspectives and experiences shared by the diverse lower division students who come from majors throughout the campus. Our near-term future plans include developing our own 100W Health Writing Workshop and then a new Core GE course on Emerging Epidemics. Longer term plans include an Advanced GE course on Infectious Disease and possible collaborations with other departments on Advanced GE courses in the areas of Global Health and Health Communications.

2. MUSE courses

Health Science faculty have participated in the MUSE program since its beginning in Fall 2002. Courses developed for MUSE include:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Instructor</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 10D</td>
<td>The Caring Community</td>
<td>Dr. Debra David</td>
<td>Fall 2004</td>
</tr>
<tr>
<td>HS 11D</td>
<td>The Longevity Revolution</td>
<td>Dr. Debra David</td>
<td>Fall 2002, 2003</td>
</tr>
<tr>
<td>HS 13D</td>
<td>Health in the Silicon Valley</td>
<td>Ms. Sabrina Valade</td>
<td>Fall 2001*</td>
</tr>
<tr>
<td>HS 26B</td>
<td>Medical Effectiveness</td>
<td>Dr. Bud Gerstman</td>
<td>Fall 2003, 2004</td>
</tr>
</tbody>
</table>

*Developed and approved for Area E but not taught due to scheduling & enrollment problems

In addition to the courses above, Dr. Ramani Rangavajhula gave a MUSE workshop on intimate partner violence in September 2003.

Health Science MUSE courses have contributed to the introductory experience of freshmen with a wide range of academic and professional interests. In addition, each of the Health Science faculty members involved in the MUSE program has remarked on the extraordinary opportunity for peer exchange and dialogue with new faculty colleagues from departments across the campus. Our collective curriculum development skills have been enhanced by this multidisciplinary experience. We were extremely proud that our course Health in the Silicon Valley was identified as a model for Area E development during the first MUSE year. During a time in which our focus had to be on “growing the major”, we have greatly appreciated the support from the Provost and the Dean of the College of Applied Sciences and Arts that made it possible for us participate in the university-wide MUSE program.
3. Minors

The Health Science Department provides two minor options for students from all departments. We have also created an option within the Health Science major that allows students to select a minor of their choice from any department on campus.

a. Health Science and Gerontology Minors

Students from throughout the campus select the two minors offered by the Health Science Department: the Health Science Minor and the Gerontology Minor. Home departments of students selecting our minors include Nursing, Health Professions, Psychology, Biology, and Human Performance.

b. Minors selected by Health Science Students

One of the new options for the Health Science major is selection of a minor of the student’s choice from another department. Recent minors selected by Health Science students have included Business, Dance, Anthropology, Spanish, and Gerontology. Recent advising data and our Option Census surveys suggest that this is becoming an increasingly popular option for Health Science majors.

4. Electives

Prior to the current self-study, the Health Science Department did not have formal arrangements with other departments to provide or approve elective courses. During the past year, we have begun exploring the options and have been pleased with the results and the range of possibilities.

a. Health Science support for electives in other departments

Our new Major, Option 1 allows students to take up to seven Health Science courses beyond the Core Health Science Requirements. As of Fall 2003, we have created a list of approved electives beyond the department, of which up to three courses can count towards those seven required courses. The approved electives come from departments as diverse as African American Studies, Psychology, Nutrition, and Journalism. The full list of approved electives is located at the end of the advising documents in Appendix 13.

b. Health Science Courses as Electives for Other Departments

One of our newer courses, HS 145 Community Mental Health, is an approved elective for Psychology and Sociology majors. Both faculty and students appreciate the diversity of perspectives and expertise brought to the course by students from those departments. We plan to continue exploring formal elective approval for other Health Science courses as appropriate.
next project is analysis and re-conceptualizing of our curriculum in Women’s Health. Our experimental course in this area has been approved for Spring 2005. This course may be an attractive elective for students from other majors.

5. Gerontology Certificate

The Certificate in Applied Social Gerontology is an 18-unit multidisciplinary collaboration, hosted by the Gerontology Program (Health Science) and involving seven other departments, including Nutrition and Food Studies, Sociology, Recreation and Leisure Studies, Social Work, Human Performance, Occupational Therapy, Psychology, and Nursing. Each year, 10-25 students enroll in courses in these departments as they work towards the Gerontology Certificate. We are currently discussing the option of delivering at least some of the certificate courses online to enhance their attractiveness and accessibility to undergraduates and working professionals.


In recent years, the Health Science Undergraduate program has significantly enhanced its formal arrangements and collaborations with other SJSU departments. These new relationships have provided greater flexibility for Health Science students, while bringing increasingly diverse perspectives to our courses and curriculum development. We look forward to continuing to develop and nurture interdepartmental collaboration.

The Health Science Department has endorsed five priorities for the 5-year period ahead that relate specifically to the interdependence of campus programs:

F.1. Continue to explore and develop, as appropriate, new GE courses, with Health Science as either the home or collaborating department.

F.2. Continue to explore and develop, as appropriate, opportunities for the Health Science Major, Option 1, to include electives from other departments.

F.3. Continue to explore and develop, as appropriate, opportunities for Health Science courses to serve as approved electives in other departments.

F.4. Continue to participate in interdisciplinary curriculum development, such as the MUSE program, the Gerontology Certificate, and other emerging opportunities.

F.5. Explore the opportunity for greater access and higher enrollments offered by collaborative distance learning technologies.
G. Capacity to Contribute to an Academic Field

The Health Science Department has demonstrated capacity to contribute to the field of community health. Indeed, despite extremely limited department resources and full teaching loads over the past decade, the eight full-time and/or tenured faculty members highlighted in this report have each developed areas of individual expertise that draw from and contribute significantly to our Undergraduate program. During the five years of this review, 1999-2004, seven faculty members have published over 39 articles, commentaries, book chapters, and book reviews in the professional literature of our fields. We have given 18 invited keynote speeches; made 18 invited plenary or concurrent presentations at professional meetings; offered 46 invited workshops, trainings, and panel presentations; and given 27 oral presentations and poster sessions at professional conferences from local professional associations to international meetings in Canada, France, and Thailand. Five faculty members have been involved in over 39 involved in community-based projects between 1999 and 2004, many of which led to opportunities for undergraduate student involvement, faculty scholarship, community service, professional leadership, and scholarly activity. Many of us have also devoted scholarly and creative attention to the pedagogy of community health, resulting in textbooks and published materials for undergraduate instruction, research on service learning, and the beginning of participatory research with the undergraduate student community. Self-study has facilitated our understanding of the distinct and common lines of our research and scholarly interests, and resulted in several new initiatives that will significantly strengthen this aspect of our Undergraduate program.

1. Applied Research in the Field of Community Health

Several Health Science faculty members are involved in community-based projects designed to improve population health through organized community efforts. Our projects have led to long-term relationships with state and local health departments, community-based agencies, and private foundations to evaluate programs, assist with community assessment, facilitate strategic planning, and provide other community health promotion technical assistance. We have found this to be an extremely rewarding way to contribute to our field, keep our practical skills current, and continuously infuse our undergraduate curriculum with real-world examples. Figure 44 lists the community health projects that the fulltime Health Science faculty members have been involved with over the past five years.
<table>
<thead>
<tr>
<th>Project</th>
<th>Community Partner/Funder</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Director, MetLife Health Literacy Curriculum</td>
<td>Temple University</td>
<td>2003-2004</td>
</tr>
<tr>
<td>Project Director, Health ESL for Older Immigrants</td>
<td>Roslyn Carter Institute for Human Development</td>
<td>2003-2004</td>
</tr>
<tr>
<td>Project Co-Director, Project SHINE (Students Helping in the Naturalization of Elders)</td>
<td>Temple University</td>
<td>2001-2004</td>
</tr>
<tr>
<td>Co-Director, Family and Community Support Component, 21st Century Community Learning Center</td>
<td>U.S. Department of Education</td>
<td>1999</td>
</tr>
<tr>
<td>Co-Investigator, Mental Health in Diabetic Elders in Five Ethnic Populations - Needs Assessment and Curriculum Development</td>
<td>Stanford Geriatric Education Center</td>
<td>2003-2004</td>
</tr>
<tr>
<td>Principal Investigator, Needs Assessment of African American Men who Have Sex with Men and HIV Behavioral Risk</td>
<td>Universitywide AIDS Research Project and SF Department of Public Health</td>
<td>2004-2005 (Awarded 10/04)</td>
</tr>
<tr>
<td>Evaluator, Communitywide Needs Assessment of People Living with HIV</td>
<td>Kern County Department of Public Health</td>
<td>2003-present</td>
</tr>
<tr>
<td>Evaluator, Employee Wellness Program</td>
<td>Santa Clara County Public Health Department</td>
<td>2003</td>
</tr>
<tr>
<td>Evaluator, 5-county Needs Assessment of People Living with HIV</td>
<td>Plumas County Public Health Agency</td>
<td>2002-2003</td>
</tr>
<tr>
<td>Evaluator, Partnership for the Public's Health (14 county initiative)</td>
<td>Public Health Institute</td>
<td>2001-2002</td>
</tr>
<tr>
<td>Evaluator, Focus Group on Quality of Care for People Living with HIV</td>
<td>Pacific AIDS Education and Training Center</td>
<td>1998-1999</td>
</tr>
<tr>
<td>Project</td>
<td>Community Partner/Funder</td>
<td>Period</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Evaluator, Tobacco Control Program</td>
<td>Stanislaus County Public Health Department</td>
<td>2003-2007</td>
</tr>
<tr>
<td>Evaluation Consultant, Buck Tobacco 5-County Project</td>
<td>Public Health Institute</td>
<td>2003-2005</td>
</tr>
<tr>
<td>Evaluator, Dialogue Skills Training for Health Department Staff</td>
<td>Centers for Disease Control and Prevention</td>
<td>2000-2003</td>
</tr>
<tr>
<td>Evaluation Consultant, Health and Environmental Justice Coalition</td>
<td>Silicon Valley Toxics Coalition</td>
<td>1999-2005</td>
</tr>
<tr>
<td>Evaluation Consultant, Food Security Projects, California Nutrition Network</td>
<td>California Department of Health Services</td>
<td>1999-2004</td>
</tr>
<tr>
<td>Evaluator, African American Tobacco Control Efforts (church and community organizing)</td>
<td>American Lung Association of Santa Clara and San Benito Counties</td>
<td>1997-2005</td>
</tr>
<tr>
<td>Evaluator, Tobacco Control Program</td>
<td>San Benito County Public Health Department</td>
<td>1999-2007</td>
</tr>
<tr>
<td>Evaluator, Tobacco Control Program</td>
<td>San Joaquin County Public Health Department</td>
<td>1999-2007</td>
</tr>
<tr>
<td>Evaluator, Youth Media Network</td>
<td>California Department of Health Services</td>
<td>1998-2001</td>
</tr>
<tr>
<td>Consultant, Breast Cancer Early Detection Program</td>
<td>California Department of Health Services</td>
<td>1998-2000</td>
</tr>
<tr>
<td>Evaluator, California Youth Advocacy Network</td>
<td>California Department of Health Services</td>
<td>1997-2005</td>
</tr>
<tr>
<td>Evaluator, Tobacco Control Program</td>
<td>Yolo County Public Health Department</td>
<td>1997-2005</td>
</tr>
<tr>
<td>Evaluator, Gold Country (13-county) Tobacco Control Coalition</td>
<td>California Department of Health Services</td>
<td>1995-2002</td>
</tr>
<tr>
<td>Evaluator, Immunization Program</td>
<td>Santa Clara County Public Health Department</td>
<td>1995-2001</td>
</tr>
</tbody>
</table>
### Project | Community Partner/Funder | Period
--- | --- | ---
Evaluator, Bicycle Helmet Injury Prevention Program | California Department of Health Services Emergency Preparedness and Injury Control Section | 1994-2000

**Kathleen Roe**

Evaluator, HIV Prevention Community Planning | San Francisco Department of Public Health | 1996-2004

Research Consultant, Qualitative Analysis of Multicultural Focus Group Data on Pediatric Oral Health | San Francisco Department of Public Health, Oral Health Services, and University of California at San Francisco | 2003-present

Co-Investigator, Health Education Job Satisfaction and Professional Involvement Study | Brigham Young University | 2003-present

Evaluation Consultant, HIV Services Planning | Santa Clara County Public Health Department | 2002

Evaluator, Youth Violence Prevention Project | San Francisco Department of Public Health | 2001-2002


Evaluator, Grandparents as Parents Program (national project) | Brookdale Foundation, New York City | 1998-2001


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2. **Applied Research in the Field of Service-learning**

The Health Science Department is very fortunate that Dr. Debra David has become a well-recognized leader in the area of service-learning, both on campus and around the country. While Dr. David has spent a considerable portion of her appointment during the Self-Study as the Director of the SJSU Center for Service Learning, she has remained an active Health...
Science faculty member. Her enthusiasm for service-learning and her vision of what is possible for Health Science have stimulated us to experiment with our curriculum. Figure 45 lists the grant funding for service-learning projects and research of Dr. David and Dr. Nancy Hikoyeda over the past five years.

**Figure 45.**
Service-Learning Projects, Health Science Department Faculty, 1999-2004

<table>
<thead>
<tr>
<th>Project</th>
<th>Community Partner/Funder</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Director, Students in Action</td>
<td>CSU Chancellor's Office</td>
<td>2004-2006</td>
</tr>
<tr>
<td>Project Director, Bridging Borders AmeriCorps Program</td>
<td>Governor's Office for Service and Volunteerism</td>
<td>2003-2006</td>
</tr>
<tr>
<td>Project Director, Institutionalizing Community Service Learning in the California State University</td>
<td>CSU Chancellor's Office</td>
<td>2002-2003</td>
</tr>
<tr>
<td>Project Director, Building a Sustainable Infrastructure for Service-Learning at SJSU</td>
<td>Corporation for National Service</td>
<td>2002-2003</td>
</tr>
<tr>
<td>Project Director, AmeriCorps Service-Learning in Family Health Program</td>
<td>CSU Chancellor's Office</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Project Director, Building a Service-Learning Infrastructure in Gerontology</td>
<td>Association for Gerontology in Higher Education</td>
<td>2001-2003</td>
</tr>
</tbody>
</table>

**Nancy Hikoyeda**

| Associate Director, SJSU Health Literacy Project | Roslyn Carter Institute/Johnson & Johnson; Temple University & MetLife | 2003-2004 |

One of our first activities during the self-study period was participation in the Engaged Department Institute in June 2001. Drs. David, Roe, Mamary, and Perales attended the 3-day working institute in San Diego. The Institute offered expert consultation, team activities, and facilitated development of a department-specific definition of "the engaged department." The Health Science Engaged Department Model has served as a template for faculty as we explored strategic and creative opportunities for service-learning to help meet our Undergraduate Program’s broad goals and objectives.

In addition to these formal service learning research projects shown on the previous page, several other Health Science faculty members have been involved in service learning innovation, including Dr. Daniel Perales (HS 164 Health and Social Marketing students develop campaigns for local health
3. Contributions to the Scholarship of our Field

Many of the Health Science faculty's research and evaluation activities include or result in scholarly publications. Figure 46 lists the journal articles, book chapters, edited volumes, book reviews, published abstracts, and commentaries produced by Health Science faculty over the past five years.

Figure 46.
Health Science Department Faculty Scholarly Publications, 1999-2004

Debra David

Invited Book Chapters


Book Reviews


Tina Camagna Foley

Journal Articles


Bud Gerstman

Commentary and Letters

- Bud Gerstman (2003). Comments regarding On Prognosis by William Farr (1838), with reconstruction of his longitudinal analysis of smallpox recovery and death rates. Social and
Preventive Medicine, 48, 285-289.


- Bud Gerstman (2002). Health professionals do not understand mathematical models & Re: But the teaching has to be right! BMJ, 17, 320.

Nancy Hikoyeda

Invited Book Chapters


Journal Articles


Edward Mamary

Invited Journal Commentary


Journal Articles


Figure continues


**Daniel Perales**

**Journal Articles**


**Ramani Rangavajhula**

**Journal Articles**


**Kathleen Roe**

**Guest Editor: Journal Theme Issues and Publications**


**Invited Book Chapters**


Invited Journal Articles


Journal Articles


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4. Scholarly Contributions to the Pedagogy of Community Health

Our experiences with our undergraduate students have inspired some of the Health Science faculty to become involved in writing texts and instructional support material for courses such as those that we teach. Figure 47 briefly describes the textbooks and other scholarly pedagogical projects produced by Health Science faculty over the past five years.
Bud Gerstman


Dr. Gerstman has written a best-selling epidemiology textbook, suitable for both undergraduate and graduate instruction. The text is based on his extensive knowledge and research in the field of epidemiology, as well as his over 10 years of teaching our undergraduate-level epidemiology course (HS 161 Epidemiology). This text is a core component of our undergraduate curriculum.

- Bud Gerstman (in progress). *StatPrimer*.

Dr. Gerstman is in the process of developing a detailed Lab Manual to support our undergraduate course, HS 167 Biostatistics. The 100-page manual will be self-published by the Health Science Department and sold through the Spartan Textbook Store. An early version is currently available online.


Dr. Gerstman has written a guide to the Epi Info statistical software used by students in HS 167 Biostatistics and HS 267 Computational Public Health Statistics. The guide is currently available online.

Kathleen Roe and Edward Mamary

- Kathleen Roe, Sabrina Valade, Edward Mamary (solicited, now under review). *Personal Health Activities: An Instructor's Manual*.

The process of developing our lower division GE course, HS 1 Understanding Your Health (developed by Dr. Mamary), involved differentiating the content and learning activities of the new course from those of our continuing HS 104 course Community Health Promotion (developed by Dr. Roe). Indeed, many of the new course's learning activities originated in the earlier course. Sabrina Valade, an early HS 1 instructor and former HS 104 Teaching Assistant, was hired to develop a workbook of these learning activities for HS 1 instructors. In 2004, Wadsworth, the publisher of the text used in HS 1, inquired about publishing our Workbook as an Instructor's Resource. Publication is expected in early 2005.

Kathleen Roe


While the market offers many personal health textbooks, there are only a few books suitable for undergraduate courses in community health. Dr. Roe has long been interested in developing such a text for the course she has taught for nearly two decades, currently titled HS 104 Community Health Promotion. She has been invited to join the writing team of Green and Ottoson to write such a text, under contract with McGraw-Hill. Writing will begin January 2005, with estimated publication July 2006.
5. Faculty Presentations at Professional and Scholarly Meetings

The scholarship and applied research of our department are well represented by faculty presentations at professional and scholarly meetings. Some of the Health Science faculty members are frequently invited to give keynote speeches and plenary presentations at national and regional meetings. Many organize and present invited workshops, trainings, and panels on the methods or priority topics of community health, gerontology, and service learning. Nearly all Health Science faculty members regularly present papers or poster presentations at regional or national professional association meetings.

a. Invited keynote speeches and plenary presentations

Figure 48 displays invited faculty keynote speeches and plenary presentations between 1999 and 2004.

Figure 48.
Invited Conference Keynote Speeches and Plenary Presentations
Health Science Department Faculty, 1999-2004

National Meetings

American Public Health Association (Public Health Education & Health Promotion Section) Annual Meeting


Art and Science of Health Promotion Annual Conference


Association for Gerontology in Higher Education Annual Meeting


Association of State and Territorial Directors of Public Health Education Annual Meeting


Brookdale Foundation Annual Conference: Relatives as Caregivers National Demonstration Project


Gerontological Society of America


National Asian Women's Health Organization Annual Conference


Society for Public Health Education (SOPHE) Annual Meeting


Society for Public Health Education (SOPHE) Midyear Scientific Meetings


Regional Meetings – Throughout the U.S.

Pacific Regional Intergenerational Service-Learning Institute Annual Meeting


Regional Society for Public Health Education (SOPHE) Annual Meetings


Other Regional Conferences


Regional Meetings –California

Northern California Society for Public Health Education Annual Meetings


Other California Statewide Meetings


b. Invited trainings, workshops, and panel presentations

Health Science faculty are frequently invited to give panels, workshops, and trainings on the methods or priority topics of community health. Figure 49 displays the 43 invited sessions of six faculty between 1999 and 2004.
International Meetings

International Conference on Advancements in Service Learning


International Conference on Service-Learning Research


International Union for Health Promotion and Education


National Meetings

American Public Health Association Annual Meetings


Association for Gerontology in Higher Education Annual Meeting


Campus-Community Partnerships for Health Annual Conferences


Learn and Serve American Annual Grantees Meeting

National Service Learning Conference


Society for Public Health Education Annual Meetings


Society for Public Health Education Midyear Scientific Meetings


Regional Meetings – throughout the United States

Florida Tobacco Control Conference


Great Lakes Cardiovascular Health Conference

- Kathleen Roe. Empowering Approaches to Community Based Prevention Programs. (Invited training). Columbus, OH, April 26, 1999.

Great Lakes Society for Public Health Education (SOPHE) Annual Conference


Pacific Regional Intergenerational Service-Learning Institute


Western Regional Campus Compact Consortium


**California Meetings**

Bay Area Comprehensive Perinatal Service Provider Coordinators, California Department of Health Services

- Kathleen Roe. Everything You Want to Know (and Ask) about Evaluation (Invited training), Oakland, CA, February 14, 1999.

Breast Cancer Early Detection Program, California Department of Health Services


California Nutrition Network, California Department of Health Services


CSU Service-Learning Colloquium


CSU Service-Learning Directors Meeting


DVY2K: Health Policy and Research Colloquium on Partner Violence


Faith, Religion, and Domestic Violence


IBM Regional Meeting

- Kathleen Roe. Local and National Perspectives on Grandparents Raising Grandchildren. (Invited

**Intergenerational Mini-Conference**


**International Health Programs Institute**


**Japanese American Religious Federation**

- Nancy Hikoyeda. Long-Term Care: Health Care Policies and the Continuum of Care for Older Adults. (Invited presentation), Spirituality and Aging in the Japanese Experience, Berkeley, CA, October 10, 1999.

**Northern California Society for Public Health Education Annual Meetings**


**Santa Clara County Domestic Violence Council**


**Santa Clara County Social Services Agency**


**Vesper Society**


c. Presentations and posters at professional and scholarly conferences

Despite our limited travel resources, most Health Science faculty members regularly submit abstracts and present at the annual meetings of our key professional associations. Figure 50 lists the 34 presentations of six faculty members during the 5-year period 1999 and 2004.

Figure 50.
Health Science Department Faculty Presentations at Professional Meetings, 1999-2004

International Meetings

**International Conference of the Biopsychosocial Aspects of HIV Infection**


**International Conference on Service-Learning Research**


**International Partnership for Service-Learning and Leadership**


**International Qualitative Health Research Conference**

- Edward Mamary. Perceptions of health care: Results from focus groups with people of color living with HIV. Banff, Canada, April 20, 2000.

National Meetings

**American Public Health Association**


**Association for Gerontology in Higher Education**


**Coalition of Metropolitan and Urban Universities**


**Gerontological Association of America**


**Society for Applied Anthropology**


**Society for Public Health Education Annual Meetings**


Society for Public Health Education Midyear Scientific Meetings


Regional Meetings

Pacific Sociological Association Annual Meeting


Western Psychological Association Annual Meeting


Western Regional Campus Compact Consortium Meeting


California Meetings

Northern California Society for Public Health Education


Pacific AIDS Education and Training Center

- Edward Mamary. Perceptions of health care: Results from focus groups with people of color living with HIV. Asilomar, CA, April 10, 1999.

Tobacco Control Section, California Department of Health Services

6. Professional Leadership

Many of the Health Science Department faculty members are regionally and nationally recognized leaders in their respective fields. Indeed, for over 35 years our faculty has been active in the growth and leadership of several scholarly/professional organizations. We are particularly proud of Undergraduate program faculty leadership in the following organizations over the period under review:

The Society for Public Health Education (SOPHE) is the leading organization dedicated to promoting the profession of public health education in order to advance population health. Our department’s leadership in SOPHE dates back to 1970, when Dr. Helen Ross joined the Health Science faculty. Several current Health Science faculty members continue the long-standing tradition of SJSU leadership in SOPHE, including:

- **Dr. Edward Mamary** is currently a member of the SOPHE Board of Trustees, having just completed his term as Co-Vice President. In the latter role, he was Co-Chair of one of SOPHE’s most successful annual conferences, held in November 2003 in San Francisco.

- **Dr. Daniel Perales** was Co-Vice President in 1999-2000, and served as the Chair of another of SOPHE’s most successful annual meetings – the 50th anniversary celebration in Boston in 2000. Following his term as Vice President, he served as a Trustee-at-Large until 2001. He served as a member of SOPHE’s Strategic Planning Committee, 1997-1999 and has just been elected SOPHE Treasurer.

- **Dr. Kathleen Roe** was President of SOPHE 2000-2001 and created the Open Society Commission, a group of SOPHE leaders charged with exploring the ways that the organization can better participate in internal and external efforts to eliminate health disparities and increase the diversity of the profession. She was Chair of the Research Agenda Committee, 2001-2003; in that capacity, she convened an invitational Research Agenda Planning Committee Meeting in Seattle during 2001. In 2002, she was appointed to the Profession-wide Task Force on Quality Assurance in Health Education Professional Preparation and has been elected to Co-Chair for 2004-2006, the implementation phase of the new quality assurance system. She also serves on the SOPHE Council of Past Presidents.

- **Dr. Nancy Hikoyeda** served on the 2002-2003 Annual Meeting Program Committee and on the 2002 Awards Committee.

Northern California Society for Public Health Education (NC-SOPHE) is the local SOPHE chapter for our region. Drs. Mamary, Perales, and Roe have all served as President of NC-SOPHE, along with numerous other elected positions in the organization. **Dr. Nancy Hikoyeda**
served on the Professional Development Committee 2001-2002. Currently, Dr. Ramani Rangavajhula is a Member-at-Large.

American Association for Health Education (AAHE) is the other leading nationwide health education professional organization. Dr. Kathleen Roe has been named to the AAHE-SOPHE Program Approval Committee (SABPAC), which is responsible for program approval reviews for community health undergraduate programs.

American Public Health Association is another key organization in the field of public health. Dr. Kathleen Roe has served in several elected positions in APHA (Governing Council, Section Secretary) and is currently on the Public Health Education and Health Promotion Section Awards Committee (2001-present). Dr. Ramani Rangavajhula has served as the Program Co-Chair for the Women’s Caucus since 2002.

The Association for Gerontology in Higher Education is a key organization in which the Health Science faculty has also had a long history of leadership. Dr. Debra David was a member of the Faculty Development Committee, 2001-2003 and the Executive Committee 1999-2001. In February, 2001, SJSU hosted AGHE’s Annual Meeting. Dr. David was Chair of the Local Arrangements Committee and Dr. Nancy Hikoyeda served as Volunteer Coordinator.

The American Society on Aging is another organization that the Gerontology faculty has served. Dr. Debra David currently serves on the Summer Series Steering Committee, the Education Committee, and the National Media Awards Committee.

The Stanford Geriatric Education Center makes important contributions to the scholarship and professional development of the field of aging. Dr. Nancy Hikoyeda was a member of the Planning Committee for the January 2004 Latino Ethnomedicine Conference held at SJSU. She has also served as the SJSU Distance Learning Video Conference Coordinator since 2000.

Western Athletic Conference (WAC) Academic Alliance is a relatively new entity, initially convened by SJSU Provost Marshall Goodman to seek collaborative projects among the WAC universities. WAC Deans identified health disparities as one of two priority health areas. Dr. Kathleen Roe has been involved in several WAC planning meetings at the invitation of Dean Michael Ego. Drs. Mamary and Perales, assisted with the WAC Symposium hosted by SJSU in June 2003. Drs. Roe, Mamary, Perales, Roesler, and Hikoyeda participated in the WAC Invitational Health Summit in July 2004.

7. Positions on Editorial Boards

In addition to the periodic manuscript review for journals such as the American Journal of Public Health, Qualitative Health Research, Health Promotion Practice, Health Education and Behavior, Health
Education Research, The Gerontologist, and Generations, the Health Science faculty have provided expert review and leadership to the following journals and special projects over the past five years:

- **Health Promotion Practice.** Dr. Kathleen Roe is a founding member of the Editorial Board (1998-present) and Co-Editor of the Circle of Research and Practice Department (1998-present). Dr. Daniel Perales is a member of the Editorial Advisory Board (1998-present).

  - **Theme Issue on Eliminating Health Disparities, Health Promotion Practice.** Dr. Kathleen Roe was Co-Guest Editor of this double issue. Drs. Daniel Perales and Nancy Hikoyeda served on the Guest Editorial Board.

- **California Journal of Health Promotion.** Dr. Kathleen Roe serves as a founding member of the Editorial Board since 2002.

- **Theme Issue on Health Education and the Internet, Health Education and Research.** Dr. Daniel Perales was a member of the Guest Editorial Board, Spring 2001.

### 8. Summary and Future Priorities, 2004-2009

The SJSU Health Science Department’s Undergraduate program faculty is actively involved in leadership, service, and continuous contributions to the fields of community health, health education, public health, and gerontology. Our professional involvements, through research, consulting, service, and community-based projects continuously link our curriculum, faculty, and students with community health needs and interventions in our local area and beyond. Our publications, presentations, trainings, and workshops bring the SJSU perspective to the field, emphasizing diversity, disparities, assets and capacity building, intergenerational efforts, and our expertise in planning, assessment, and evaluation. Our commitment to our undergraduate students has led to the development of academic texts and a growing interest from publishers in our approaches and our materials. The process of self-study has helped us identify the ways in which our scholarship and professional leadership are grounded in and supportive of our undergraduate program. We eagerly look forward to continuing to link our undergraduate curriculum and students with the broader field of community health.

The Health Science Department has identified six priorities regarding contributions to our academic field for the 5-year period ahead:

- **G.1.** Continue our professional leadership at local, regional, state, national, and even international professional organizations.

- **G.2.** Continue our scholarly contributions through research, community-based projects, and publications.
G.3. Continue to participate in the WAC Academic Alliance, providing leadership to the emerging health disparities and health literacy initiatives.

G.4. Document, describe, analyze, and disseminate the many successful innovations, teaching strategies, and conceptual frameworks of our undergraduate program through presentations and publications.

G.5. Seek external funding to better support faculty travel to professional conferences and meetings.

G.6. Convene and host meeting of CSU Health Science Chairs in early 2005, encourage annual meetings thereafter.

H. Availability of Instructional Alternatives

Undergraduate students have a variety of alternatives for studying health science in Northern California, however, none are organized or delivered quite like the SJSU Health Science Undergraduate program. Self-Study required that, for the first time in many years, we analyze our position in the region. As a result, we are gratified to be part of a range of instructional alternatives, proud of what sets us apart, and eager to finalize the strategic initiatives that will make our undergraduate program a leader in the region.

1. Local CSU campus alternatives

Health Science departments are found on almost all CSU campuses, reflecting the widespread interest in this field among students and the need for professional training for the health professions in each CSU area. Housed in a variety of colleges, each of the CSU Health Science departments is uniquely organized, with their own major requirements, possible options or concentrations, and linkages to other academic programs.

The greater San Francisco Bay Area offers undergraduate health science degrees at each of its local CSU campuses.

- San Francisco State University has the largest program, but its emphasis is exclusively health education. The major offers three emphases: Community-based Public Health, School Health, and Holistic Health. Their more narrowly focused health science emphasis makes sense for SFSU's service region, where health educators are key professionals in the City and County of San Francisco's large Department of Public Health, widely employed in the San Francisco Unified School District, and in high demand in the City's vast network of community-based organizations. This organizational profile is quite different from that of the Santa Clara/Silicon Valley area. Indeed, our decision to discontinue our own concentration in
Community/Occupational Health Education was a bit easier since we knew that students particularly interested in that area, and wanting to prepare for the national health education certification examination (CHES), would be able to meet their goals by attending San Francisco State. SFSU's new MPH in Community Health Education was accredited for the first time in 2003. The SFSU undergraduate program also benefits from extensive departmental General Education offerings in popular health topics such as HIV, homelessness, human sexuality, environmental health, drugs, and women's health.

**California State University – Hayward** also has a large Health Science undergraduate program. They offer a Health Science major with four options: Administration (with 52 quarter units from their Business School), Health Careers/Professions Preparation (64-69 quarter units from science departments), Education/Training/Facilitation, and Environmental Health and Safety. Their program draws from collaboration across colleges and emphasizes the importance of careful planning for specific health careers. They also offer a Health Science Minor and Certificate in Pre-Physical Therapy. Although CSU Hayward does not have an MPH program, they do offer a well-respected master's degree in health services administration.

**CSU Monterey Bay** – The new CSU Monterey Bay campus has established a Bachelor of Arts degree program in Collaborative Health and Human Services. The degree is designed to prepare graduates for careers in a health or human services agency. Their two concentrations are Community Health and Social Work; they offer Minors in International Health Policy and Environmental Health Policy. Coursework emphasizes values and ethics, understanding health and human services systems from a cross-disciplinary perspective, interagency collaboration, and client service. Their program design reflects the founding interdisciplinary philosophy of the Monterey Bay campus. They do not yet have a graduate health science degree, although are interested in developing an MPH program.

2. **Local private university alternatives**

The local private universities do not offer undergraduate preparation in Health Sciences in the way that the CSU campuses do. **Santa Clara University** has a Pre-Health Program, which assists students in meeting graduate health program requirements through the electives available within their majors. The **California Institute for Integral Studies** (CIIS) offers an undergraduate degree for experienced health professionals, which provides credit for prior learning and a set of intensive mixed mode courses to complete degree requirements. Neither **Stanford University** nor the **University of San Francisco** offer Health Science undergraduate degrees.
3. University of California at Berkeley

The University of California at Berkeley has just started an undergraduate public health degree. The program is based in the College of Letters and Sciences but draws heavily from the resources and offerings of the graduate School of Public Health. The new major offers concentrations in Biostatistics, Epidemiology, Health Services Administration, Environmental Health, and Community Health. Interestingly, the Community Health concentration consists entirely of the five courses developed by SJSU’s current Health Science Department Chair while a doctoral student at UC Berkeley. Those courses have proven to be extremely popular general electives (serving thousands of students per year) since they were developed in the mid-1980s.

4. Community College Health Science programs

San Jose State University is supported by a network of community colleges, all of which have lower division health science courses. Introduction to these courses frequently stimulates interest in pursuing a degree in health science. Our relationships with faculty in those departments, as well as with the Transfer Advisors at SJSU and the community colleges, have greatly facilitated students’ movement from community college into our undergraduate major. As the only CSU campus directly serving those community colleges, our program fills an important niche in professional preparation of the regional workforce.

5. Regional Health Occupations Resource Center (RHORC)

San Jose State University’s Health Science Department has the potential to meet a rapidly emerging workforce need through our new relationship with the RHORC located at Mission College. The statewide network of Regional Health Occupations Resource Centers serves a coordinating function for community college-level preparation for the range of health professions from home health aide to physician assistant. As a result of our Self-Study and Advisory Group meetings, the Department began conversations with the RHORC Director, the Director of the Stanford-Foothill Primary Care Associate Program, and the Dean of Health Sciences at Foothill College regarding the potential for developing articulation agreements between our major and the 9 allied health professional training programs offered through our local community colleges. These programs (such as dental hygiene, physician assistant, radiology therapist, medical imaging) involve intensive academic and clinical training and successful completion of state or professional certification examinations. While the AA degree has been the entry-level requirement in the past, most of these allied health professions will be moving to a bachelor’s level requirement within the next few years. Since we are uniquely positioned to facilitate a health professions 2+2 program, the Health Science Department adopted developing such an articulation program as one of our Strategic Initiatives for the next five years. We will submit the proposal for a new concentration (Option 5: Concentration in Health Professions) in Fall 2004.

The SJSU Health Science Department’s Undergraduate Program offers a unique approach to professional preparation that is well suited to the workforce needs and characteristics of our region. The combination of health science core courses, electives, options and concentrations, and opportunities for community involvement and professional development set the SJSU Health Science Department apart from local alternatives. Our community-based Advisory Group provides expert insight into coming workforce needs and potential relationships between our undergraduate program and the other allied health professional preparation programs in the region.

The Health Science Department has identified six priorities regarding our place in the mix of local alternatives for the 5-year period ahead:

H.1. Dedicate appropriate resources to maintain our website and promotional materials so that the unique undergraduate offerings of the SJSU Health Science Department are clearly communicated to the public.

H.2. Develop an articulation agreement between the Health Sciences professional education programs (i.e., physician assistant, dental hygiene, medical imaging) offered by the community colleges and our Health Science major.

H.3. Continue to promote the opportunities related to the study of aging, health, and gerontology that are unique in the region to SJSU’s undergraduate program.

H.4. Develop, when resources are available, a community health education concentration that will prepare students to take the national examination to become Certified Health Education Specialists and thus serve the anticipated entry-level health education workforce shortage in the Santa Clara/Silicon Valley.

H.5. Expand the range of our educational delivery methods, so that potential students from a wider geographic area can take advantage of the SJSU Health Science undergraduate alternative.

H.6. Continue to work with our Advisory Group members and other community partners to anticipate regional workforce needs and align our curriculum accordingly.

The full set of Undergraduate priorities and commitments, organized by the sections of this Program Review, is located in Appendix 7.
The priorities of the Undergraduate and MPH programs were developed through parallel self-studies over the past three years. As drafts were shared between the two Core faculty groups, the programs were able to align and even replicate objectives, while still being free to develop commitments to actions specific to their own constituencies and contexts. At our August 2004 Retreat, the 55 priorities of the Undergraduate program were merged with the priorities of the MPH program, re-organized per the department's strategic priorities, assigned priority status (04-05 Urgent, 04-05 Important, Ongoing, or Later), and given a designated faculty lead (Appendix 9). We end this self-study report stronger than we have ever been, organized for success, and grateful for the program review process that stimulated, guided, and ultimately produced this lengthy but essential account of where we have been and where we are headed.
During the 2002-2003 academic year, our four evaluated Advanced GE offerings (2 sections of HS 107 Aging and Society and two sections of HS 140 Human Sexuality, covering three different instructors) had an average overall effectiveness mean of 4.7. Our seven evaluated Core GE sections (6 sections of HS 1 Understanding Your Health and 1 section of HS 15 Human Lifespan) all received overall teaching effectiveness means between 4.2 and 4.8.
Improvement of teaching effectiveness has been a top priority of the faculty during the period under review. Our experiences in the classroom, supported by the SOTE scores of the five semesters reviewed, indicate that we have turned the corner and are well on our way to consistently effective and rewarding teaching in our Undergraduate program.

2. Health Science Department curriculum review

The Department’s MPH program has utilized a student-designed curriculum review survey during each of its accreditation self-studies over the past 30 years. During self-study periods, all MPH courses are evaluated; in the years in-between, courses are evaluated on a rotating schedule. The data are analyzed by a student committee or department office staff and made publicly available the following semester. The process offers another perspective on individual courses, with more of an emphasis on the place of the course in the overall curriculum, rather than the performance or effectiveness of individual instructors. In addition, the public release of the data allows program and department leadership to monitor and support effective teaching in the MPH program. In light of the Department’s commitment to strengthening the Undergraduate program, the faculty voted in Fall 2002 to extend the curriculum review policy to all Health Science courses each semester.

The Curriculum Review survey instrument was revised slightly for its first undergraduate administration in Spring 2003. Half of all undergraduate courses were evaluated, for a total of surveys from 12 of 21 sections; a similar proportion was evaluated the following Fall. Figure 35 displays highlights of the Curriculum Review results. The survey instrument and sample results from semesters during the period under review are located in Appendix 20.

We were extremely pleased to find that all but one of the evaluated courses received overall ratings of 4 on the 1-5 scale (1=lowest, 5=highest). Within the individual items students were asked to rate, our faculty overall received the highest ratings for "knowledgeable in subject area" and "treated all students with respect", overall means 4.75 and 4.80 respectively (Spring 2003). Within the Health Science Major courses, nearly 50% of the combined ratings were 4.5 or higher (with 8 rated 4.9 or 5.0). Our Core GE courses were rated highly, with nearly half of all ratings (49%) receiving mean scores of 4.5 or above, and 20% receiving means of 4.9 or 5.0. Advanced GE courses also earned high ratings, with one-third of all item means 4.5 or higher, and only three items rated below 4.0 (3.9 for all three).
The results of the Spring and Fall 2003 Curriculum Review provided another opportunity to share and discuss teaching strategies among the Undergraduate Health Science faculty. While the Undergraduate program leadership was extremely pleased at the consistently strong ratings of the 19 evaluated courses, we were disappointed that not all courses, particularly those in the major, participated in the review process. Follow-up with individual instructors found that those who did not administer Curriculum Review surveys were either confused about who was to participate, torn between competing demands in the final weeks of classes, or simply forgot. The Spring 2004 administration had full participation, so we look forward to ongoing use of the findings to strengthen the effectiveness of our teaching in our Major and General Education offerings.

3. General Education recertification process

During the period under review, all General Education courses for which Health Science is the home department have undergone either initial assessment (HS 1 Understanding Your Health) or recertification review (HS 15 Human Life Span, HS 107 Aging and Society). The three GE courses offered by Health Science through other home departments also underwent re-certification review during this period (HS 135 Health Issues in a Multicultural Society, HS 140 Human Sexuality, and HS 169 Diversity, Stress, and Health). Figure 36 displays each GE course, its last review date, and the current re-certification period.
Assessment data submitted for each review indicated that outcome objectives were met and that multiple section courses were being taught with a high degree of fidelity to the goals, objectives, and methods of the original course design. The review process was extremely valuable to our department, as it helped us develop oversight protocols to ensure the integrity of cross-listed courses. The process also provides an ongoing opportunity for us to review overall teaching effectiveness from yet another perspective.

We have used the recertification process to ensure that all faculty members are teaching to the required objectives, to provide peer support to faculty teaching sections of the same course, and to develop peer leadership within our own full-time faculty. For example, our HS 1 multiple section Core GE course has been taught by 17 different instructors (12 part-time, 5 full-time) since its debut in 2000. The course benefits greatly from this mix of experienced faculty and fresh, excited new instructors. However, we have also been cognizant of the need for continuous oversight and instructor support when a course, particularly a GE course, is designed to be taught by many different people. As described in the 2002 GE Recertification Report prepared by the Course Coordinator, Dr. Edward Mamary, several department procedures are in place to ensure section fidelity and course outcomes, including:

- Use of an identical greensheet across all sections, except for instructor identifying information and the order of topics (instructor’s choice);

- Use of a single textbook and course reader;

- A set of core test questions linked to each GE learning objective is required of all instructors, with results reported back to the Course Coordinator;
- Two **HS 1 meetings** required of all course instructors, in addition to the two mandatory Health Science part-time instructor meetings, to review GE assessment and reporting requirements, as well as sharing teaching strategies and solutions to teaching challenges;

- Use of an **HS 1 instructor internet site**, where all instructor communication is archived, as well as resources shared, class notes posted, and relevant instruction and assessment material is available for downloading;

- Development of an **HS 1 Activity Book** of original icebreakers, class activities, discussion questions, and interactive projects related to each of the course topics, available in print and electronic formats.

This coordinating system has been operating since the first HS 1 sections were offered and is largely responsible for the highly effective teaching evident in the course. Similar, albeit less elaborate, oversight is implemented by the Course Coordinators in the other courses for which Health Science is the home department. As of Fall 2001, all Health Science faculty teaching sections of GE courses coordinated by other departments attend a GE instructors meeting facilitated by the Undergraduate Program Director to ensure that we are in compliance with all assessment and reporting requirements.

4. **Faculty teaching self-assessment**

The fourth and final indicator of teaching effectiveness used by the Health Science Department is an end-of-semester self-assessment and evaluation survey offered to all instructors. The survey offers faculty the opportunity to reflect on their experience and suggest training topics for the semester ahead. It also includes a section in which faculty evaluate the support they received from the Chair and office staff. Results are reviewed by the Chair and Program Directors. Aggregate results are reported back to all faculty for discussion and action as needed. Regular implementation of the teaching self-assessment began Spring 2004 (see Appendix 21).

c. **Instructor innovation**

The Health Science Department has long been proud of our innovative and student-centered teaching, particularly in the MPH program. The current Self-Study provided the first opportunity for us to survey and catalog the highly creative instruction in our Undergraduate program. Among our findings were recent innovations in the following areas during the period under review:
• **New courses** developed in response to student interest, societal need, and faculty expertise, including new courses Understanding Your Health, Health Statistics, Community Mental Health, and experimental courses Women’s Health, Global Health, and Health Literacy;

• **New texts and readings** as faculty continuously survey the field for the best possible resource material for their courses. We are particularly proud of the second edition of the epidemiology textbook by Health Science faculty member Bud Gerstman’s, *Epidemiology Kept Simple* (Wiley, 2003), which is used in both our undergraduate and graduate programs.

• **Original materials** in nearly every course, developed from faculty scholarship or professional service and adapted for classroom use, including presentations, case studies, homework assignments, the HS 1 Activity Book (which will be published and disseminated nationwide in 2005 by Wadsworth as a Teaching Supplement to their popular text Invitation to Health) and the StatPrimer developed by Dr. Gerstman to support HS 167 Biostatistics.

• **Service-learning** incorporated into several courses, including a) assisting immigrant elders as they prepare for U.S. citizenship (HS 107 Aging & Society), b) conducting and analyzing a campus student survey of insurance and health care access (HS 162 Health Care Organizations), and c) working with the Santa Clara County Public Health Department on social marketing campaigns (HS 164 Health and Social Marketing), and community mapping with The Health Trust (HS 104 Community Health Promotion).

• **Integration of technology** into several courses, including instruction in the computer lab (HS 158 Health & the Internet, HS 167 Biostatistics), experiments with Web CT (HS 159 Health Program Planning) and hybrid instruction (HS 164 Health and Social Marketing, HS 170 Health Care Economics, HS 171 Managed Care).

We firmly believe that instructor innovation is key to our ability to offer state-of-the-art education, integrate students from diverse backgrounds into productive and respectful learning communities, and continuously link our course objectives and activities to the needs of the workforce and our society. Self-study has enhanced our resources for continued innovation by identifying experts and successful projects within our very own department. We intend to regularly inventory instructional innovation and broadly share the findings within the department and with our community partners.
6. Undergraduate Advising

A primary focus of our Undergraduate program assessment was a thorough review and reorganization of our undergraduate advising system. As of Fall 2002, each of the components of the new system is in place. Advising to current and prospective Health Science students includes a coordinated faculty advising system, an integrated set of print and online advising materials, an online Undergraduate Handbook, electronic advising surveys, and our annual January Department Meeting for all Health Science students, faculty, and staff. Outreach and recruitment materials include a new department display, brochure, poster, and Fact Sheet. Each element of our advising and outreach system is described below.

a. Faculty advising

The Health Science Undergraduate program has four faculty advisors: Dr. Tina Foley (Program Director), Dr. Ramani Rangavajhula (Health Services Administration Concentration Coordinator), Dr. Nancy Hikoyeda (Gerontology Concentration Coordinator) and Dr. Bud Gerstman. All four hold regular office hours, both by appointment and drop-in, and are available to advise undergraduate students. During the Fall and Spring semesters, advising is available Monday – Thursday; During the Winter and Summer Breaks, advising is available on designated advising days (See Appendix 13 for sample advising schedule flyers).

b. Print and web advising

The Undergraduate program is supported by user-friendly information and advising materials available both in print and online.

1. Advising Handouts and Welcome Packet

The Health Science Undergraduate program is described in a set of advising handouts. To help students plan their course of study, the handouts use a variety of formats (worksheets, charts, calendars, frequently asked questions and answers) to explain requirements, options, and projected course schedules. The Undergraduate Core Faculty reviews the handouts each semester, updating them as needed. All handouts are available from the Undergraduate Advisors, the Department Office, and in the hallway shelves outside of the office. Several of the handouts are also available on the department website.

Each student who declares the Health Science Major is given a Welcome Packet, which includes cover letters from the Program Director and Department Chair; a welcome from the Health Science Student Association (HS-USA) leadership, a calendar of upcoming events, and a full set of advising handouts. A sample packet is located in Appendix 13.
2. Undergraduate Handbook

A Health Science Undergraduate Handbook was designed and pilot-tested with students during AY 2001-2002. The Handbook is being revised by the Chair and Program Director during AY 2004-2005. Current contents include: academic advising information, including frequently asked questions; detailed explanations of each of the Major Options; a networking and resources section; alumni perspectives; and professional development ideas.

3. Website

A Spring-Summer 2004 priority was the redesign of our department website (www.sjsu.edu/depts/hs). The site now contains a well-organized Undergraduate program section. Most advising materials are currently available there. Our next step is to develop and post information about alumni experiences and careers in health science, links to professional associations, professional development opportunities, and SJSU student resources. The website is updated every two weeks.

4. Electronic advising surveys

Over the past few years, the Health Science faculty has experimented with electronic survey technology to assist us in assessing student needs and intentions, projecting enrollments, and gathering student opinion on a variety of topics that enable us to do better program planning and student advising. We now routinely survey undergraduates in the 12th week of each semester regarding courses they have taken, the courses they intend to take the next semester, use of advising, and other issues of relevance to our planning needs. The undergraduate response rate (65-75%) is not quite as high as that of the graduate students, but more students participate each semester. We have found this an extremely valuable cost- and time-efficient methodology, and participating students enjoy the process and appreciate the rapid reporting of results. The survey also serves a reinforcing advising function, as students are reminded of the key decisions they need to make to matriculate efficiently through the major.

c. January Department Meeting

All Health Science students, faculty, and staff assemble the day before Spring Semester classes start for the annual Department January Meeting. The meeting is heavily publicized at the end of the Fall Semester and very well-attended. This annual tradition provides an opportunity for the Chair to report on developments that affect the Department, summarize Fall activities, and promote the semester ahead to the entire department student body. It also provides a forum for undergraduate and graduate students to meet each other, for student leaders to announce upcoming events, and for the Dean, when available, to stop by and greet Health Science students. Students meet in groups with their academic advisors during part of the meeting, providing an
opportunity for late-breaking updates and group advising. A department slide show, "meet the faculty" panel, and open forum for questions are always included in this fun and informative event.

d. Outreach materials

In 2001, the Health Science Department invested significant time and resources in our first-ever development of an integrated set of promotional materials for our Undergraduate program. Stimulated by the opportunity for broad outreach presented by SJSU's first Showcase for Learning, we worked with Toucan Ed, a local materials development company, to decide on the appropriate audiences, messages, media, and formats. Toucan designers facilitated a series of focus groups with Health Science faculty and students, helping us identify our strengths, our potential, and the opportunities we wanted to communicate to the public about an undergraduate health science education. The result was our slogan "Make a Choice that Matters!", our brochure featuring photos of Health Science students and faculty, and a striking set of display materials, including a large exhibit display and coordinated posters. The following semester, CASA Associate Dean Carol Christensen initiated design and production of a set of Fact Sheets for each department in the College of Sciences and Arts. The Health Science Fact Sheet is a valuable addition to our promotional materials. Copies of our promotional materials are located in Appendix 22.

We use our promotional materials whenever possible – the annual SJSU Showcase, department events, community college transfer fairs, regional meetings of our professional associations, and any other opportunity to communicate our message and department opportunities. Reproductions of the display and brochure graphics are available on our website and framed in our Department Office. Copies of both the brochure and fact sheet are available in the office and online.

7. Benefit to Students

The Health Science Undergraduate program offers numerous benefits to students. Highlights of these benefits during the period under review are listed below.

a. Scholarships, awards, and recognitions

Health Science student Lauren Droira was selected by SJSU President Robert Caret as one of two Outstanding Graduating Seniors in May 2002; Health Science majors Jessica Jarboe (2002) and Lisa Matusciewicz (2004) were selected for the College Dean's Alumni Scholarship; Shrigopal Sharma (2002), Kristine Obillo (Spring 2003), and Jennifer Shockey and Emalie Huriaux (both 2004) were selected as recipients of the Dean's Recognition from the College Committee to Enhance Equity and Diversity (CEED). Health Science senior Mimi Ghebbrechristos was a 2003-2004 McNair Scholar. During the period under review, many other Health Science students received scholarships or financial aid based, in part, on their active involvement in Health Science activities and academic achievement.
b. AmeriCorps Opportunities

Health Science students have the opportunity to participate in the AmeriCorps Program which offers leadership development, service opportunities, and an educational stipend. Due in large part to Dr. Debra David’s leadership through the SJSU Center for Service-Learning and the support of the Health Trust, Health Science students are able to participate in the AmeriCorps Program in areas directly related to their major and professional preparation plans. In AY 2001-2002, Health Science undergraduate, Addie Lopez, was selected for the program and assigned to the Health Science Department to help stimulate campus community partnerships. The following year, Health Science student Kristine Obillo was selected for AmeriCorps and participated in a year of service with Project SHINE and national AmeriCorps leadership training. In AY 2003-04, four Health Science students participated in the program and one, Sheerene dela Pena, was hired by The Health Trust upon graduation to continue her work in a staff position.

c. Internships

All Health Science undergraduates have the option of completing a 200-hour internship; it is required of the Gerontology and Health Services Administration Options. Our network of internships provides on-the-job training and mentorship for students in the final semester of their undergraduate education. Some internships are able to offer a modest stipend. The required internship seminar, which meets twice a month, provides faculty consultation and group discussion of professional development issues and opportunities during the semester in which students are working in the field. Undergraduate interns are routinely placed at the Kaiser Permanente Medical Centers, LifeScan, local Departments of Public Health, San Jose Medical Group, community programs of the Health Trust; and local community-based organizations such as AACI (Asian Americans for Community Involvement), VIVO (Vietnamese Volunteers), and the Black Infant Health Project, and the highly competitive American Health Care Executives internship program.

d. Professional Development Opportunities

Health Science students have many opportunities for professional development due, in large part, to our active MPH program and the professional leadership of the Health Science faculty. The local chapter of the Society for Public Health Education (SOPHE) provides quarterly professional development workshops and an annual conference, all of which are actively promoted within the Health Science Department and attended by many undergraduate students. During the period under review, six SJSU Health Science undergraduates were selected for prestigious conference awards from the National Cancer Institute for participation in the 2001 SOPHE Midyear Scientific Meeting in Seattle. The SOPHE 2003 Annual Conference was held in San Francisco along with the annual meeting of the American Public Health Association. The faculty was able to secure volunteer opportunities (and associated scholarships) for eight undergraduates to attend the conference.
e. Leadership Opportunities

Health Science undergraduates have many opportunities to develop their own leadership skills through the Health Science Undergraduate Student Association (HS-USA) and the Student Gerontology Organization (SGO). The student organizations, with support from faculty advisors and the Department Chair, carry out an active program of student support and community leadership. The eight Director positions on the HS-USA Board and the leadership positions in the SGO (see Appendix 23) develop student leadership skills in teamwork, fundraising, event planning, community building, and service. Both groups have representatives at key Department meetings, with an advisory vote on non-personnel matters before the faculty. During the period under review, the HS-USA leadership has participated in the strategic development of the department's self-study. Both groups have raised funds for student-initiated events, helped with the annual Career Weeks, and represented the Health Science Department at campus functions such as SJSU Showcase and Gear-Up presentations for middle school students.

f. Service Opportunities

Health Science undergraduates have opportunities for community service each semester through courses and/or the HS-USA. Service-learning and course-related service have been discussed earlier in this report. Beyond course or scholarship activities, during the period under review Health Science undergraduates also coordinated their own food and clothing drives, volunteered at campus and neighborhood health fairs, participated in bone marrow drives, and contributed to numerous other health education and service activities. They raise funds through monthly bake sales, design and sale of their own clothing line (t-shirts and sweatshirts with their logo and club name), fundraisers at local restaurants such as Chevy's and Fresh Choice, ushering at campus concerts, and successful solicitation of donations from environment-friendly corporations, such as Trader Joe's and local businesses. The money and donations they generate are used to support community service activities and the events celebrating the graduating Health Science seniors. In Fall 2003, the Gerontology Student Organization raised $200, which they used to purchase a karaoke machine for a local adult day services center. That same semester, the 55 students in HS 104 Community Health Promotion raised over $2,000 in cash donations and three times that much in donations of warm clothing, food, educational supplies, and toiletries for homeless teens and families served by St. Joseph's in downtown San Jose.

g. Alumni Network

Health Science Undergraduates are fortunate to be embraced by a large and committed network of SJSU Health Science alumni, who are kept abreast of our activities through an active listserv maintained by the department. Undergraduate alumni frequently participate in department and campus-sponsored events, such as the SJSU Career Center's Careers in Health (2002) and Careers in Aging (2004) forums, class presentations, our own Department Health Career Weeks (Health
Science Careers in October, Careers in Aging in April), and internships. Alumni are often guest speakers at HS-USA meetings, discussing career planning, beginning a professional career, life-work balance, and “making a living doing what you love” in the Bay Area.

h. Special Connections

Due to the national visibility and prominence of the Health Science faculty, our undergraduate students have had unprecedented opportunities to interact with some of the top professionals and health policy makers in the United States in recent years. Highlights of activities in recent years include:

- Class presentations and our Spring 2001 Convocation Address by Congressman Mike Honda

- A 2000 congratulatory graduation video made just for Health Science graduates by then Surgeon General of the United States, Dr. David Satcher

- A 2000 reception and informal networking opportunities with Dr. Stephen Thomas, then of Emory University’s Center for Minority Health

- A 1999 Master Class (to which undergraduates were invited) by CDC Bureau Chief Brick Lancaster

- A 2002 reception with international AIDS expert Dr. Collins Airhihenbuwa

- A special class session on population health (HS 104) with J. Henry Montes, a top administrator from the Health Resources Services Administration (HRSA) in Washington DC and our 2002 Alumni of the Year.

Perhaps our most extraordinary experience was our Spring 2000 visit by Dr. Nathan Stinson, Assistant Secretary for Health and Human Services and Director of the Office of Minority Health in Washington D.C. The Chair of the Health Science Department had met Dr. Stinson through several professional projects. When students in HS 104 had strong reactions to a video on health disparities produced by his office and shown in class, Dr. Roe invited the students to express their feelings, pro and con, to Dr. Stinson in a business letter homework assignment. The letters were so intriguing that, with the students’ permission, she mailed them to Dr. Stinson. In response, he flew to San Jose State University, specifically and only to spend the day with the “extraordinary young people who wrote those letters.” Undergraduates got to spend the entire day with Dr. Stinson, including classroom presentation of their own work, a leadership luncheon, and informal conversations and discussions.

Our Self-Study resulted in a comprehensive, grueling, and ultimately affirming examination of our Undergraduate program, its strengths and limitations, and its place in our department, the university, and the broader social environment. The area most significantly impacted was our instructional program. This section of our report has detailed the process, findings, actions, and outcomes of our 24-month review of our instructional program. We emerge from the Self-Study process with a clearer vision, a far stronger program, and a dedicated faculty team.

In order to achieve our instructional goals and honor our commitments, we have established eight priorities for the 5-year period 2004 - 2009.

B.1. Annually review and refine the broad goals and outcome objectives of the Undergraduate Program, and ensure that they are linked to viable course objectives.

B.2. Continue to monitor and support implementation of crucial course objectives in all Health Science undergraduate courses.

B.3. Complete the current set of planned undergraduate curriculum changes.

B.4. Continue to support both part-time and full-time faculty members to be excellent, responsive, and satisfied instructors.

B.5. Continue to encourage and support innovation, particularly service-learning, use of appropriate technology, and problem-based learning in all Health Science undergraduate courses.

B.6. Continue to support student leadership and professional development.

B.7. Continue to support faculty in the professional activities that bring resources, particularly nationally recognized leaders and locally prominent alumni, to our program and our students.

B.8. Explore the appropriate balance and distribution of leadership responsibilities, data collection and analysis, workload, and strategic initiatives that will support the new momentum of the Health Science Department's Undergraduate Program, its students, its faculty and staff.
C. Student Demand

1. Indicators of Student Interest

Student interest in Health Science as a field of study can be most directly measured by enrollments in our major, minors, and general education courses. Our GE courses have always enrolled well, particularly when, as of Fall 2001, they are scheduled at popular times and staffed by expert instructors. Our undergraduate major, however, experienced a persistent enrollment drop and then a stunning resurgence, all within the period since our last self-study.

a. The Bleak Years: Enrollments drop and drop and drop

The renaissance of the Health Science Undergraduate program was initially stimulated by a steady decline in major enrollments. From a high of nearly 100 in 1993 to a low of only 44 in 2001, we witnessed the number of Health Science majors and minors drop steadily. The trend was accelerated by the broader shift in student interests towards technology and business majors that occurred in the late 1990s. By Fall 2002, there were only 14 students in our entry course, HS 104 Community Health Promotion – and 6 of them were committed to other majors. Something was definitely wrong in Health Science.

The campuswide Academic Priorities Review of the mid-1990s had recommended terminating several nonviable options within the Health Science major. As we prepared for Self-Study, we took several definitive actions: we discontinued the certificate in the Study of Alcohol and Other Drugs, we ended the Community/Occupational Health Concentration, and discontinued our School Health advising. We hoped that these actions would allow faculty and students alike to focus on fewer and more focused options. But our numbers continued to decline. Formal and informal consultation with our students, campus colleagues, and College administration – and considerable self-study – surfaced several key themes: 1) Our courses were scheduled inconsistently and with large gaps between classes, making it difficult for students to commit to the requirements of the major; 2) Our course scheduling was 30 minutes off that of many other departments, making it difficult for students to enroll in Health Science courses while taking classes in other departments; 3) As our enrollments declined and faculty allocation decreased, students got late notice of cancelled courses or new course rotations; 4) Although students loved the big ideas and broad perspectives of our curriculum, many noted that the material and emphasis of some courses were out of date and that our teaching, at times, seemed “tired”; and 5) The link between some of our concentrations and actual entry-level professional jobs was not always clear.

We were surprised and gratified by these emergent themes. Once we could imagine changing ingrained and institutionalized scheduling patterns, it wasn't too difficult to create a Master Schedule that backs every course against at least one other at the same level (i.e., beginning,
middle, advanced). We also dropped the start time of all of our courses by 30 minutes, bringing our department offerings into better alignment with other campus courses. We designed an attractive and informative template for publicizing our semester schedule, and flyers to promote specific courses. We created a course rotation schedule and disseminated it widely, allowing students and advisors to anticipate when courses will be offered. The rotation schedule guarantees that at least two courses within each level are offered each semester. These changes were met with relief and appreciation by our undergraduate students (sample materials are located in Appendix 24), and have created the protocol for organized and proactive scheduling ever since.

The other two themes – “tired” teaching and perceived disconnection between the major and the field – were sobering to us. Over the 1999 - 2001 academic years, our faculty spent considerable time analyzing the many reasons for “teaching fatigue” within our department. As individuals and as a group, the full-time faculty took responsibility for self-reflection, peer support, and departmentwide action to nurture more inspired and inspiring teaching. For example, a team of four of us attended the three-day Engaged Department Institute in San Diego during the Summer of 2001. Three full-time faculty members participated in the Courage to Teach Retreat sponsored by the College of Applied Sciences and Arts, a three-day retreat during Winter Break 2001 in San Juan Bautista led by Dr. Susan Murphy of the School of Nursing. Individual faculty sought assistance from the Institute for Teaching and Learning, while two others participated in the exciting lead-up to the inaugural MUSE semester. We also devoted considerable attention to explaining – in print, in class, and in advising sessions – the links between the knowledge and skills of the Health Science major and a wide range of career and employment options. In the context of a booming dotcom economy, we had reconciled ourselves to a small but re-energized undergraduate group. And then things began to change.

b. If we rebuild it, will they come?

As economic forces shifted in Silicon Valley, early indications suggested that the numbers in departments such as Health Science might begin to increase again. The changes we had made to our curriculum offered more flexible options, interesting new courses and interesting improvements to classic courses, engaged instruction, and a schedule that worked. By Spring 2003, our Undergraduate Core Faculty had identified 88 unduplicated names (17.6 FTE/S) in our new Health Science Undergraduate Student database, the realtime roster of students who consider themselves Health Science majors, and by Spring 2004 we had identified 123 majors through our survey. But the biggest indicator of the sea change ahead came in the turnaround in the demand for our upper division major course, HS 104 Community Health Promotion. From its all-time low of 15 students in Fall 2002, HS 104 enrolled 55 students the next time it was offered, Fall 2003, and turned away 12 more due to lack of space. Even more heartening, all but 3 of the 55 students in HS 104 were Health Science majors. Health Science is back!
2. Distribution of majors across the 4 options

In Spring 2002, the Undergraduate Core Faculty introduced the Option Census Survey. Each semester, a short survey is administered during “Option Census Week” (the week after Census) in all Health Science classes. The survey asks students to identify their major, option, and minor if applicable; indicate their most recent advising and which advisor they went to; and update their contact information. The Option Census Survey is the best way we have found to track students across the four major options. Results of the 2003-2004 option census surveys are displayed in Figure 37.

<table>
<thead>
<tr>
<th></th>
<th>Majors</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 03</td>
<td>106</td>
<td>46 (.41)</td>
<td>25 (.23)</td>
<td>7 (.06)</td>
<td>33 (.30)</td>
</tr>
<tr>
<td>Spring 04</td>
<td>123</td>
<td>42 (.36)</td>
<td>30 (.26)</td>
<td>5 (.04)</td>
<td>39 (.34)</td>
</tr>
</tbody>
</table>

Options 1 and 4 are clearly the most popular, with 70% of the majors combined. Option 1, Health Science plus Electives, is the most popular choice, with 42 of the 123 Spring students, 36% of all majors. Option 4 is the Health Services Administration Concentration, which includes two advanced health services courses, some business courses, and an internship in a health services setting. As of Spring 2004, this option had 39 of 123 students, or 34% of all Health Science majors. Option 2 also appears to be well-enrolled, with 30 students (26%) selecting Health Science and a minor of their choice. Only Option 3, the Gerontology Concentration, is still struggling for viability. However, the strength of the other options allows us to protect the new Gerontology Concentration while it finds its niche and student base.

3. Minors

Our Option Census Survey also attempts to identify the number of Health Science and Gerontology minors taking Health Science courses each semester. While imprecise, these figures can serve as a reasonable proxy for the number of Health Science and Gerontology minors overall. The results indicate a small but satisfactory number of minors in both areas: 5 Health Science Minors and 11 Gerontology Minors. Since the minors do not require any additional courses or faculty allocation, we are able to continue to offer them, even though the numbers are still small.

The change in Health Science undergraduate enrollment is due to factors beyond the change in the local economy. Our realigned schedule and enhanced curriculum are both more appealing and more fulfilling to undergraduates. Our Core GE courses, HS 1 Understanding Your Health and HS 15 Human Life Span, are taught by excellent instructors and have emerged as significant sources of interest and excitement about the Health Science Department. As our fortunes have changed, we increasingly hear students say that they turned to Health Science after “hearing how much my cousin likes it” or “after deciding I wanted to be in health but realizing I wasn’t a clinical person.” Our emphasis on the broad range of career possibilities has attracted students interested in keeping their options open, while the focused concentrations are appealing to students who want to specialize in particular areas. Our students tell us that the emergence of bioterrorism and the new visibility of public health are intriguing to them but, perhaps more importantly, provide new reassurance for their parents and other significant elders that they really will have a career with a degree in Health Science. Our next task is to capitalize on their interest and confidence, and actively link students’ undergraduate experience with opportunities for networking, career exploration, internships, and service that will help them find those careers.

In order to monitor and meet student demand, we have established the following seven priorities for the period 2004 – 2009:

C.1. Continue to schedule courses according to the Master Schedule;

C.2. Continue to dedicate department resources to development and continuous improvement of outreach and promotional materials;

C.3. Continue the proactive relationship between the department’s Undergraduate Core Faculty and Community College Advisors;

C.4. Continue to deploy excellent instructors in the Core GE courses that introduce students from across the campus to the field of Health Science;

C.5. Continue to proactively monitor our own census, including the number of majors and minors, and distribution across the four major options;

C.6. Continue to develop, implement, and evaluate formal and informal career development strategies and resources for Health Science undergraduates;
C.7. Continue to support the .20 Assigned Time for the Undergraduate Program Director to ensure sustained and quality oversight of the program and its future.

D. Societal Need

The Health Science Undergraduate program responds to societal needs for a regional community health workforce, familiar with the social ecological perspective, skilled in the qualitative and quantitative tools of community change, and confident of the strength and possibilities inherent in a multicultural society. The perspectives, skills, and confidence our graduates develop can be used far beyond health and the region, in a wide range of careers and in communities around the world.

1. Preparing the workforce and promoting community health

*Healthy People 2010*, the most recent version of the health objectives for the nation, established two broad goals for the current decade: 1) improving the length and quality of life for all Americans, and 2) eliminating health disparities (www.healthypeople.gov). A recent report of the Institute of Medicine (2002) on the future of the public health workforce concluded that reaching those goals will require participation from all sectors of society and understanding of health problems from a social ecological perspective. This is the framework of the Health Science Undergraduate curriculum, explored broadly in General Education courses and in depth through the courses of the major and minor. Graduates can apply this framework and its service orientation to a many careers and community contributions.

There is no doubt that the United States faces significant health problems. It is also widely understood that many of our most persistent problems could be prevented or minimized through the voluntary actions of individuals, promotion of healthy environments, and business practices and public policies that support health at the individual, family, and community levels. Reports of the Surgeon General over the past five years have established obesity, lack of physical activity, diabetes, mental health, HIV/AIDS, tobacco control, and suicide as priority health issues for the United States. Health care costs continue to rise, leaving more and more people without adequate insurance and posing grave challenges for the quality and accessibility of our health care system. Our increasingly multicultural population requires a culturally competent workforce so that the beliefs and contributions of diverse traditions can be aligned for the best possible health education and care. Our growing aging population means that many more elders will live many more years with multiple chronic conditions and growing degrees of disability and dependence. Six years ago, HIV/AIDS was declared a national security threat, the first time that a health issue was given such designation. After September 11, 2001, bioterrorism and emergency preparedness became federally mandated local priorities across the country. The Health Science Undergraduate program is designed to produce
professionals and community members equipped with the fundamental intellectual skills, understanding of responsible citizenship, and preparation to apply what they have learned to the creation of a healthy society.

An emerging societal need – and opportunity for our department – comes from important changes in the health workforce and professional preparation requirements. Key among these emerging developments are the current nursing shortage and impaction of nursing programs; changing accreditation standards for allied health professions which will increasingly call for baccalaureate or even master’s degrees in fields such as dental hygiene, physician assistant, and medical imaging; the introduction of professional certification for master’s prepared health educators and the implications of this development for entry level community health practice; and the growth in opportunities and interest in health-related technology and its related careers. The Health Science Undergraduate program is poised to respond to these important and emerging societal needs through new collaborative relationships with other professional preparation programs in our region and formalized agreements between the undergraduate health professions programs at SJSU.

Our ability to respond to the dynamic community health needs of our region and our times is based on our commitment to several areas: ensuring the fundamental academic skills of our graduates, producing and disseminating knowledge that facilitates responsible citizenship, and actively encouraging our students to apply their knowledge and skills in the service of society and solution of problems. We accomplish this through our curriculum objectives, professional leadership, and active service to our community and our field.

a. **Fundamental intellectual skills**

The topics of health science, particularly community health, provide myriad opportunities for students to learn, practice, and refine fundamental intellectual skills. Contemporary health problems are complex, with multiple determinants and confounding influences. Similarly, the solutions to community health problems are multifaceted, requiring analytical understanding, application of theory, evaluation of evidence, insight, and creativity. Students in Health Science courses must be critical thinkers. Assignments, projects, and evaluated class exercises allow reinforcing opportunities to research issues, analyze data, apply theory, and design interventions, all of which enhance the fundamental intellectual skills of our students.

b. **Knowledge that facilitates responsible citizenship**

Health Science courses are designed to make participants aware of the interconnections between individual and community health, and between local, regional, and global environments. Stewardship, leadership, and responsible citizenship are recurring themes, whether the course focus
is community mental health, health care economics, or health team building. Our most recent curricular additions, HS 1 Understanding Your Health and HS 67 Health Statistics, are specifically designed to introduce lower division students to knowledge and skills that they can use to make informed decisions for themselves and their communities throughout their lives. Other courses offer opportunities for students to become involved with local agencies or community projects, learning firsthand of the countless and important ways that individuals can contribute to the greater good. For example, the Fall 2004 HS 104 Community Health Promotion class will be working at the Berryessa Open Air Health Fair over the October 23-24 weekend, translating health surveys and conducting cardiovascular education sessions in five languages. Students in HS 107 Aging and Society are involved in service learning with Project SHINE, assisting immigrant elders with health information and health literacy as they prepare for citizenship.

c. **Preparation to apply knowledge and skills in the service of society & solution of problems**

All Health Science courses include case studies, class exercises, and major assignments that apply knowledge and skills to the solution of real community health problems. For example, in HS 159 Health Program Planning, students develop health promotion program plans, including goals and objectives, activities, evaluation design, budget, and timeline. In HS 164 Health and Social Marketing, students design media campaigns to change social norms and promote healthy behaviors, often working directly with the local health department on priority health issues and real campaigns. Health Science students learn to access government documents and public information; analyze trends and statistics; work with diverse groups; serve as allies, contributors, and leaders; learn, speak, and act on behalf of others and in the interests of a healthy society.

d. **Professional and community contributions of Health Science students and graduates**

Health Science undergraduate students have a long history of activism and spirited contributions to the SJSU campus community. In the late 1980s, our students were among the founders of GALA (Gay and Lesbian Alliance) and the first to bring the Names Project Memorial Quilt to the San Jose State University campus (World AIDS Day 1989). Health Science undergraduates routinely serve as Peer Health Educators, members of the Student Health Advisory Committee, and AmeriCorps volunteers. Students in the Gerontology and Health Services Administration Concentrations each complete 200 hours of internship in a community setting. These concentrations alone contribute 6,000 hours of mostly voluntary service and academic support each year to agencies and programs in our community, such as Meals on Wheels, school-based health centers, Kaiser Permanente, and older adult day programs.
In addition to their required activities, Health Science students contribute to our community through voluntary service. Each year, our undergraduate student organization, HS-USA, plans and carries out a full calendar of service activities, including holiday donation drives and health fairs, and participates in outreach efforts to middle and high school students. In 2003-2004, the group added a monthly event in which Health Science students made hundreds of peanut butter and jelly sandwiches for distribution to the homeless through San Jose Cathedral’s community services in downtown San Jose. We consciously strive to engage our students with the issues and events of their time, and they, in turn, engage each other and their communities in direct action that meets societal needs. This circle of learning and practice, academics and service, is a hallmark of the Health Science Department.

Our graduates continue this tradition when they enter the workforce. Recent undergraduate alumni have found work in health care, health promotion programs, the biotech industry, education, and community-based organizations. Even those who leave health for other career opportunities report that they use their health promotion skills and community-based orientation in their current work, such as building a software company (Mike Ketterer, 1998), managing a human resources unit (Catalina Flores, 1995), or serving in the Peace Corps (Michelle Cagat, 2003).

2. Service contributions of Health Science faculty

The Health Science Department faculty is actively involved in leadership and service to enhance public health (see Section G for full account). Current examples of faculty service include:

- Dr. Kathleen Roe serves on the Grant-Making Committee of the Health Trust, reviewing and approving community-based proposals to improve the health of the local community;

- Dr. Dan Perales is on the Executive Board of the Prevention Institute, a nationally recognized community-based organization that addresses health problems from the spectrum of prevention;

- Dr. Edward Mamary is a member of the Board of Trustees of the Society for Public Health Education and Dr. Dan Perales has just been elected Treasurer;

- Dr. Ramani Rangavajhula serves on Santa Clara County’s Medical Review Team, which investigates deaths that might be due to domestic violence and is a Board Member of Next Door: Solutions to Domestic Violence;

- Dr. Debra David is the Director of the SJSU Center for Service-Learning, providing opportunities for hundreds of San Jose State students to serve the local community in diverse settings and roles;

- Dr. Nancy Hikoyeda is a member of the San Jose Senior Citizens Commission and the Mayor’s Aging Leadership Council.

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Health Science faculty members are active in the leadership of their professional organizations, particularly the Society for Public Health Education, the American Public Health Association, and the Gerontological Association of America. Our participation and leadership bring resources and opportunities for students to work on committees and become involved in projects (publications, conferences, etc.) that enhance health from a national and even international perspective. Selected service examples from 2002-2004 include:

- Dr. Edward Mamary served as Co-Vice President (2003-2004) of the Society for Public Health Education, with primary responsibility for planning the November 2003 Annual Meeting, which involved over 50 Health Science students. He is also the Secretary and member of the Executive Committee of CAMP – the Council of Accredited MPH Programs;

- Dr. Ramani Rangavajhula has served as Co-Chair of the Women’s Caucus of the American Public Health Association (2002 – present) and Board Member at Large, Northern California Society for Public Health Education since 2002;

- Dr. Kathleen Roe continued as a member of the Professionwide Select Task Force on Quality Assurance in Health Education Professional Preparation, and is now Chair (2004-2006) of the Transition Task Force. She has also served on the Awards Committee of the Public Health Education and Health Promotion Section of the American Public Health Association (2002 – 2004).

Health Science faculty members are also actively involved in the health and governance of the campus community. Current examples of our campus service include:

- Dr. Tina Foley serves on the Student Health Advisory Committee and the campus Alcohol and Drug Abuse Prevention Committee (2003 – present);

- Dr. Ramani Rangavajhula was a member of the Senate Improvement of Instruction Committee (2002-2004);

- Dr. Kathleen Roe served on the Senate Curriculum and Research Committee (2003-2004), was a member of the Institutional Effectiveness Sub-Committee of the 2003-2004 WASC Preparatory Review; and is currently Chair of the Student Experience Committee and a member of the Accreditation Steering Committee (2004-2005).

Faculty academic leadership and service are discussed in greater detail in Section G: Capacity to Contribute to an Academic Field.

The Health Science Department’s commitment, curriculum, and activities are all designed to meet important societal needs for healthy communities, healthy individuals, an accessible and high quality health care system, and a workforce cognizant of health issues and committed to an ecological approach to progress and prosperity. We know through our own observations the many ways in which students contribute to the health of our society while involved in our department, and the leadership of our faculty is widely recognized. However, we have only anecdotal information about the long-term career development of our undergraduate alumni and the ways in which their Health Science foundation has influenced their work and community contributions. Similarly, while it is obvious that there is significant need for new professionals with the knowledge and skills gained in our Undergraduate program, we have not systematically inventoried the employment opportunities or professional development trends for baccalaureate-level Health Science graduates.

In order to more systematically align our Undergraduate program to meet societal demand, we have established the following five priorities for the period 2004–2009:

D.1. Continue to offer and encourage student service opportunities through support for our student organization, service-learning, and spontaneous class service initiatives;

D.2. Continue to encourage and recognize the importance of faculty service and leadership, both on and off campus;

D.3. Work with our Advisory Group to design and pilot a survey of baccalaureate-level employment opportunities for Health Science graduates;

D.4. Continue to develop our Undergraduate Alumni database and networking system to better track and explore the early and extended career development of our graduates;

D.5. Work with our partners at the local community colleges to develop an articulation program for allied health professionals wishing to continue on for a bachelor’s degree in Health Science.

E. Financial Resources, Efficiency, and Viability

The Chair devoted significant attention during the self-study period to analysis of the department’s financial viability and planning for a better future. This section presents the results of this analysis of our resources, the efficiency with which we manage them, the viability of our Undergraduate program based on existing department resources, and our resource development plans.

Figure 24. Health Science Undergraduate Part-Time Faculty: Degrees, Positions, Courses, 2001-2004

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Courses Taught</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelley Ash, MPH</td>
<td>Health Educator</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>Spring 2002</td>
<td>Kaiser Santa Teresa</td>
<td></td>
</tr>
<tr>
<td>Alma Burrell, MPH</td>
<td>Director, Maternal &amp; Child Health</td>
<td>HS 165 Health Professional</td>
</tr>
<tr>
<td>Fall 2001</td>
<td>Santa Clara Co. Public Health Dept.</td>
<td></td>
</tr>
<tr>
<td>Mai Mai Cantos, MPH</td>
<td>Training Manager, Children's Health Initiative</td>
<td>HS 169 Diversity, Stress, &amp; Health</td>
</tr>
<tr>
<td>Spring 2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tina Camagna Foley, EdD</td>
<td>SJSU Part-time Instructor</td>
<td>HS 15 Human Life Span</td>
</tr>
<tr>
<td>2001 - 2004</td>
<td>Previously taught in HPROF, Psychology Departments</td>
<td>HS 140 Human Sexuality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HS 145 Community Mental Health</td>
</tr>
<tr>
<td>Idelle Fraser, MPH</td>
<td>Health Educator</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>Spring - Fall 2002</td>
<td>SJSU Student Health</td>
<td></td>
</tr>
<tr>
<td>Kris Frielwald, MPH</td>
<td>Health Educator</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>Fall 2003</td>
<td>Santa Clara County Public Health Department</td>
<td></td>
</tr>
<tr>
<td>Joseph Gill, MA</td>
<td>Stress Management Consultant</td>
<td>HS 169 Diversity, Stress, Health</td>
</tr>
<tr>
<td>Spring - Fall 2003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rocio Gonzalez-Luna, MPH</td>
<td>Evaluation Director</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>Spring 2002-Fall 2002</td>
<td>Santa Clara County Public Health Department</td>
<td>HS 135 Health Issues in Multicultural Society</td>
</tr>
<tr>
<td>Elisa Hernandez, MPH</td>
<td>Health Educator</td>
<td>HS 169 Diversity, Stress, Health</td>
</tr>
<tr>
<td>Spring 2004</td>
<td>Santa Clara County Public Health Department</td>
<td></td>
</tr>
<tr>
<td>Wendy Hussey, MPH</td>
<td>Project Director</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>Summer 2004</td>
<td>Center for AIDS Prevention Studies</td>
<td></td>
</tr>
<tr>
<td>Eloyne Klasson, PhD, MPH</td>
<td>Writer</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>2001-2004</td>
<td>SJSU Part-time Instructor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Also teaches in Child Development, HPROF</td>
<td></td>
</tr>
</tbody>
</table>
# SJSU Health Science Department

## Figure 24 (cont.)

### Health Science Undergraduate Part-Time Faculty: Degrees, Positions, Courses, 2001-2004

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Courses Taught</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joyce Lisbin, EdD, MPH</td>
<td>Health Education Trainer</td>
<td>HS 140 Human Sexuality, Health Literacy (planned not offered Spring 04)</td>
</tr>
<tr>
<td>Spring 2002, Spring 2003</td>
<td>CA HIV/STD Prevention Training Center</td>
<td></td>
</tr>
<tr>
<td>Dena Lojios, MPH</td>
<td>Health Educator, Santa Cruz County Public Health Department</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>Spring 2002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan Lowery, MPH</td>
<td>Health Educator, Santa Clara County Public Health Department</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>Spring 2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary Nacionales, MPH</td>
<td>Director, Health Education Asian Americans for Community Involvement</td>
<td>HS 1 Understanding Your Health, HS 135 Health Issues in a Multicultural Society</td>
</tr>
<tr>
<td>Fall 2001, Spring 2002 Fall 2003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walt Rohlfing, MD, MPH</td>
<td>Retired Surgeon and Health Care Executive</td>
<td>HS 167 Biostatistics</td>
</tr>
<tr>
<td>Spring and Fall 2002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amor Santiago, DPM, MPH</td>
<td>Former CEO, Asian Americans for Community Involvement</td>
<td>HS 135 Health Issues in a Multicultural Society</td>
</tr>
<tr>
<td>Spring 2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cindy Berenstein</td>
<td>Director, Healthy Start Logan High School</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>Sibley, Sibley, MPH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer 2002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elvia Soberanes, MPH</td>
<td>Health Educator, Santa Clara County Public Health Department</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>Fall 2001, Spring 2002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alyssa Steiner, MPH</td>
<td>Health Educator Planned Parenthood</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>Spring 2002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June Stolan, MPH</td>
<td>Nurse Educator Valley Medical Center</td>
<td>HS 1 Understanding Your Health</td>
</tr>
<tr>
<td>Fall 2003</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Figure continues)
2. Support and quality assurance

In the period under review, the Health Science Department formalized and strengthened its commitment to the orientation, support, and evaluation of our part-time instructors. The Lecturer Orientation provided by Faculty Affairs is highly recommended for all part-time instructors. Those who attend report that they find it extremely valuable. In addition, we offer each part-time instructor:

- **Two mandatory meetings** each semester: one a few weeks before classes start and one midway through the semester, to provide a forum for information exchange and problem solving;

- **A Part-time Faculty Handbook**, developed and revised over several years, providing background and context on the Department and Undergraduate program, clear information about university and department expectations, examples and resource ideas from Health Science classes (available to Program Review Committees through the Health Science Department Office);

- **A Course Lead** from the full-time faculty, experienced with the content and students of the assigned course, and available as a resource to the part-time instructor throughout the year;

- **For GE courses**: the ongoing support of our **GE Coordinator** (duties currently assumed by the Undergraduate Director), who assists with assessment requirements and other issues central to General Education;
Ongoing support from the Undergraduate Program Director and Department Chair, both of whom are available to part-time instructors for consultation, peer evaluation, and dialogue about undergraduate instruction;

Midcourse peer evaluation, including formal discussion and materials review by a full-time faculty member (including mid-semester evaluation results from students), and at least one hour of classroom observation;

End of semester discussion with Chair, GE Coordinator, or Course Lead reflecting on successes, challenges and how they were met, relevance of support resources, and ideas for future instruction;

Exit survey for all part-time instructors, even if returning the next semester, providing feedback on their experience (See Appendix 16).

Part-time instructors are encouraged to administer informal evaluations at various points throughout the semester and required to administer the SOTE survey and the Department’s Curriculum Review survey, discussed later in this Report.

5. Instruction

A primary focus of our Undergraduate program self-study was the relationship between curricular content and instruction. This was particularly important over the past three years when, due to full-time faculty leaves, the majority of our undergraduate courses were taught by part-time instructors and most undergraduate courses were taught by instructors teaching that course for the first time. We defined “quality of instruction” as encompassing three components:

- Fidelity of course objectives and activities to overall program objectives
- Teaching effectiveness
- Instructor innovation

Each of the three components, their respective assessment methods, and key assessment results are presented below.

a. Fidelity of course objectives and activities to overall program objectives

The seven broad program goals and 24 program outcome objectives of the Health Science Undergraduate program are primarily achieved through the learning activities of our 26 undergraduate courses. Although faculty have the freedom to add objectives and activities to their assigned courses, “essential course objectives” have been defined for each of the Health Science
core and elective courses in our major, concentrations, and minors. It is assumed that we will meet our overall program objectives if each of the essential course objectives is met.

Essential course objectives were identified through a careful review of all existing course objectives, organization of the course objectives across the 24 program objectives, gap and overlap analysis, and articulation of new objectives when necessary. We worked hard to ensure that every program objective was supported by an objective in at least one introductory and one advanced course, thereby providing reinforcing opportunities for students to learn, practice, and master the specific knowledge or skills. This iterative process was undertaken carefully and respectfully, with the Undergraduate Core Faculty always mindful of the creative tension between academic freedom and program integrity. All full-time faculty members who teach undergraduate courses were involved in the process and all department faculty members had opportunities to provide input. One of the products of this process was a matrix that displays the overall program goals, program objectives, and supporting course objectives (see Appendix 17). An excerpt from this matrix is shown in Figure 25.

Figure 25.
Health Science Undergraduate Course Objectives Supporting Program Goal 3, Objective 1

**Goal 3: Technical skills**

**Objective 3.1** Understand the role of research, evaluation, and the use of data in health promotion, disease prevention, and health services

**Course number and course objective supporting Program Objective 3.1**

102  Understand the principles and methods of process evaluation

104  Demonstrate a working familiarity with appropriate community research methods, concepts, and principles

104  Understand the role of epidemiology in community health, disease prevention, and health promotion

159  Understand the role of data in establishing health objectives for the nation

161  Identify key milestones and contributions in the history of epidemiology

161  Understand the significance of epidemiology as the scientific foundation of public health

161  Understand the role of epidemiologic data as a tool for health professionals

165  Demonstrate understanding of the key research terms, contributions, and challenges of health professionals

167  Understand the role of statistics in health-related research and public policy
Each essential course objective has a corresponding evaluated learning activity, such as reflective paper, writing assignment, team project, or exam questions. Faculty members are free to design or modify the learning activities that support the essential program objectives of the courses they are teaching. The only requirement is that each essential program objective must be met by a course activity that is evaluated by the instructor. Non-evaluated activities (such as class discussions or videos) are certainly encouraged but cannot be used to meet a program objective assigned to that course.

1. Ensuring fidelity

A set of reinforcing steps has been designed to ensure fidelity of course objectives and activities to overall program objectives. The five primary components of this quality assurance system include:

a) A "Course Lead" for each undergraduate course

b) A course-specific matrix with the essential objectives and related assignments

c) Course reference binders

d) New instructor course orientation

e) Student evaluation of course objectives

f) Faculty review of course objectives

Each component is briefly described below.

a) Course Leads: Each undergraduate course has been assigned a "Course Lead" from the Undergraduate Core Faculty, or other full-time faculty members if appropriate. Course Leads may or may not be the course instructors, based on faculty allocation and teaching assignments. Leads are responsible for ensuring that the essential course objectives are included in the course plans and evaluated each semester. Course Lead responsibilities are included in the faculty member’s academic assignment and considered a valuable contribution to department service. Figure 26 displays Health Science Undergraduate Course Leads for AY 2003-2004.

b) Course-specific matrices with essential objectives and related assignments: A matrix has been developed for each course, displaying the overall program objectives that are met by that course and the specific course activities that are used to meet the program objectives. The Department Chair prepared the initial matrices based on the decisions of the Undergraduate Core Faculty. Ongoing dissemination of the matrix is the responsibility of the Course Lead; matrix implementation and updating as needed is the responsibility of the course
instructor. The Department Chair oversees the process and provides support as needed. Excerpts from two of the course matrices are shown in Figures 27 and 28. The full set of Undergraduate Course Matrices is available to the Review Committees through the Health Science Department Office.

c) **Course reference binders:** Course Leads for AY 2003-2004 assembled binders for each Health Science course included in the major, concentrations, and minors. Binder tabs include: 1) Greensheet, 2) Major Assignments, 3) Exams, 4) Graded Homework and Class Exercises, 5) Assessment. The binders are updated each semester by the course instructor. Instructors keep the binders in their offices while assigned to a particular course, returning them to the Department Office if their assignment changes. The binders provide helpful context to other course instructors, allowing them to see the documents of the courses students are expected to have taken prior to the course they are teaching and those of the courses students will take next.

d) **New instructor course orientation:** The Course Lead is responsible for orienting new instructors to the role of that particular course in achieving the overall program objectives. The Lead also ensures that the final course greensheet reflects the required essential course objectives and that evaluated activities correspond to each objective.

e) **Student evaluation of course objectives:** Per Department policy, all instructors will be asked to administer an anonymous survey to assess the degree to which students perceive that the essential course objectives were met (see Appendix 18 for draft survey to be administered Fall 2004). This assessment may be incorporated into another evaluation instrument or administered separately, per instructor preference. Responses will be tabulated by a student assistant in the Department Office. Summary results are submitted to the instructor, the Course Lead (if other than the course instructor), the Undergraduate Program Director, and the Department Chair.

f) **Faculty review of course objectives:** Course instructors and/or Course Leads are responsible for monitoring course fidelity to the broad program objectives throughout the semester. Review is facilitated by an electronic survey administered to all undergraduate instructors three weeks after the end of the semester (see Appendix 18 for Spring 2004 survey). The survey offers faculty the opportunity to reflect on their experience, assess the degree to which they met the essential course objectives and activities, and make recommendations for change to essential objectives or activities for the courses they taught, course
prerequisites, or other undergraduate Health Science courses. Survey results and recommendations are reviewed by the Chair, Program Director, and Course Leads. Any recommended changes to essential course objectives, or the specific activities used to meet them, are reviewed by the Undergraduate Core Faculty within the context of other undergraduate courses. If changes are made to a specific course, adjustments are made across the curriculum as needed to ensure that overall program objectives are still appropriately met in light of changes to individual course objectives.

This new quality assurance system was implemented for the first time in selected courses during Academic Year 2003-2004; full implementation is ready for Fall 2004. Responsibility for quality assurance is shared between the Department Chair, Undergraduate Program Director, Undergraduate Core Faculty, and individual course instructors.

Figure 26. Health Science Undergraduate Course Leads, AY 2003-2004

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Lead</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 1 Understanding Your Health</td>
<td>E. Mamary</td>
<td>Course originator &amp; GE Coordinator</td>
</tr>
<tr>
<td>HS 15 Human Life Span</td>
<td>T. Foley</td>
<td>Also HS 15 GE Coordinator</td>
</tr>
<tr>
<td>HS 102 Health Team Building</td>
<td>D. Perales</td>
<td></td>
</tr>
<tr>
<td>HS 104 Community Health Promotion</td>
<td>K. Roe</td>
<td></td>
</tr>
<tr>
<td>HS/GERO 107 Aging &amp; Society</td>
<td>N. Hikoyeda</td>
<td>D. David is HS 107 GE Coordinator</td>
</tr>
<tr>
<td>HS 135 Health Issues in Multicultural Soc.</td>
<td>T. Foley</td>
<td>Also HS 135 GE Coordinator</td>
</tr>
<tr>
<td>HS 158 Health &amp; the Internet</td>
<td>D. Perales</td>
<td></td>
</tr>
<tr>
<td>HS 159 Health Program Planning</td>
<td>D. Perales</td>
<td></td>
</tr>
<tr>
<td>HS 161 Epidemiology</td>
<td>B. Gerstman</td>
<td></td>
</tr>
<tr>
<td>HS 162 Health Care: Org &amp; Management</td>
<td>Rangavajhula</td>
<td></td>
</tr>
<tr>
<td>HS 164 Health &amp; Social Marketing</td>
<td>D. Perales</td>
<td></td>
</tr>
<tr>
<td>HS 166A/B Health Science Internship</td>
<td>Rangavajhula</td>
<td></td>
</tr>
<tr>
<td>HS 165 Health Professional</td>
<td>T. Foley</td>
<td></td>
</tr>
<tr>
<td>HS 167 Biostatistics</td>
<td>B. Gerstman</td>
<td></td>
</tr>
</tbody>
</table>

Figure continues
### Figure 26 (cont.)

**Health Science Undergraduate Course Leads, AY 2003-2004**

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Lead</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 170 Health Care Economics</td>
<td>Rangavajhula</td>
<td></td>
</tr>
<tr>
<td>HS 171 Managed Care</td>
<td>Rangavajhula</td>
<td></td>
</tr>
<tr>
<td>GERO 108 Health in Later Life</td>
<td>N. Hikoyeda</td>
<td></td>
</tr>
<tr>
<td>GERO 117 Health Services &amp; Policy</td>
<td>N. Hikoyeda</td>
<td></td>
</tr>
<tr>
<td>GERO 118 Long Term Care Services</td>
<td>N. Hikoyeda</td>
<td></td>
</tr>
<tr>
<td>GERO 122 Women in 2nd Half of Life</td>
<td>N. Hikoyeda</td>
<td></td>
</tr>
<tr>
<td>GERO 137 Families, Ethnicity, &amp; Diversity</td>
<td>N. Hikoyeda</td>
<td></td>
</tr>
<tr>
<td>GERO 166A/B Gerontology Internship</td>
<td>N. Hikoyeda</td>
<td></td>
</tr>
</tbody>
</table>

### Figure 27.

**Excerpt from HS 161 Epidemiology Course Matrix**

<table>
<thead>
<tr>
<th>Program Goal and Specific Course Objective</th>
<th>Graded Course Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Fundamental Academic Skills</td>
<td></td>
</tr>
<tr>
<td>1. Read and critically review articles from the scientific and professional literature regarding the determinants of morbidity and mortality</td>
<td>Homework assignments from Chapters 1, 3, and 6</td>
</tr>
<tr>
<td>Goal 3: Technical Skills</td>
<td></td>
</tr>
<tr>
<td>2. Identify key milestones and contributions in the history of epidemiology</td>
<td>Chapter 1 quiz &amp; midterm exam questions</td>
</tr>
<tr>
<td>Goal 6: Skill for Professional Practice</td>
<td></td>
</tr>
<tr>
<td>10. Articulate the language and fundamental concepts of epidemiology to other health professionals.</td>
<td>Small group presentations on epidemiological studies</td>
</tr>
<tr>
<td>Goal 7: Lifelong Learning Skills</td>
<td></td>
</tr>
<tr>
<td>11. Use library and government online databases and publications to stay current on emerging issues, trends, and priorities</td>
<td>Homework assignments for Chapters 6, 8, 10, and 11</td>
</tr>
</tbody>
</table>
Figure 28. Excerpt from HS 104 Community Health Promotion Course Matrix

<table>
<thead>
<tr>
<th>Program Goal and Specific Course Objective</th>
<th>Graded Course Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 2: Foundations in Health Promotion and Disease Prevention</strong></td>
<td></td>
</tr>
<tr>
<td>12. Utilize concepts from epidemiology, community organization, and community change to analyze a community’s health resources, risk and protective factors, assets, and context.</td>
<td>Project #3: Visions of Community Health</td>
</tr>
<tr>
<td><strong>Goal 4: Administrative and Organizational Knowledge and Skills</strong></td>
<td></td>
</tr>
<tr>
<td>17. Demonstrate understanding of the three levels of prevention used in community health promotion.</td>
<td>Chapter 1 quiz &amp; midterm exam questions</td>
</tr>
<tr>
<td><strong>Goal 5: Social and Behavioral Science Skills</strong></td>
<td></td>
</tr>
<tr>
<td>22. Compare and contrast community change strategies from the social science literature.</td>
<td>Homework assignment, midterm exam questions</td>
</tr>
</tbody>
</table>

Figure 29. Responsibilities for Monitoring Fidelity of Courses to Undergraduate Program Objectives

<table>
<thead>
<tr>
<th>Assessment Activity</th>
<th>Responsibility</th>
<th>Others Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assigning Course Leads</td>
<td>Chair</td>
<td>Undergraduate Core Faculty</td>
</tr>
<tr>
<td>Updating Courses</td>
<td>Course Leads</td>
<td>Course instructors, Undergraduate Core Faculty</td>
</tr>
<tr>
<td>Course Binders</td>
<td>Chair, Course Leads</td>
<td>Course instructors</td>
</tr>
<tr>
<td>New Instructor Orientation</td>
<td>Course Leads</td>
<td>Previous course instructors, Chair</td>
</tr>
<tr>
<td>Course Evaluations</td>
<td>Course Leads</td>
<td>Course instructors, Chair</td>
</tr>
<tr>
<td>Objectives Review</td>
<td>Chair, Program Director</td>
<td>Undergraduate Core Faculty, Course Leads, Course Instructors</td>
</tr>
</tbody>
</table>
b. Teaching effectiveness

The Health Science Undergraduate program evaluates teaching effectiveness in four ways:

- Summary of SJSU Student Opinion of Teaching Effectiveness survey results
- Health Science Department Curriculum Review
- General Education Recertification Assessment Process
- Faculty teaching self-assessment

Each method provides insight into teaching effectiveness from a different perspective. Together, they offer a multidimensional view of the course and its role in the Undergraduate program. The five methods, their respective tools, key assessment results, and our actions to continuously improve teaching effectiveness are presented below.

1. Summary of SJSU Student Opinion of Teaching Effectiveness (SOTE) survey results

The Health Science Department has always emphasized the importance of effective teaching. Individual faculty commitments and the RTP process provide strong incentive for continuous professional development in this crucial area.

The department leadership transition and the start of our self-study led to a first-ever retrospective look at combined teaching effectiveness throughout the department. We began with a review of our combined means scores on each SOTE item from Spring 2001. The Chair performed the analysis and provided aggregate department-level data to the faculty. A total of 20 Health Science courses had been evaluated, covering 13 different faculty members, both full-time and part-time, and including both undergraduate and graduate courses. Figure 30 presents information regarding the combined mean scores from that analysis.

We were delighted that all evaluated instructors received the highest possible ratings (4 or 5 on a 1-5 scale) on their concern for students. Similarly, 95% of the evaluated instructors received the highest ratings on other key items, including preparation for class, explanation of grading criteria, and overall effectiveness. Given our workload and small faculty size, we were not surprised at the lower overall ratings for returning papers and tests in a reasonable time (80% with means ≥ 4), being accessible outside of class and collecting enough information to assign grades (70% of both with means ≥4). More detailed analysis indicated that the variation among courses was largely attributable to three particular courses that needed re-tooling and a couple of instructors who would benefit from peer support and guidance.
As the Undergraduate Program Self-Study got underway, the Chair began analysis of SOTE scores for the Department’s Major, Minor, and GE courses. Finding far greater variability among undergraduate courses than in the MPH program, the Chair encouraged the Undergraduate Faculty to administer the SOTE survey in all courses in order to provide consistent and diagnostic data for continuous program improvement. The Health Science faculty adopted this as policy for all courses, graduate and undergraduate, as of Fall 2003. Appendix 19 contains selected, aggregate SOTE reports from throughout the period under review.

Analysis of the Spring 2002 SOTE results provided a useful indication of student opinion of the effectiveness of teaching in Health Science undergraduate courses. The figures and text below (Figure 31) describe Spring 2002 student responses to SOTE Item #14 “The overall effectiveness of this instructor is…” for two Core GE courses (nine sections total), one Advanced GE course (two sections), and 8 Health Science Major courses respectively. The numbers at the top of each bar correspond to the number of courses with an overall effectiveness mean within the range indicated on the scale.

<table>
<thead>
<tr>
<th>Percent ≥ 4</th>
<th>SOTE Survey Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td># 8. Showed concern for students</td>
</tr>
<tr>
<td>95</td>
<td>#14. Overall effectiveness of this instructor</td>
</tr>
<tr>
<td>95</td>
<td>#11. Was well-prepared for class</td>
</tr>
<tr>
<td>95</td>
<td># 1. Made course requirements clear</td>
</tr>
<tr>
<td>95</td>
<td># 4. Explained the grading criteria</td>
</tr>
<tr>
<td>90</td>
<td>#12. Used class time effectively</td>
</tr>
<tr>
<td>90</td>
<td>#10. Increased my understanding of the subject matter</td>
</tr>
<tr>
<td>85</td>
<td>#13. Probability I’d recommend to another student</td>
</tr>
<tr>
<td>85</td>
<td># 6. Gave clear, organized presentations</td>
</tr>
<tr>
<td>85</td>
<td># 5. Helped me learn the material</td>
</tr>
<tr>
<td>80</td>
<td># 9. Returned tests &amp; papers in reasonable time</td>
</tr>
<tr>
<td>80</td>
<td># 7. Used fair &amp; impartial grading methods</td>
</tr>
<tr>
<td>70</td>
<td># 3. Was accessible outside of class</td>
</tr>
<tr>
<td>70</td>
<td># 2. Collected enough information to assign grades</td>
</tr>
</tbody>
</table>
A top priority of AY 2001-2002 had been establishing our new Core GE course, HS 1 Understanding Your Health. This was a more ambitious and complicated undertaking than the department had previously attempted in General Education, involving hiring, training, supervising, and coordinating several part-time instructors. The interactive, content-rich course also brought the Health Science faculty to an entirely new group of students – freshmen. We devoted considerable faculty time and resources to launching this course and were gratified that the SOTE scores for all Spring sections, along with our other Core GE course HS 15 Human Life Span, reflected highly effective teaching – average rating 4.6, with ranges of 4.3 to 5.0.

Only one Advanced GE course, HS/Gero 107 Aging and Society, was evaluated through the SOTE survey in Spring 2002 (Figure 32). We were pleased that both sections of this course also received strong evaluations (average overall rating 4.15).

We were concerned, however, with the low ratings of several of our major courses (Figure 32). With the exception of the single course receiving an overall rating of 4.9, the seven other evaluated courses in the Health Science major were rated at 4.2, 4.0, and 3.0-3.9. We determined that these low ratings had several underlying causes, and took steps to address them in both the short and long term. Some Spring 2002 courses were being taught by part-time instructors for the first time due to the professional leaves of full-time faculty members. We made personnel changes as needed and provided better guidance to part-time instructors continuing on for the Fall semester. Other poorly rated courses were experimental courses that were apparently not yet ready for permanent investment. We decided to delay further development of those courses until we had appropriate time and resources to devote to their success. The low ratings of the remaining courses enabled us to focus on faculty members who were obviously struggling to develop material, engage students, or otherwise provide a consistently effective course.

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Our response to the Spring 2002 SOTE results was a turning point in our department's commitment to creating a more collaborative environment for faculty, particularly regarding undergraduate teaching and learning. Many of the quality assurance measures described in the previous section of this report (particularly course leads, mid-semester meetings for part-time instructors, course reference binders, course evaluations, and objectives review) were established as we grappled with these findings. We also established a more thoughtful and systematic process for peer review and support, including classroom visits, formal curriculum evaluations, coaching from the Chair and other experienced teachers, and stronger connections with the Center for Faculty Support.

We were gratified by the improvements we saw in the SOTE scores during Academic Year 2002-2003 (Figure 33). From the bipolar mean scores of Spring 2002 and the distressingly overall low means of Fall 2002, we saw considerable improvement in Spring 2003. During that final semester, not one of our major courses was rated below 4.3 for overall teaching effectiveness. Our GE courses remained strong during the academic year as well (Figure 34).
Undergraduate Program Review
Self-Study Report

This report presents the findings, conclusions, and recommendations of the Health Science Department’s comprehensive self-study of our Undergraduate Program. This was the most challenging and significant task our department has undertaken in a very long time. While it took us much longer than we ever imagined, the process and the results have literally transformed Health Science at San Jose State University.

Dr. Kathleen Roe, Department Chair (elected Spring 2001) provided overall leadership to the self-study process and wrote the report. The Undergraduate Core Faculty (Drs. Nancy Hikoyeda, Ramani Rangavajula, and Bud Gerstman) led by Dr. Tina Foley, Program Director, engaged in a two-year process to define, test, and finalize the centerpiece of our review – a significantly reorganized undergraduate curriculum. Their deliberations were discussed with the Health Science full-time faculty throughout the self-study years and formally adopted by the department in 2003.

The organization and content of the Undergraduate Program Self-Study Report follow the protocol outlined in “Guidelines for Program Planning: May 22, 1998” and respond to University Policy S93-14, “Curricular Priorities”. Because we are a small department with considerable interaction between programs, this report is closely linked to the preceding Overall Department Report and the MPH Self-Study Report that follows. However, it is also designed to stand alone, presenting a complete and holistic review of a program that has rehabilitated itself and is now poised to work within and beyond the university to achieve our shared mission and meet both emerging and enduring community needs.

A. Centrality to the Mission of San Jose State University

Our self-study resulted in a thoughtful re-examination of our undergraduate program mission in its own right and in the context of the missions of the Health Science Department, the College of Applied Sciences and Arts, and the university. This was an iterative process, as the College mission and vision were redefined in 2003, with implications for our department and programs, and the revised missions of the department and the Undergraduate program mutually influenced each other.

Although it took us awhile to get it right, our current missions are now internally and externally aligned. The relationship of the missions of the Undergraduate program, the MPH program, the Department, College, and University is outlined in Appendix 1.
1. University, Department, and Program Missions

The mission of San Jose State University is:

To enrich the lives of its students, to transmit knowledge to students along with the necessary skills for applying it in the service of our society, and to expand the base of knowledge through scholarship and research.

Closely aligned with the university mission, the mission of the Health Science Department is:

To enrich the lives of students and contribute to public health through

- Innovative and contemporary education in the principles and skills of health science
- Contributions to the intellectual foundations of community health,
- Leadership in the public health profession, and
- Collaborations with community partners.

Using a social ecological framework emphasizing the relationships between health, disease, environment, and behavior, the Health Science Department offers knowledge and skills useful throughout life, practical and analytical experiences necessary for professional practice and leadership, and the foundation for a wide range of careers and contributions to society.

These efforts are supported by the mission of the Health Science Undergraduate Program:

To support the university and department missions to enrich the lives of students through curriculum and activities related to the multidisciplinary field of health science. The program emphasizes the knowledge, skills, and ethical principles of community health in an increasingly diverse society, useful throughout life and applicable to a wide range of professional fields, with particular preparation for careers in public health, gerontology, health services administration, and other health-related professions.

The Undergraduate program mission is posted in the department office, on our website, and in our advising and promotional materials.
2. Core Values, Definitions, and Principles of the Undergraduate Program

One of the early accomplishments of the Undergraduate Program Review was identification and formal adoption of its own conceptual framework in Fall 2002. The Program shares the Department’s core values, presented again in Figure 4.

Figure 4.
Core Values of the Health Science Department & Undergraduate Program

Health
Of each individual, our organization, our institution, and our community

Community
Our setting, our methods, and our orientation to health

Prevention
Primary, secondary, and tertiary

Equity
Of opportunity, potential, risk, and protection

Advocacy
The natural extension of discovery, knowledge, and analysis

Diversity
Assumed, encouraged, celebrated, and honored

Respect
For persons, beliefs, actions, experiences, and choices

Excellence
The goal of our work

Balance
In our lives, our work, and our recreation

Some department definitions (such as ethics, civic engagement, intergenerational perspectives, and lifelong learning) are more formalized components of the Undergraduate program pedagogy and thus are part of the program’s core definitions. Similarly, while the program shares many of the department’s overall principles, self-study also uncovered principles unique to the Undergraduate program (such as fundamental academic skills, peer support, community building, and preparation for leadership). The program’s core definitions and core values are presented in Figures 5 and 6 respectively. Explanation of terms can be found in Appendix 6.
Health
A multidimensional and dynamic integration of our physical, emotional, social, spiritual, and intellectual lives, and a lifelong resource for living (adapted from the World Health Organization, 1948).

Community health
The health status of a defined population, and the field of practice responsible for the actions and conditions that promote, protect, and preserve their health (McKenzie, Pinger & Kotecki, 2002).

Health promotion
The combination of educational, organizational, environmental, and economic supports to foster behavior conducive to health (Green, 1994), aimed at reducing differences in current health status and ensuring equal opportunities and resources to enable people to achieve their fullest human potential (Ottawa Charter, 1986).

Ethics
The branch of philosophy that deals with distinctions between right and wrong, and the moral consequences of human action (Last, 1995). In addition to our personal and professional ethical codes, professionals must be cognizant of the ethical systems of other individuals, groups, and professions.

Civic Engagement
Active participation in the public life of a community in an informed, committed, and constructive manner, with a focus on the common good (Gottlieb and Robinson, 2002).

Intergenerational Perspectives
Assuming and understanding the reciprocal interdependence of all phases of the life course.

Lifelong Learning
Learning activities undertaken throughout life to improve knowledge, skills, and competencies, from personal, civic, social, and/or employment-related perspectives (http://www.europa.eu.int/comm/education/life/). Excitement for learning throughout the lifespan, and the ability to stimulate and support environments conducive to learning.

Health Science
Multidisciplinary study of individual and population level determinants of health, changes in health status, and effective interventions to promote health and prevent disease.
The Undergraduate program's core values, definitions, and principles are expressed through our curriculum, scholarship, service, and interactions. Following the longstanding model of our MPH program, the newly articulated Undergraduate program conceptual framework is now widely shared and referred to frequently. The core values, definitions, and principles are posted on our website and listed in appropriate promotional materials. As of Spring 2003, they have been introduced and discussed in new faculty orientation, program leadership meetings, student leadership training, student orientations and activities, core courses, and now ongoing program assessment.

3. University goals for all students

The university emphasizes six broad goals for all students. Each goal and its relevance to the Health Science Undergraduate program are briefly described below. Supporting evidence is provided in the Appendices.

a. In-depth knowledge of a major field of study

Our undergraduate major provides students with in-depth knowledge of the multidisciplinary field of health science, emphasizing the social ecological framework for community health. Each of the four degree options offers further opportunities to develop specialized knowledge: the concentrations in Gerontology and Health Services Administration, the option of the Health Science Core complemented with an individualized elective package, and the Health Science Core plus Minor option. Our minors provide opportunities for students with majors across the campus to develop focused knowledge of either Health Science or Gerontology. Appendix 11 provides the greensheets, including outcome objectives and assignments, for all Health Science undergraduate courses. More detailed syllabi are available on our website: www.sjsu.edu/hs.
b. Broad understanding of the sciences, social sciences, humanities, and arts

The Health Science undergraduate curriculum is based on the multidisciplinary foundations of community health, particularly the quantitative sciences (e.g. HS 161 Epidemiology, HS 167 Biostatistics) and the social sciences (e.g. HS 102 Health Team Building, HS 170 Health Care Economics). Health Science students are exposed to the humanities and the arts through courses that explore innovative community health interventions (e.g., HS 104 Community Health Promotion, HS 159 Health Program Planning) and the creative expressions of various life stages (e.g., Gero 122 Women in the Second Half of Life). Several of our General Education courses support this university goal, particularly HS 1 Understanding Your Health and HS 107 Aging and Society.

c. Skills in communication and critical inquiry

Our undergraduate courses offer carefully designed, reinforcing opportunities for students to develop communication and critical inquiry skills through reading, writing, analysis, synthesis, and integration assignments; small group and team work; oral and visual presentations; and creative/expressive activities. Our courses emphasize participatory learning, collaboration, and an environment of increasingly complex dialogue and critical inquiry among participants.

d. Multicultural and global perspectives gained through intellectual and social exchange with people of diverse economic and ethnic backgrounds

The diversity of our student body and our faculty, and the nature of community health, virtually ensure that the Health Science Department supports this university goal in almost everything we do. Examples specific to the Undergraduate program include: 1) purposeful exchange and structured interactions between class members, designed to bring forward diverse life and cultural experiences, 2) class presentations from community guests representing diverse backgrounds and serving diverse communities (e.g. National Asian Women’s Health Organization, Black Infant Health Program, Children’s Health Initiative, Assisted Living Wellness Program), 3) invitation to undergraduates to MPH training and workshops on specific issues (annual professional development programs on Sexual Diversity and International Health), 4) opportunities for community service and service-learning with diverse populations (e.g. Project SHINE (ESL tutoring for older immigrants related to citizenship and health), holiday food and clothing drives for the Emergency Housing Consortium), 5) participation in national conferences (lottery and grant support for undergraduate participation in the Annual Meetings of the Society for Public Health Education in Boston, Chicago, Seattle, and San Francisco in recent years), and 6) special invitation to the Annual Meeting of the Northern California Society for Public Health Education.

e. Active participation in ethnic, professional, and cultural communities

Our three student organizations - the Health Science Undergraduate Student Association (HS-USA), the Gerontology Student Organization (GSO), and the MPH Student Association (MPH-SA) - offer numerous opportunities for students to participate in activities with a wide group of people. Although the three frequently plan and implement service activities
together, the undergraduate student associations are actively involved in many community-based activities on their own. Over the past five years, our undergraduates have routinely provided volunteer service to local activities in our multicultural community (e.g. Berryessa Open Air Health Fair, Vietnamese New Year Fair, Children's Health Initiative, Neighborhood Health Days). The 200-hour internship required of the Health Services Administration and Gerontology concentrations provides unique opportunities for students to learn in diverse professional environments, including local health departments, community clinics, biotechnology companies, senior day services, and health care organizations. Over the past three years, we have been extremely fortunate that several Health Science undergraduates have served in the AmeriCorps Program, with emphasis on service-learning in family and community health. Health Science undergraduates are often members of the SJSU Student Health Service Peer Education Program, providing education to their campus peers on topics including multicultural health, stress and college life, and sexuality. In addition, Health Science students often organize campus health fairs, bringing important health information and services to the campus community. The HS-USA and the GSO, led by student officers and advised by faculty, provide ongoing opportunities for students to work together to plan and implement activities for peer support, career development, and community service.

f. Responsible citizenship and an understanding of ethical choices inherent in human development

The Health Science Department integrates discussion of ethical issues throughout the undergraduate curriculum. Community health issues are rich with ethical lessons to be explored and analyzed critically, from the historical example of the Tuskegee Syphilis Study to contemporary issues of needle exchange for HIV prevention, clinical trials, end of life issues, reproductive rights, and use of tobacco settlement funds, to name just a few. Service-learning, increasingly a part of the Health Science undergraduate curriculum, provides opportunities for students to explore ethical issues and responsible citizenship in action in the community. In addition, through leadership and involvement in the undergraduate student organizations, participation in planning and fundraising for the department's Spring Convocation, and representation at key department meetings, students learn to work together to choose group priorities, make plans, raise funds, allocate resources, and implement events and projects - important opportunities for learning the skills of responsible citizenship, stewardship, and leadership.

These activities and commitments daily and strategically support the mission of San Jose State University.

The Health Science Undergraduate program supports the missions of the Health Science Department, the College of Applied Sciences and Arts, and San Jose State University. This alignment extends the university's reach and impact in important ways.

Through our self-study, the Health Science Department identified 55 Undergraduate program-specific priorities for the 5-year period ahead (see Appendix 9 for full list of department priorities). Three of these priorities relate specifically to the Undergraduate program mission:

A.1. Continue to support the mission of San Jose State University through the curriculum and activities of the Undergraduate program;

A.2. Continue to develop the infrastructure and networks that will facilitate the Undergraduate program's ability to achieve its mission and fully contribute to the activities, outcomes, and recognition of San Jose State University;

A.3. Develop and maintain a system for routinely publicizing the events, achievements, and contributions of the Health Science Undergraduate program faculty, students, and alumni as they support the mission of San Jose State University.

Our set of commitments forms the foundation of both short and long-term planning, resource allocation, and workload management within the Undergraduate program. They are coordinated with the commitments and priorities of the MPH Program and, together, they shape the strategic directions of the Health Science Department for the next five years.

B. Quality of Instructional Program

The Health Science major was the organizing center of our Undergraduate program self-study. This was due, in large part, to the need to seriously reconsider the viability of our major and its concentrations after serious and unanticipated enrollment declines in the late 1990s across our major, minor, and General Education courses. The subsequent reorganization of our undergraduate curriculum has resulted in an integrated set of courses based on the basic sciences and arts of community health. These courses are responsive to emerging needs and opportunities, offer knowledge and skills useful throughout life, and provide the foundation for excellence in professional practice.

1. Curricular Content

The Health Science Undergraduate Program consists of three inter-related components:

- The Health Science Major
- The Minors: Health Science and Gerontology
The Department's overall Undergraduate program goals and outcome objectives are presented below. A description of each of the three curricular components follows, noting changes from the last review. Appendix 2 contains the SJSU online catalog description of the Undergraduate program prior to our final curricular changes. We have submitted catalog changes for Fall 2005 that reflect our current program.

a. Undergraduate program goals and objectives

An early and crucial accomplishment of our self-study was the articulation, for the first time, of a set of overall undergraduate program goals and objectives. This 18-month process engaged the Undergraduate Core Faculty in a rigorous and reflective interrogation of the existing program, the needs of the field, and our place in the university. We drew from the faculty's professional expertise and insight regarding the intellectual and professional future of the field of community health. We also generated and referred to considerable formal and informal evaluation data from our students and undergraduate alumni. The December 2003 Health Science Advisory Group Summit (Appendix 3) offered invaluable feedback on our new curriculum, the needs of the field, and emerging priorities from their diverse perspectives. The result was an overarching set of Undergraduate program goals and objectives, a re-designed major, new options and concentrations, reconfigured minors, and a clearer understanding of the role and contributions of our General Education offerings.

1. Undergraduate program goals

The Health Science Undergraduate program is based on seven broad goals (Figure 7), which cover our major, minor, and General Education offerings. The goals were developed through a highly creative process beginning with extensive discussion of the purpose, philosophy, and ultimate goals of our undergraduate commitments. Content analysis of our course syllabi revealed additional goals for our students which were being introduced by individual instructors and could be more broadly shared, as well as goals that were perhaps no longer relevant and could be removed from the curriculum. The process was particularly timely as it occurred at the same time we began integrating the previously independent Gerontology program into the Health Science Undergraduate curriculum. The Undergraduate program goals were formally adopted by the Undergraduate Core Faculty in Fall 2001 and endorsed by the Department in Spring 2002.
The Health Science Undergraduate program is designed to provide students with opportunities to develop:

1. The **fundamental academic skills** that prepare them to be professionally competent readers, writers, and critical thinkers;

2. A strong **foundation in health promotion and disease prevention** for understanding the physiological, social, cultural, economic, and behavioral factors influencing health, disease, and disability throughout the lifespan;

3. **Technical skills** needed to gather and critically analyze, describe, and disseminate quantitative and qualitative information;

4. **Administrative and organizational skills** necessary for planning and implementing health and long-term care services delivery;

5. The skills necessary for understanding and applying **behavioral science theories** to influence individual and community health;

6. Knowledge and skills for **professional practice**;

7. **Lifelong learning** skills necessary to be creative and effective citizens, professionals, and leaders in an ever-changing world.

---

### 2. Undergraduate Program Objectives

The seven broad program goals are supported by 24 specific program objectives (Figure 8). The objectives were identified through development of indicators of program effectiveness, in-depth study of our syllabi, and gap analysis. Although the minors and General Education offerings support the broad program objectives, this specific set of 24 outcome measures was developed to guide the scope, activities, and evaluation of the courses in the Health Science major.

The 24 objectives were adopted by the Undergraduate Core Faculty in Spring 2002 and endorsed by the Department the following Fall. The program goals and objectives are posted on our website, included in our student advising material, and reviewed during Part-time Instructor Orientation. They have also been incorporated into our Senior Survey, administered to all graduating seniors as of 2003, and our Alumni Survey, to be administered one and five years post-graduation beginning in 2004. Both surveys are located in Appendix 12.
Goal 1: Fundamental academic skills

1.1 Read and critically analyze scientific and professional articles from the fields of health education, health services administration, aging, and other social sciences.

1.2 Write grammatically and stylistically correct papers that reflect a review of relevant literature and/or integrate health-related perspectives and experiences.

Goal 2: Foundation in health promotion and disease prevention

2.1 Recognize how the social, cultural, economic, political, and biological environments affect personal & community health.

2.2 Describe the age-related physical, psychological, and social changes that occur across the lifespan and discuss how those changes may vary by the social construction of race/ethnicity, culture, gender, religion, socioeconomic status, sexual orientation, and disability.

2.3 Describe the U.S. health profile, including key indicators, determinants, disparities, access to health services, historical and contemporary trends and implications.

2.4 Use risk, resilience, and protective factors in the analysis of health promotion challenges and opportunities.

Goal 3: Technical skills

3.1 Understand the role of research, evaluation, and the use of data in health promotion, disease prevention, and health services.

3.2 Develop data collection methods appropriate for various research objectives.

3.3 Collect qualitative and quantitative data based on sound measurement principles and valid sampling techniques.

3.4 Analyze qualitative and quantitative data using appropriate methods based on sound measurement principles and valid sampling techniques.

3.5 Report and disseminate results in various forms appropriate to both professional and community audiences.

Goal 4: Administrative and organizational knowledge and skills

4.1 Identify and describe the evolution of the U.S. health services system and the major settings, providers, and funding for the delivery of public and private preventive and treatment services.

4.2 Demonstrate the basic principles of health and social marketing.

4.3 Discuss ways in which public health policies affect access, quality, and cost of health services, and how they are differentially experienced by various ethnic, socioeconomic status, sexual orientation, disability, gender, and age groups.

4.4 Describe the basic principles of health program administration.

Goal 5: Social and behavioral science skills

5.1 Identify and define the major constructs from a variety of health behavior, health education, aging, interpersonal communication, and other social and behavioral science theories as they related to individual and community health.

5.2 Apply social and behavioral science theories in community health actions and interventions.

(Figure continues)
Goal 6: Skills for professional practice

6.1 Recognize the importance of honoring diversity, acting with civility, practicing ethically, and promoting mutual respect when working with diverse individuals, groups, and communities.

6.2 Incorporate the ethical standards of professional health services and health education practice in the development, implementation, and evaluation of health services and health promotion programs.

6.3 Develop and deliver professional oral, visual, and written presentations.

6.4 Work effectively in teams as members, facilitators, recorders, and leaders.

Goal 7: Lifelong learning skills

7.1 Be aware of opportunities for professional development and career enhancement.

7.2 Be aware of relevant professional organizations and resources.

7.3 Be aware of opportunities to contribute to community health and well-being.

3. Assessment of degree to which Undergraduate program goals and objectives are achieved

As of Fall 2003, the Senior Survey has been administered to each graduating cohort (December and May). The Undergraduate Alumni Survey is administered each May as of Spring 2004. We conducted pilot tests of our survey instruments and data collection methods throughout the self-study period. Participant responses were highly favorable. However, since the program goals and objectives were only formally articulated in 2002, graduating senior and alumni perspectives on the degree to which we met the objectives in past years are encouraging but only advisory at this point. We look forward to routine administration of these surveys in the future and incorporating the results in our new, continuous program improvement process.

b. The Health Science major

The Health Science major has been transformed through the self-study process, with most changes effective as of Spring 2003 (a proposal for a fifth option will be submitted to the university during the Fall 2004 semester). The new major structure is presented below. Student advising sheets are located in Appendix 13.

1. Health Science Major Requirements

The Health Science Major offers a required set of preparation and core courses, complemented by four specialization options. A summary of the unit requirements is presented in Figure 9.
### Summary of Health Science Degree Requirements

<table>
<thead>
<tr>
<th>SJSU Requirements</th>
<th>53 units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core General Education</td>
<td>39</td>
</tr>
<tr>
<td>Advanced General Education</td>
<td>12</td>
</tr>
<tr>
<td>Physical Education</td>
<td>2</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Health Science Major Requirements</th>
<th>55-57 units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation Courses</td>
<td>6</td>
</tr>
<tr>
<td>Health Science Core Courses</td>
<td>30</td>
</tr>
<tr>
<td>Option Courses</td>
<td>19-21</td>
</tr>
</tbody>
</table>

| Electives                              | 10-12 units |

| Total Units for B.S. Degree            | 120 units   |

All Health Science majors complete the same Preparation and Core Courses, outlined in Figure 10.

### Figure 10.
Health Science Major Preparation and Core Courses

#### Preparation Courses* (6 units)
- HS 1 Understanding Your Health
- HS 15 Human Life Span

#### Core Courses (27 units)
- HS 102 Health Team Building
- HS 104 Community Health Promotion
- HS 135 Health Issues in a Multicultural Society
- HS 158 Health and the Internet
- HS 159 Health Program Planning
- HS 161 Epidemiology
- HS 162 Health Care Organization and Administration
- HS 164 Health Services and Social Marketing
- HS 165 The Health Professional
- HS 167 Biostatistics

* Our new Core GE course, HS 67, will be specified as a required Preparation Course beginning AY 05-06.

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2. The four Health Science Options

In addition to the Preparation and Core Courses, Health Science majors select one of four Options:

Option 1  Health Science Core + Health Science Electives

Option 2  Health Science Core + Minor

Option 3  Health Science Core + Concentration in Gerontology

Option 4  Health Science Core + Concentration in Health Services Administration

Students also take 10-12 elective units, selected from any university department. Electives may include transfer units that do not meet General Education or Health Science major requirements. The courses required in each option are described in Figure 11 on the next page.
Option 1: Health Science Core + Health Science Electives (21 units)
This option allows students to select 7 additional Health Science undergraduate courses, either for breadth in the field or specialization in a particular area other than gerontology or health services administration.

Option 2: Health Science Core + Minor (12-18 Minor units + 3-9 HS units)
This option allows students to select a minor of their choice from throughout the campus (12-18 units). One to three complementary Health Science courses bring the option total to 21 units.

Option 3: Gerontology Concentration (21 units)
This option allows students to develop specialized knowledge in the field of gerontology, supplemented with a 200-hour internship.

Required Concentration Courses:
- GER 107 Aging and Society
- GER 108 Health in Later Life
- GER 117 Social Policy and Services in Aging
- GER 118 Long Term Care Services
- GER 122 Women in the Second Half of Life
- GER 133 Gerontology Field Work

Option 4: Health Services Administration Concentration (21 units)
This option allows students to develop specialized knowledge in the field of health services administration, supplemented with a 200-hour internship.

Required Concentration Courses:
- Bus 20N Survey of Accounting
- Bus 140 Operations Management or Bus 150 Human Resource Management or Bus 160 Organizational Behavior
- HS 170 Health Care Economics
- HS 171 Managed Health Care
- GER 117 Social Policy & Services in Aging
- HS 166AB Field Experience
c. Minors: Health Science and Gerontology

The Health Science Department offers two minors: Health Science and Gerontology. The requirements of the 15-unit Health Science minor are shown in Figure 12 below. Student advising sheets are located in Appendix 13.

Figure 12.
Health Science Minor Requirements

**Required Minor Course (Select one for 3 units total)**
- HS 1 Understanding Your Health
- HS 15 Human Life Span

**Elective Minor Courses (Select four for 12 units total)**
- HS 102 Health Team Building
- HS 104 Community Health Promotion
- GER0 107 Aging and Society
- GER0 108 Health in Later Life
- GER0 117 Social Policy & Services in Aging
- GER0 118 Long Term Care Services
- GER0 122 Women in the Second Half of Life
- HS 135 Health Issues in a Multicultural Society
- HS 156 Community Mental Health
- HS 158 Health and the Internet
- HS 159 Health Program Planning
- HS 161 Epidemiology
- HS 162 Health Care Organization and Administration
- HS 164 Health Services and Social Marketing
- HS 165 The Health Professional
- HS 167 Biostatistics
- HS 170 Health Care Economics
- HS 171 Managed Health Care

The Health Science minor is designed to provide flexibility to students from other majors who would like focused study of some aspect of health science. Some students create course combinations that provide breadth of knowledge, while others specialize in administration, quantitative methods, or population health.

The Gerontology minor offers the opportunity for in-depth study of the issues related to aging, health, and health services. The 15-unit requirements are outlined in Figure 13 below. Courses marked with an * indicate that the course is cross-listed with Gerontology but offered by another department.
Figure 13.
Gerontology Minor Requirements

**Required Courses (12-15 total units)**

- GER 107  Aging and Society
- GER 108  Health in Later Life
- GER 117  Social Policy & Services in Aging
- GER 137  Families, Diversity, and Aging, and/or
- HS 166AB  Internship Seminar and Practicum

**Elective Minor Courses (Select one for 3 units)**

- GER 15  Human Life Span
- GER 99*  Death, Dying, and Religion
- GER 111  Medical Ethics
- GER 114*  Psychology of Aging
- GER 116*  Aging and Nutrition
- GER 118  Long Term Care Services
- GER 122  Women in the Second Half of Life
- GER 137  Families, Aging, & Diversity (if not selected in required set)
- GER 156*  Independent Living
- GER 185*  Leisure, Recreation, & Aging
- GER 251*  Social Work with Aged Populations
- GER 260*  Multidisciplinary Health Promotion in Later Life

d. General Education

Health Science is the home department for four General Education courses:

- HS 1  Understanding Your Health (Core GE Area E)
- HS 15  Human Life Span (Core GE Area D1)
- HS 67  Health Statistics (Core GE Area B3)
- HS/GERO 107  Aging and Society (Advanced GE Area S)

Our newest course, HS 67 Health Statistics, was prioritized and developed as a result of the Self-Study process. This course will be offered for the first time Spring 2005.

The department also offers sections of three cross-listed Advanced GE courses, all in Area S:

- HS 135  Health Issues in a Multicultural Society (Area S)
  Home Department: Health Professions
2. Curricular changes since the last review

This self-study created the framework within which the Health Science faculty was able to confront significant and chronic problems in the previous structure and focus of the Undergraduate program. As a result, important changes have been made to the major, the minor, and our General Education offerings.

a. Changes to the Health Science Major

Serious concerns about the productivity of the previous Community/Occupational Health Education concentration had been raised during the 1996 Academic Priorities process. Subsequently, the concentration was put on probation, with a required minimum number of majors and graduates. Shortly thereafter, the Health Science major was dramatically affected by the new economy-driven concentration of 80% of all SJSU undergraduates in 12 majors, mostly the technical, business, and engineering fields. As our numbers dropped precipitously, and our own majors concentrated in the health services administration area, we realized that the viability of our Undergraduate program was at stake.

Serious reconsideration of the Undergraduate major began in Spring 2001; the process and key findings of that aspect of our self-study are presented later in this report (See Section C. Societal Demand and Section D. Student Demand). Since the last review, the most significant changes to the Health Science Major are:

- Termination of the Community/Occupational Health Concentration;
- Termination of the Certificate in the Study of Alcohol and Other Drugs;
- Reorganization of the major requirements into new preparation and core course sets to provide appropriate breadth and depth prior to advanced specialization;
- Introduction of 4 advanced options, offering different degrees of flexibility and concentrated study (one of these options is the longstanding Health Services Administration Concentration);
- Addition of a Gerontology Concentration as one of the four advanced options;
- Elimination of outdated courses, redesign of others, and introduction of several new,
contemporary courses, with plans for more.

b. Changes to the Health Science Department’s Minors

Both of our minors have been restructured. The Health Science minor was redesigned to provide maximum flexibility for interested students and to conform to the unit requirements of most SJSU minors. The Gerontology minor was formally brought in to the Health Science Department and revised to be consistent with the structure of the Health Science minor.

c. Changes to the Health Science Department’s General Education courses

Since the last review, we have developed two new General Education courses (HS 1 Understanding Your Health, Area E; HS 67 Health Statistics, Area B3), revised an upper division course to meet Core GE requirements (HS 15 Human Life Span, now Area D1), and incorporated a Gerontology course (HS 107 Aging and Society, Area S). We recommitted ourselves to consistent participation in three cross-listed Advanced GE Area S courses (HPROF 135 Health Issues in a Multicultural Society, Anthro 140 Human Sexuality, and HuP 169 Diversity, Stress, and Health). We have also prioritized development of a new Core GE course on Emerging Epidemics, and three additional upper division courses which may be appropriate for Advanced GE: Health Communications, Global Health, and Infectious Disease.

d. Relations with other departments

As a result of our self-study, we have branched out in our formal relationships with other departments. For example, our new course, HS 145 Community Mental Health, is an approved elective with both Psychology and Sociology. We were also delighted to be invited to participate in the Psychology Department’s proposed Health Psychology Minor, in which students would take two of the required five courses from Health Science. We are currently discussing potential collaborations on the new Advanced GE courses noted above with both the Communications and Anthropology departments.

e. Introduction of curricular changes, 2001 - 2003

Curricular changes were strategically and incrementally introduced in order to minimize confusion for students and provide adequate time for faculty to prepare for new courses. As of Spring 2003, all of the changes had been approved and were in effect for new Health Science students. We are pleased with the new curricular structure and contents, and eager to see the results. A summary of all undergraduate Health Science course changes is displayed in Figure 14. Changes to Gerontology courses are displayed in Figure 15. Changes to other cross-listed courses are displayed in Figure 16.
## Figure 14.
Health Science Department Undergraduate Major Course Changes, 2001 – 2003

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Kept</th>
<th>Cut</th>
<th>New</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 1</td>
<td>Understanding Your Health</td>
<td></td>
<td>X</td>
<td></td>
<td>Core GE - Area E</td>
</tr>
<tr>
<td>HS 15</td>
<td>Human Life Span</td>
<td></td>
<td>X</td>
<td></td>
<td>Previously HS 115, revised for Core GE Area D1 approval</td>
</tr>
<tr>
<td>HS 67</td>
<td>Health Statistics</td>
<td></td>
<td></td>
<td>X</td>
<td>Approved for Core GE Area B3</td>
</tr>
<tr>
<td>HS 102</td>
<td>Health Team Building</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>HS 104</td>
<td>Community Health Promotion</td>
<td></td>
<td>X</td>
<td></td>
<td>Previous name: Health &amp; Society</td>
</tr>
<tr>
<td>HS 135</td>
<td>Health Issues in a Multicultural Society</td>
<td></td>
<td>X</td>
<td></td>
<td>Cross-listed: Health Professions is home department</td>
</tr>
<tr>
<td>HS 145</td>
<td>Community Mental Health</td>
<td></td>
<td></td>
<td>X</td>
<td>Introduced as experimental course AY 02-04, approved elective for Psych and Soc</td>
</tr>
<tr>
<td>HS 158</td>
<td>Health &amp; the Internet</td>
<td></td>
<td></td>
<td>X</td>
<td>First introduced as experimental course Fall 2001</td>
</tr>
<tr>
<td>HS 159</td>
<td>Health Program Planning</td>
<td></td>
<td>X</td>
<td></td>
<td>Name changed from &quot;Health Promotion&quot;</td>
</tr>
<tr>
<td>HS 161</td>
<td>Epidemiology</td>
<td></td>
<td>X</td>
<td></td>
<td>New graduate level course developed for MPH students. HS 161 curriculum adjusted for new undergraduate-only focus as of Fall 2004.</td>
</tr>
<tr>
<td>HS 162</td>
<td>Health Care Organization &amp; Administration</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS 164</td>
<td>Health Services &amp; Social Marketing</td>
<td></td>
<td></td>
<td>X</td>
<td>First offered Spring 2003</td>
</tr>
<tr>
<td>HS 165</td>
<td>The Health Professional</td>
<td></td>
<td>X</td>
<td></td>
<td>Previously named &quot;Community/Occupational Health Education&quot;</td>
</tr>
<tr>
<td>HS 166AB</td>
<td>Field Experience: Seminar &amp; Practicum</td>
<td></td>
<td>X</td>
<td></td>
<td>Now primarily for Gerontology and Health Services Administration concentrations; Others may take as elective.</td>
</tr>
<tr>
<td>HS 167</td>
<td>Biostatistics</td>
<td></td>
<td></td>
<td>X</td>
<td>Course structure reorganized to accommodate lecture &amp; labs</td>
</tr>
<tr>
<td>HS 170</td>
<td>Health Care Economics</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>HS 171</td>
<td>Managed Care</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>HS 194</td>
<td>School Health</td>
<td></td>
<td>X</td>
<td></td>
<td>Course deleted due to faculty retirement &amp; no market demand</td>
</tr>
<tr>
<td>HS 196G</td>
<td>Global Health</td>
<td></td>
<td></td>
<td>X</td>
<td>First offered as experimental course AY 01-02, to be developed as permanent course</td>
</tr>
<tr>
<td>HS 196W</td>
<td>Women’s Health</td>
<td></td>
<td></td>
<td>X</td>
<td>First offered as experimental course AY - 02, to be developed as permanent course</td>
</tr>
</tbody>
</table>
Figure 15.
Gerontology Course Changes, 2001 – 2003

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Kept</th>
<th>Cut</th>
<th>New</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS/GERO 107</td>
<td>Aging &amp; Society</td>
<td>X</td>
<td></td>
<td></td>
<td>Cross-listed; Gerontology is home department</td>
</tr>
<tr>
<td>HS/GERO 108</td>
<td>Health in Later Life</td>
<td>X</td>
<td></td>
<td></td>
<td>Cross-listed; Gerontology is home department. New name</td>
</tr>
<tr>
<td>HS/GERO 117</td>
<td>Social Policy &amp; Services in Aging</td>
<td>X</td>
<td></td>
<td></td>
<td>Cross-listed; Gerontology is home department</td>
</tr>
<tr>
<td>HS/GERO 118</td>
<td>Long Term Care Services</td>
<td></td>
<td></td>
<td>X</td>
<td>Cross-listed; Gerontology is home department</td>
</tr>
<tr>
<td>HS/GERO 122</td>
<td>Women in the Second Half of Life</td>
<td>X</td>
<td></td>
<td></td>
<td>Cross-listed; Gerontology is home department. New name</td>
</tr>
</tbody>
</table>

All Gerontology courses adopted the Health Science prefix during the self-study period, but will also keep the GERO prefix to distinguish the specialization within the department.

Figure 16.
Changes to Cross-Listed Health Science Courses, 2001 – 2003

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Kept</th>
<th>Cut</th>
<th>New</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ApSci 101</td>
<td>Computer Applications</td>
<td></td>
<td>X</td>
<td></td>
<td>No longer required of the major; Highly recommended elective</td>
</tr>
<tr>
<td>NuFS 105</td>
<td>Current Issues in Nutrition</td>
<td></td>
<td></td>
<td>X</td>
<td>No longer required of the major; Highly recommended elective</td>
</tr>
<tr>
<td>Phil 111</td>
<td>Medical Ethics</td>
<td>X</td>
<td></td>
<td></td>
<td>No longer required of the major; Highly recommended elective</td>
</tr>
<tr>
<td>Psyc 126</td>
<td>Drugs, Brain, and Behavior</td>
<td></td>
<td></td>
<td>X</td>
<td>No longer required of the major; Highly recommended elective</td>
</tr>
<tr>
<td>Anthro 140</td>
<td>Human Sexuality</td>
<td></td>
<td></td>
<td>X</td>
<td>Highly recommended elective or Advanced GE course</td>
</tr>
<tr>
<td>HuP 169</td>
<td>Diversity, Stress, and Health</td>
<td></td>
<td></td>
<td></td>
<td>Highly recommended elective or Advanced GE course</td>
</tr>
</tbody>
</table>

f. Assessment of curricular changes
While it is too soon to assess the impact of the broad changes to our major, options, concentrations, and minors, current students give the new directions overwhelming support. Indeed, while the fundamental changes were based on environmental analysis and pedagogical logic, some of the new directions were first articulated a few years ago by the students in our Health Science Undergraduate Student Association (HS-USA). Specifically, students suggested greater use of technology in the Health Science curriculum, more interesting electives and more elective options, integration of elder health into the general Health Science requirements, a shorter and more flexible minor, and a different set of concentration options than the previous Community
Health Education and Health Services Administration choices. We were pleased to unveil the changes at the Fall 2002 Department Meeting (all students and faculty) and were even more pleased with the students’ overwhelmingly positive response.

We can already see the positive effect of integrating the Gerontology and Health Science curricula. The carefully planned integration has allowed us to add HS/GERO 107 Aging and Society to our General Education portfolio as the home department, and to incorporate the course into two of our major options. Perhaps most importantly, we are now able to offer a Gerontology Concentration and Minor, both of which address a workforce need on the very near horizon.

3. Department restructuring to support the Undergraduate program

Parallel to reconsideration of our undergraduate course offerings was a department-wide reconsideration of our organizational structure and leadership responsibilities. As of Spring 2001, our faculty is organized to provide appropriate leadership to each of our programs, particularly the Undergraduate program which had not had adequate support and leadership participation in the past. Figure 17 displays the department’s 2001-2004 organizational structure.

![Organizational structure diagram](image)

The 2001-2004 organizational structure included a Gerontology Director, in recognition of the special consideration needed to ensure the smooth incorporation of the Gerontology program into the Health Science Department. With the recent decision to permanently merge Gerontology with Health Science, the department leadership is reviewing potential modifications to our organizational structure. Our goal is to continue to support the unique contributions of Gerontology while aligning it more centrally with overall department priorities. The current structure, implemented in Fall 2004, is displayed in Figure 18.
**Undergraduate Program Director:** Designating three Department Directors since 2001 has created an invaluable structure for shared department leadership. Each Director receives .20 Assigned Time per semester, a resource allocation entirely new to the Health Science Department. During the monthly Directors Meetings, the Undergraduate Director is able to align the priorities and activities of the Undergraduate Program with the initiatives and resources of the MPH Program, the Gerontology program, and the department as a whole. The .20 Assigned Time assignment is made upon the Chair's approval of an outcomes-based scope of work for the semester and approval of the Director's outcomes-based report from the previous semester. It is unanimously agreed within the department that this structure is responsible for the new overall strategic planning and well-coordinated activities of the Health Science Department. Sample Program Director semester plans and final reports are located in Appendix 14.

**Undergraduate Core Faculty:** The Undergraduate program is further supported by designation of four faculty members as the Undergraduate Program Core Faculty (2002-2004: Drs. Rangavajhula, Hikoyeda, Foley, and Gerstman). These individuals are the full-time or long-term part-time instructors who serve as Program Advisors, teach in the Undergraduate program, and have particular responsibility for the viability and response-ability of the major, minors, and GE offerings. This is also a new organizational structure for the Undergraduate program and, as of Spring 2001, has become an important center of innovation and assessment for the entire department. This faculty group, with guidance from the Department Chair and input from other department faculty, was responsible for the curricular policy innovations since the last review and implementation of the recommendations of the Undergraduate Program Self-Study.
4. Faculty expertise

Between Fall 2001 and Spring 2004, the Health Science faculty allocation ranged between 7.5 and 7.85 FTE/F. This figure represents a loss of at least 5.35 FTE/F since the last program review. The decrease in faculty allocation over the past 7 years can be attributed to both internal and external factors. The most important external factors include the "golden handshake" of the early 1990s which immediately reduced our allocation by 4.0 FTE/F (30% of the full-time faculty), never to be replaced, and the unanticipated shift in majors within the university which affected our FTE/S and, in turn, our faculty allocation. Internal factors affecting our faculty allocation included decreasing enrollments in our undergraduate major without adequate adjustment of our course scheduling, and our limited and poorly scheduled GE offerings throughout most of the 1990s. As of this writing, the ongoing state budget deficit further threatens our faculty allocation every semester.

Despite our modest size, the Health Science faculty is a diverse, experienced, and enthusiastic group of accomplished health professionals and scholars who bring disciplinary expertise, community experience, and professional leadership to the department. Our 7.5 basic allocation is dedicated to seven full-time faculty members, 6 tenured and 1 probationary, with 2-3 courses per semester available for part-time instructors. Per department policy, all full-time faculty members teach in both the undergraduate and graduate programs. This mixed teaching load assures that undergraduate students study with faculty of the same caliber and qualifications as the students in our graduate program. It also provides flexibility in academic assignments to accommodate faculty initiatives and curricular adjustments. Part-time instructors for undergraduate courses are selected to round out the experience, interests, skills, and expertise of the full-time faculty.

Our undergraduate faculty expertise benefited from the staged merger with the Gerontology program. Although the Gerontology faculty allocation was handled separately until AY 2004-2005 and thus not reflected in this report, 80% of their faculty allocation has been dedicated to courses that have now been incorporated into the Health Science Undergraduate Program. In addition, Health Science faculty professional development leaves and early retirement during 2001-2004 allowed us to supplement our faculty complement with several additional part-time instructors, which greatly enhanced the vitality of our Undergraduate program. It should be noted that one of those part-time instructors, Dr. Tina Foley, assumed a leadership role in the department that has been absolutely critical to our success.

a. Full-time Faculty

Figure 19 displays the degrees, specialization, and rank of each of the six full-time Health Science faculty members, 2003-04. Full curriculum vitae are located in Appendix 15. Please note that Dr. William Washington, a senior member of the Health Science Department, is not included in this section of the Report. Dr. Washington retired in July 2004 after being on leave the entire length of the self-study. We hope to be approved to search for two new faculty positions during AY
2004-2005 (restoring this faculty line and that of Dr. Sam Radelfinger, whose final FERP semester will be Fall 2004).

Figure 19.  
Health Science Undergraduate Program Full-time Faculty, Degrees, and Rank, 2003-04

<table>
<thead>
<tr>
<th>Name</th>
<th>Degree and Discipline</th>
<th>Tenure Status</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Bud Gerstman</td>
<td>PhD (Epidemiology &amp; Comparative Pathology) University of California, Davis</td>
<td>Tenured 1996</td>
<td>Prof</td>
</tr>
<tr>
<td></td>
<td>MPH (Epidemiology) University of California, Berkeley</td>
<td>On leave Spring 2002</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DVM (Veterinary Medicine) Cornell University</td>
<td>Fall 2002</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BS (Biology) Cornell University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edward Mamary</td>
<td>DrPH (Community Health Education) University of California, Berkeley</td>
<td>Tenured 2004</td>
<td>Asst</td>
</tr>
<tr>
<td></td>
<td>MS (Community Health Education) Hunter College, CUNY</td>
<td></td>
<td>Promoted to Assoc with Tenure 2004</td>
</tr>
<tr>
<td></td>
<td>BS (Community Health Education &amp; Biology) Montclair State College, New Jersey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daniel Perales</td>
<td>DrPH (Health Services Organization) University of Texas</td>
<td>Tenured 1996</td>
<td>Assoc</td>
</tr>
<tr>
<td></td>
<td>MPH (Health Services Organization) University of Texas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BA (Political Science) University of California, Berkeley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sam Radelfinger</td>
<td>EdD (Education) Stanford University</td>
<td>Tenured 1977</td>
<td>Prof</td>
</tr>
<tr>
<td></td>
<td>MA (Education) Stanford University</td>
<td>FERP Year 5 2004-05</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MPH (Community Health Education) University of California, Berkeley</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BA (Economics) Stanford University</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Figure continues)
Although the Gerontology faculty allocation has been assigned and managed separately from that of the Health Science Department during the period under review, the two faculty members who serve this program have become integral to the Health Science Department. Health Science is the home department of Dr. Debra David, but her 1.0 FTE/F position is assigned to the Gerontology Program. Since 2000, Dr. David has held significant university administrative appointments, most notably as the Director of the SJSU Center for Service-Learning. As a result, she has reduced her time in the Gerontology program and given up her leadership role. Dr. Nancy Hikoyeda was hired on a three-year full-time, temporary faculty appointment as Gerontology Director as of AY 2002-03. Dr. Hikoyeda contributes significantly to the Health Science Undergraduate program and serves as the Advisor for the Health Science Gerontology Concentration. Figure 20 displays the degrees, specialization, and rank of the two Gerontology faculty members. Figure 21 describes the backgrounds, interests, and contributions to the Undergraduate program of each of the Health Science and Gerontology full-time faculty members.
### Figure 20.
Gerontology Program Full-time Faculty, Degrees, and Rank, 2003-04

<table>
<thead>
<tr>
<th>Name</th>
<th>Degree and Discipline</th>
<th>Tenure Status</th>
<th>Rank</th>
</tr>
</thead>
</table>
| Debra David  | PhD (Sociology) University of California, Berkeley  
MA (Sociology) University of California, Berkeley  
BA (Interdisciplinary Social Sciences) Michigan State University | Tenured 1992  
Director, SJSU Center for Service Learning  
On sabbatical Spring 2002 | Prof       |
| Nancy Hikoyeda | DrPH (Community Health Sciences) University of California, Los Angeles  
MPH (Community Health Education) San Jose State University  
Certificate in Applied Social Gerontology  
BS (Education) University of Utah | Gerontology Director and faculty member 2002-2005 | Asst (Temp) |

### Figure 21.
Biosketches of Health Science Department Full-time Faculty

**Dr. Debra David, Professor**
Dr. Debra David received a B.A. in Social Science from Michigan State University, and an M.A. and Ph.D. in Sociology from the University of California, Berkeley. Her research interests include service-learning, health ethics, and ethnogerontology. She served as the Director of the Gerontology Program from 1987-2000. Dr. David has served as the Director of the SJSU Center for Service-Learning since 2002. In addition to advising the final graduate students in the M.S. in Gerontology program (discontinued as of 2001-2002), Dr. David teaches two Gerontology Concentration courses: Gero 107 Aging and Society and HS 117 Social Policy and Services in Aging. She has also developed and taught two MUSE courses: The Longevity Revolution and The Caring Community. Dr. David has served as President of the California Council of Gerontology and Geriatrics, and as a member of the Core Faculty of the Stanford Geriatric Education Center. Outside of her academic interests, she enjoys travel and choral singing.

**Dr. B. Bud Gerstman, Professor**
Dr. B. Bud Gerstman received a B.S. in Biology and D.V.M. from Cornell University, an M.P.H. in Epidemiology from the University of California, Berkeley, and a PhD in Epidemiology and Comparative Pathology from the University of California, Davis. His research interests are in the areas of epidemiologic research methods, pharmacoepidemiology, drug safety, and medical and public health record linkage. In addition to a graduate course, Dr. Gerstman teaches two Health

(Figure continues)
Science Core courses (HS 161 Epidemiology and HS 167 Biostatistics), a MUSE course (Medical Effectiveness) and developed our recently approved new Core GE course HS 67 Health Statistics. He is an Undergraduate Advisor and member of the Undergraduate Core faculty. Dr. Gerstman was on professional leave Spring and Fall 2002 in order to complete the second edition of his text *Epidemiology Made Simple*, published by Jossey Bass.

**Dr. Nancy Hikoyeda, Interim Director, Gerontology Program**

Dr. Nancy Hikoyeda received a B.S. in Education from the University of Utah, an M.P.H. in Community Health Education from San Jose State University, and a Dr.P.H. in Community Health Sciences from the University of California, Los Angeles. Her research interests include aging, ethnicity and health; long term care utilization and policies; and ethics and aging. She has served as Director of the Gerontology Program since 2000, is a member of the Health Science Undergraduate Core faculty, and Gerontology Concentration Advisor. Dr. Hikoyeda teaches a General Education course (Gero 107 Aging and Society) and GERO 117 Social Policy and Services in Aging. During Fall 2002, Dr. Hikoyeda also taught HS 1 Understanding Your Health, a Health Science Core GE course. Dr. Hikoyeda serves on the City of San Jose Senior Citizen Commission and the Core Faculty of the Stanford Geriatric Education Center. Outside of her academic interests, she enjoys participating in choral music, reading, and traveling.

**Dr. Edward Mamary, Associate Professor** (Tenured and promoted in 2004)

Dr. Edward Mamary received a BS in Community Health and Biology from Montclair State College, M.S. in Community Health Education from Hunter College, and an M.P.H. and Dr.P.H. in Community Health Education from the University of California, Berkeley. His research interests are in the areas of organizational development, HIV prevention and care services, and evaluation research. Dr. Mamary serves as Director of the MPH program (since Fall 2001) and teaches both graduate and General Education courses (HS 1 Understanding Your Health, HS 140 Human Sexuality) in the Health Science Department. He developed the course proposal and GE application for HS 1 Understanding Your Health and serves as the HS 1 Coordinator. Dr. Mamary has served as 2001 Co-President of the Northern California chapter of the Society for Public Health Education (NC-SOPHE). He was elected 2002-2003 Co-Vice President of national SOPHE, was Co-Chair of the Planning Committee for SOPHE’s 2003 Annual Meeting to be held in San Francisco, and currently serves as a Trustee. Outside of his academic interests, Dr. Mamary enjoys running, travel, and classical music.

**Dr. Daniel Perales, Associate Professor**

Dr. Daniel Perales received a B.A. in Political Science from the University of California, Berkeley, and an M.P.H. and Dr.P.H. in Health Services Administration from the University of Texas. His research interests are in the areas of tobacco control, community coalitions, food security, and program evaluation. Dr. Perales was the Director of the Undergraduate Program (AY 2001) and has recently taught both graduate and General Education courses (HS 1 Understanding Your Health, HS 102 Health Team Building, HS 159 Health Program Planning, HS 161 Epidemiology, and HS 164 Health and Social Marketing). Dr. Perales is a member of both the MPH and Undergraduate Core faculties. He has served as President (1998) and Treasurer (1993-96) of the Northern California chapter of the Society for Public Health Education (NC-SOPHE). He was elected 1999-2000 Co-Vice President of national SOPHE, co-chaired the Planning Committee for SOPHE’s gala 50th anniversary Annual Meeting in Boston in 2000, and was recently elected Treasurer. Outside of his academic interests, Dr. Perales enjoys cooking, reading history, bird watching, and his little dog Pepper.
Dr. Sam Radelfinger, Professor
Dr. Sam Radelfinger received a B.A in Economics from Stanford University, an M.P.H. in Community Health Education from the University of California, Berkeley, and both an M.A. in Education and an Ed.D. from Stanford University. His academic interests are in the areas of systems, training, and health education theory. Dr. Radelfinger founded the M.P.H. program in 1970 and has been an integral part of its development and acclaim ever since. In addition to M.P.H. courses, he currently teaches the General Education course HS 169 Diversity, Stress, and Health. Dr. Radelfinger is in his 4th year of the Faculty Early Retirement Program and lives in the mountains north of Lake Tahoe. Outside of his academic interests, Dr. Radelfinger enjoys reading, wildlife, and making stained glass art.

Dr. Ramani Rangavajhula, Assistant Professor
Dr. Ramani (Garimella) Rangavajhula received her undergraduate degree in Medicine and Surgery from Kokatiya Medical College, a Doctor of Medicine (Preventive Medicine) degree from Andhra Pradesh in India, and a Ph.D. in Health Services from Old Dominion University. Her research interests are in the areas of domestic violence, health services, and preventive medicine. Dr. Rangavajhula is a member of the Undergraduate Core Faculty and Advisor for the Undergraduate Health Services Administration Concentration. In addition to a graduate course, Dr. Rangavajhula teaches the following undergraduate courses, many of which she developed: HS 158 Health and the Internet, HS 162 Health Services Organization, HS 170 Health Care Economics, HS 171 Managed Health Care, and HS 196W Women's Health. During some of the semesters under review, she also coordinated undergraduate internships. Dr. Rangavajhula was the recipient of a Junior Faculty Development Award and has been recently appointed to the Boards of NC-SOPHE and Next Door Solutions. Outside of her academic interests, Dr. Rangavajhula enjoys cooking, reading, and playing with her kids.

Dr. Kathleen Roe, Professor and Chair
Dr. Kathleen Roe received a B.S. in Sociology, an M.P.H., and Dr.P.H. in Community Health Education, all from the University of California, Berkeley. Her research interests are in the areas of community-based programs and evaluation, health disparities, and participatory process evaluation. Prior to becoming Chair, Dr. Roe was the Director of the MPH program (1989-2001). In addition to several graduate courses, Dr. Roe teaches HS 104 Community Health Promotion. She was named the SJSU 2002 Outstanding Professor and received the 2001 Society for Public Health Education (SOPHE) Mentor of the Year Award and Northern California SOPHE's highest honor, the Dorothy Nysswander Award for Leadership in Health Education. Dr. Roe was elected SOPHE President 1999-2000 and has held leadership positions in the American Public Health Association, NC-SOPHE, and the American Association for Health Education. She is on the Editorial Board of Health Promotion Practice and the California Journal of Health Promotion. She was Guest Co-Editor for the HPP April 2002 theme issue on Eliminating Racial and Ethnic Health Disparities. She is currently Co-Chair for the Professionwide Task Force for Transition to Accreditation of Health Education Professional Preparation. Outside of her academic interests, Dr. Roe enjoys her son's high school wrestling, reading, running, travel, and playing the Irish fiddle.

The eight Health Science and Gerontology full-time faculty members have a total of 26 academic degrees in 14 different disciplines, including community health education, health services,
epidemiology, medicine, education, sociology, biology, and political science. All full-time faculty members were public health or other health-related professionals prior to earning their doctoral degrees. Early in their careers, Health Science and Gerontology faculty members worked as health educators, health service administrators, epidemiologists, and trainers. Our past careers also include a medical technician, a physician, an environmental health officer, and even a veterinarian. All full-time faculty members have remained actively involved in practice through community-based research, scholarship, service, and leadership in professional organizations.

These varied perspectives create a strong foundation for our Undergraduate program, which is further enhanced by the diversity of our personal backgrounds (Figure 22). Men and women are equally represented. Four of the eight (50%) faculty members are white; the other 50% are Arab American, Japanese American, Latino, and South Asian Indian. We are immigrants, the children of immigrants, and from families that have been in the United States for generations. We are Buddhist, Catholic, Hindu, Jewish, and Protestant. Our commitment to diversity is real — both in our faculty relationships and our interactions with students. Indeed, our diversity reflects the diversity of our students and is a source of particular strength and innovation in the Health Science Department.

Figure 22.
Demographic Characteristics of Full-time Health Science Undergraduate Faculty 2003-04

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debra David</td>
<td>Female</td>
<td>White</td>
</tr>
<tr>
<td>B. Bud Gerstman</td>
<td>Male</td>
<td>White</td>
</tr>
<tr>
<td>Nancy Hikoyeda</td>
<td>Female</td>
<td>Japanese American</td>
</tr>
<tr>
<td>Edward Mamary</td>
<td>Male</td>
<td>Arab American</td>
</tr>
<tr>
<td>Dan Perales</td>
<td>Male</td>
<td>Latino</td>
</tr>
<tr>
<td>Sam Rodelfinger</td>
<td>Male</td>
<td>White</td>
</tr>
<tr>
<td>Ramani Rangavajhula</td>
<td>Female</td>
<td>Indian</td>
</tr>
<tr>
<td>Kathleen Roe</td>
<td>Female</td>
<td>White</td>
</tr>
</tbody>
</table>

b. Part-time Faculty

Our full-time faculty complement is enhanced by regular involvement of health professionals who serve as part-time instructors, frequent classroom guests, and fieldwork preceptors. Although our department has always benefited from part-time instructors, they have played a particularly
important role in the Undergraduate program over the past three years. The professional leaves and FERP of key senior faculty (2.5 FTE/F in 2003 alone) required that we hire part-time instructors for 10-15 courses per semester in the early years of our leadership transition and the beginning of our self-study. In order to manage, we redesigned the process for part-time instructor recruitment, selection, orientation, training, and evaluation. The result is a smooth and integrated faculty complement that combines the insight and experience of our full-time faculty with the fresh enthusiasm of new part-time instructors.

1. Part-time faculty qualifications

We work hard to recruit and retain a diverse group of part-time instructors. Figure 23 describes the gender and race/ethnicity distribution of the part-time Health Science faculty during the seven teaching semesters Fall 2001 - Spring 2004 (includes one summer semester). Please note that not all faculty members taught all semesters. Also note that the Gerontology part-time instructors are not included, as, until Fall 04, they were recruited and trained by the Gerontology faculty. Although Gerontology faculty members were welcome to participate in all department training, they have only gradually been fully incorporated into the Health Science part-time faculty procedures.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Part-time Faculty</td>
<td>24</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>3</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>5</td>
</tr>
<tr>
<td>Latino</td>
<td>3</td>
</tr>
<tr>
<td>White</td>
<td>13</td>
</tr>
</tbody>
</table>

Nearly half (45%) of our part-time instructors during the seven semesters reviewed were people of color. We were particularly pleased that 19 of the 24 instructors were Health Science alumni, providing role models for students and clearly demonstrating their appreciation of the education they received at San Jose State University. Our part-time instructors are also accomplished health professionals. All have graduate degrees in public health or a related field, three have doctorates, and one is a physician. Figure 24 displays selected characteristics of the
The Dance Program received full seven year accreditation in October, 1998. It is the only accredited CSU program in northern California. The accreditation self-study, and hence the planning efforts, were conducted before passage of the new Planning Guidelines. The program nonetheless requested that this cycle of its evaluation be brought to a close by the preparation of a report from the Program Planning Committee to the Provost.

Overall the accreditation team was enthusiastic about the quality of the existing program, with special note of the dedication of the faculty, the quality of the new facilities, strong support within the College, careful oversight of student progress, and collaboration with Limon West Dance Company. With respect to planning, the team made several suggestions, which this committee supports:

1. “Careful refining of mission, goals and objectives...that speak clearly and concretely, in ways that are measurable, to the future direction of the program.” Because assessment of student learning was not specifically called for, we recommend that the program add such assessment of learning to the measurable set of statements to be developed.

2. The team suggested curricular attention towards the goal of making the SJSU Dance Program “...unique...” Several specifics were offered, and we concur that moving towards a unique identity for this Program is a good objective. In this regard, the team’s suggestion that the Program prioritize its needs and initiatives seems most appropriate. Perhaps such a prioritization would help to move the Program in directions that would give it a clearer identity, thus enhancing both the career opportunities of its graduates as well as financial support opportunities within the community.

3. Attention to more effective communication between the Dance Coordinator and the Dance Major Advisor, and the Director of the School of Music and Dance. As Dance is newly placed in this School, active efforts should be made to assure unambiguous communication with new professional colleagues in Music.

4. Because the Dance Program was “maintain” rather than “enhance” in Academic Priorities, the team made several suggestions regarding independent fund-raising by the Program and better coordination with the SJSU Development Office. The lack of scholarships and of computers were seen as specific targets, as were opportunities for continuing faculty professional development. As did the team, we recommend that the Program seek out potential industry sponsorship of aspects of the Dance Program.

5. The Dance Program has entered a partnership with Limon West. The team felt that this nationally recognized group has not yet identified itself with SJSU as much as SJSU has identified with it, and thus the Dance Program should seek to clarify and strengthen this powerful partnership, paying special attention to ways in which the collaboration can enhance the campus program. The use of Limon West company members as adjunct faculty and choreographers was specifically requested by the accreditation team, as was clarification regarding joint use of facilities (in a report to be filed by September, 2000, with the accreditation agency.)
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4. Because the Dance Program was “maintain” rather than “enhance” in Academic Priorities, the team made several suggestions regarding independent fund-raising by the Program and better coordination with the SJSU Development Office. The lack of scholarships and of computers were seen as specific targets, as were opportunities for continuing faculty professional development. As did the team, we recommend that the Program seek out potential industry sponsorship of aspects of the Dance Program.

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The Dance Program received full seven year accreditation in October, 1998. It is the only accredited CSU program in northern California. The accreditation self-study, and hence the planning efforts, were conducted before passage of the new Planning Guidelines. The program nonetheless requested that this cycle of evaluation be brought to a close by the preparation of a report from the Program Planning Committee to the Provost.

Overall the accreditation team was enthusiastic about the quality of the existing program, with special note of the dedication of the faculty, the quality of the new facilities, strong support within the College, careful oversight of student progress, and collaboration with Limon West Dance Company. With respect to planning, the team made several suggestions, which this committee supports:

1. “Careful refining of mission, goals and objectives...that speak clearly and concretely, in ways that are measurable, to the future direction of the program.” Because assessment of student learning was not specifically called for, we recommend that the program add such assessment of learning to the measurable set of statements to be developed.

2. The team suggested curricular attention towards the goal of making the SJSU Dance Program “...unique...” Several specifics were offered, and we concur that moving towards a unique identity for this Program is a good objective. In this regard, the team’s suggestion that the Program prioritize its needs and initiatives seems most appropriate. Perhaps such a prioritization would help to move the Program in directions that would give it a clearer identity, thus enhancing both the career opportunities of its graduates as well as financial support opportunities within the community.

3. Attention to more effective communication between the Dance Coordinator and the Dance Major Advisor, and the Director of the School of Music and Dance. As Dance is newly placed in this School, active efforts should be made to assure unambiguous communication with new professional colleagues in Music.

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