

<b>Goal</b>		<b>Part 1: A Brief Self Study</b>
<b>Beginning Date</b>	<b>End Date</b>	
Curriculum changes to broaden career opportunities for students who graduate from Health Sciences major.		<ol style="list-style-type: none"> <li>1. The previously approved modified curriculum is in the catalog and was implemented Fall, 2009.</li> <li>2. We have received WASC approval for an all online version of our program, with Option A, Administration, as the focus.</li> <li>3. The online program with PACE to offer our degree to students at Canada College will be ending at the end of the academic year due to lack of participation by Canada students.</li> <li>4. We continue to work on matching our program learning outcomes to the course objectives of Health Sciences prefix courses.</li> <li>5. We have submitted a proposal for funding to develop an online course in healthcare leadership and management for Option A students.</li> <li>6. We have submitted a proposal for funding to develop an online version of NURS 2010, Nutrition, to meet program lower division requirements.</li> <li>7. As part of the program internship a program was developed that provides nutrition education to CSU Eastbay students residing in the dormitories.</li> <li>8. We have revised the curriculum for option B3 so that students can obtain the required pre-requisites for professional schools in a more time efficient manner.</li> </ol>
Fall 2005	Fall 2011	
Student enrollment and advising increases		<ol style="list-style-type: none"> <li>1. Enrollment continues to increase.</li> <li>2. The nursing major remains impacted, thus continuing to supply a pool of potential health science majors.</li> <li>3. We have instituted monthly pre-major advising sessions at both campuses to serve the needs of potential majors.</li> <li>4. We have added information on the major to the department web site and are developing information for pre-majors as well. This information will be added to the web site and included in a letter to be sent to students who contact the department with questions about the major.</li> <li>5. A process for disseminating important announcements to majors has been developed using Blackboard.</li> <li>6. We have created a program brochure for recruiting majors.</li> </ol>
Fall 2005	Fall 2011	

		7. We have submitted a proposal for funding to develop an online graduation advising system to better meet student needs.
Faculty increases		<ol style="list-style-type: none"> <li>1. Our AY2008-09 tenure-track faculty member search was cancelled.</li> <li>2. The pool of lecturers in past years continues as a critical resource to providing the classes needed by our majors.</li> <li>3. We have continued with our goal to offer all required Health Science courses each quarter in order to facilitate the greatest number of student graduations possible.</li> </ol>
Fall 2005	Fall 2011	
Program resources are being stretched to serve student needs.		<ol style="list-style-type: none"> <li>1. We have added sections to several required courses in the major to meet student needs, but have experienced the inability to add sections when needed due to budgetary issues.</li> <li>2. HSC faculty members have continued to increase course caps for some of the core courses with large enrollments.</li> <li>3. We continue to offer many of our courses in online or hybrid formats to meet student preferences.</li> </ol>
Fall 2005	Fall 2011	

## Part 2: Summary of Assessment Results

### Summary of Assessment Results: Health Sciences Program (2009-2010)

The senior seminar capstone course (HSC 4700), which is the final course in our health sciences program gives students an opportunity to assess their own knowledge and skills through a synthesis of general education, health science major courses and (through their internship) work-related health experiences. The following is a brief summary of the evaluations from last year's (winter, spring and fall 2009) graduating seniors.

We had 159 graduating seniors surveyed in the three classes and 97% of them agreed that they were very satisfied with all the classes they took in the general education program. They felt that general education courses allowed them to: 1) complete their classes in an orderly progression thus saving time and not having to worry about what classes to take; 2) develop vital communication, professional and civil skills as they took a variety of classes in the arts and humanities in cohorts that allowed easy friendships and relationships; 3) help students apply their skills to analyze and solve problems that may arise in their professional life; 4) assess, develop and polish their readiness to work in a truly diverse, multi-ethnic and multi-cultural environment; 5) explore different areas of study in a variety of disciplines which allowed most of them to appreciate interdisciplinary knowledge and understand the world around them better; and, 6) be honest and clear about their professional interests which greatly helped them narrow down in choosing a major.

The remaining 3% of the students (5, few but important) felt that they did not need to take so many general education units (72 units) which could be greatly streamlined without loss of the general educational objective. They therefore suggested GE program reform. Sadly, students have a hard time appreciating the critical role played by GE classes in their lives until later on in their life. Some of their concerns were: 1) the required class areas are pre-determined limiting student class choices in areas they may be more interested in; 2) freshman cluster classes have to be completed even though a student may not appreciate the cluster theme or some of the linked courses; 3) some courses were poorly organized and repetitive of what students covered in high school giving no added content or challenge; 4) that GE classes (especially GE Studies classes) waste a lot of time for students who would rather be taking other classes; 5) taking GE classes was an unnecessary drain in time, cost and aspirations for international students who have limited stay visas and pay non-resident fees; and, 6) there should be a better integration in the major and GE classes in advisory sessions as students were not always informed about their graduation requirements on time causing an avoidable delay in the timely completion of their GE classes.

We had a 100% student satisfaction with the health sciences program and some used words such as “the class offerings in a very timely manner allowed me to complete the program in time”; “some of the classes like the internship class allowed me to experience my planned career firsthand and I realized I did not like the job I was preparing to do, so I changed to another option”; “the classes in the program allowed me to appreciate the importance of the environment, cultural diversity, government programs, research, and a holistic systems view of the US health care system”; “allowed me to appreciate the US healthcare system and the role of health providers”; “is a very well-organized program with up-to-date information”; “a health science major is the gateway to all healthcare careers including medicine, dentistry, nursing, and many other allied health fields”; “the program has wonderful and very knowledgeable instructors who are able to teach, advise and interact with students in remarkably positive ways”; “was the heart of my education”.

Generally, graduating seniors feel adequately well-prepared for their health careers after exploring issues in health care including health care access, health disparities, health promotion and education, preventive health measures, and the increasing role of the environment in our healthy lives. A great majority of students (99%) appreciated the importance of certain program courses that allow them to evaluate and understand the US health system, multicultural health perspectives in an increasingly diverse population and the variety of options available to choose from in the health sciences program. The internship class (HSC 4500), as in previous years, offered great satisfaction to a majority of students (100% in this cohort). Most stated they were happy the program had the internship requirement which gave them an opportunity to experience, evaluate and assess their readiness for the work environment, health leadership, networking with potential employers and in some cases as a gateway to securing employment. Two inspiring comments were “the writing component of the internship class made me realize that the APA format I have been taught before was all wrong and I appreciate I corrected it before I graduated with appropriate university-level writing assignments”, “the individual nature of the writing component of the internship class truly reaching out to students with very poor writing skills who somehow were filtering through ‘half-baked’ as group members ensured group reports were well-written before submission; in effect, masking any writing deficiencies in individual group members to their detriment”.

However, about a quarter of students (24%) felt that the demands of the writing portion of the class required more resources than were available to help students in writing. The Student Center for Academic Achievement (SCAA) was not adequately assisting students in writing English and many felt even after papers were reviewed at the Center, there were still areas that were frequently challenged by the instructor in the course causing loss of crucial points. They also felt like the writing standards of the class, though appropriate for graduating seniors, had not been emphasized routinely in other health science program courses making the class very stressful. The Department has addressed this issue by requiring that students have their internship supervisors (many of whom are professionals with master’s degrees or higher) carefully review their papers as they progress with their writing. Students are also encouraged to have their colleagues review their papers before they submit it for grading. The Department has also

addressed this issue in its revised curriculum by requiring that all students take a new class (Writing in Health Sciences, HSC 2200) before taking the senior level HSC 4500 class. It is hoped that by taking this class earlier in their career, students will be exposed to a health sciences writing class at an opportune time, have an opportunity to do a literature review from published health science literature, and the APA writing style.

All students (100%) appreciated the current flexibility provided in most health science classes: in-class sessions, hybrid sessions and fully-online sessions allowing students to advance steadily in the program. About the health sciences program in general, about a fifth (32%) had a number of concerns about the program including: 1) the major had attracted many students that affected class sizes which somehow compromised instructional quality; 2) many felt more courses needed to be offered in an fully-online format throughout the year to allow a timely progression toward student graduation; 3) that the health sciences program had courses that offered little challenge to those who had extensive experience in health care, and that there should be an option to challenge some courses with an examination for those with extensive experience in health care (some of those classes include: Introduction to Health Professions and Consumer Health; 4) that since the program requires statistics, certain courses like epidemiology should be added to the program; and finally, 5) that option B1 (pre-health professions) should have courses listed to avoid the confusion students have about what courses to choose from. The Department has addressed some of these concerns by revising the health curriculum by replacing the Consumer Health class (HSC 3650) with Healthcare Law and Ethics class (HSC 3550).

For many years now since this program evaluation began, the health sciences faculty appreciates the time and effort graduating seniors put into surveys and assessments of both the GE and health sciences program. Following some of the comments and suggestions provided by students in previous years, the health sciences program has introduced a number of changes mentioned elsewhere in this report including: new course development, discontinuation of some courses, listing of courses in option B1, and expansion or complete overhaul of some options in the program. It is through such feedback that pertinent information (as it relates to the people affected most by the program) can be reviewed, evaluated and incorporated to improve the program for future students. We can claim our program’s effectiveness in preparing a highly trained and skilled health care workforce with appropriate skills and knowledge to tackle the many challenges of health care delivery in the country, only through adaptive strategies that allows continuous gathering, analyses and evaluation of information from graduating seniors in the program.

**Part 3: Statistics**

**University Employees Table 8.2**

**California State University, East Bay**

**IPEDS FACULTY PROFILE AS OF NOVEMBER 1st**

**Fall 2005, 2006, 2007, 2008 and 2009**

<b>Health Sciences</b>	<b>Headcount</b>	
	<b>Lecturer</b>	<b>Tenured and Tenure Track</b>

		Fall 2005	Fall 2006	Fall 2007	Fall 2008	Fall 2009	Fall 2005	Fall 2006	Fall 2007	Fall 2008	Fall 2009	
<b>STATUS</b>	<b>ETHNICITY</b>											
<b>Full Time</b>	<b>Black</b>							1	1	1	1	
	<b>Asian/Pacific</b>											
	<b>Hispanic</b>											
	<b>White</b>							1	1	2	2	
	<b>American Indian</b>											
	<b>International</b>											
	<b>Other</b>											
	<b>GENDER</b>											
	<b>Female</b>								1	1	2	2
	<b>Male</b>								1	1	1	1
	<b>SUB-TOTAL</b>							2	2	3	3	
<b>Part Time</b>	<b>ETHNICITY</b>											
	<b>Black</b>	1			2	2						
	<b>Asian/Pacific</b>											
	<b>Hispanic</b>											
	<b>White</b>	1	1	1	2	2						
	<b>American Indian</b>											
	<b>International</b>											
	<b>Other</b>											
	<b>GENDER</b>											
	<b>Female</b>	2	1	1	4	4						
<b>Male</b>												
	<b>SUB-TOTAL</b>	2	1	1	4	4						
<b>DEPARTMENT TOTAL</b>		2	1	1	4	4		2	2	3	3	

**Enrollment Table 1.2**

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California State University, East Bay

**HEADCOUNT ENROLLMENT BY CSU DEGREE PROGRAM AND DEGREE LEVEL**

**Fall 2005, 2006, 2007, 2008 and 2009**

**CSU DEGREE PROGRAM**

**CAPR Table 1**

**California State University, East Bay**

**OVERALL ENROLLMENT PROFILE BY DEPARTMENT**

**College Years 2002-03 through 2007-08**

**Department Nursing & Health Sciences**

		Fall 2004	Fall 2005	Fall 2006	Fall 2007	Fall 2008
<b>CAMPUS MAJOR</b>						
<b>Health Sciences</b>	<b>Graduate</b>	5	5	9	4	7
	<b>Undergraduate</b>	168	199	270	330	427
	<b>TOTAL</b>	173	204	279	334	434
	<b>TERM FTE</b>	159.9	190.3	267.3	306.7	388.5
<b>Nursing</b>	<b>Graduate</b>	49	50	67	57	59
	<b>Undergraduate</b>	176	186	214	276	345
	<b>TOTAL</b>	225	236	281	333	404
	<b>TERM FTE</b>	175.0	196.5	249.1	317.3	392.9
<b>Pre-Nursing Program</b>	<b>Graduate</b>			1	9	9
	<b>Undergraduate</b>			359	449	525
	<b>TOTAL</b>			360	458	534
	<b>TERM FTE</b>			334.3	418.1	489.0

<b>Total</b>	<b>Graduate</b>	54	55	77	70	75
	<b>Undergraduate</b>	344	385	843	1,055	1,297
	<b>TOTAL</b>	398	440	920	1,125	1,372
	<b>TERM FTE</b>	334.9	386.8	850.8	1,042.0	1,270.4

Source: CSU ERSS Statistical Extract

College Year: Summer, Fall, Winter and Spring.

Document: Cal State East Bay Fact Book

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