

Academic Program Review Health Education Unit

Fall 2014

Health Education Unit

Education Department Academic Review Report

Coordinator: Professor Iris Mercado

Faculty

Professor Iris Mercado

Professor Juan Preciado

Professor Elys Vasquez-Iscan

Professor Karen Winkler

Executive summary

The Health Education Unit (HEU) began its Academic Program Review (APR) process in March 2014 at the request of the Office of Academic Affairs (OAA). The expectations contained in the OAA's *Academic Program Review: Purpose and Process*¹ were broken down into tasks, which were then assigned to individuals as stated in the Academic Program Review Matrix document (see Addendum 1).

The Health Education Unit (HEU) is part of the Education Department, which is comprised of four units: Teacher Education, Physical Education, Aging & Health Studies and Health Education. The HEU goals conform to the mission of the Department and the College. Since its inception over four decades ago, the primary goal of the HEU is to serve the needs of career programs and early college high school initiatives. To meet the needs of diverse populations, our courses are offered in a variety of formats such as face to face, hybrid, online and writing intensive. Care is taken to ensure those courses are offered at different times and dates, including early mornings, evenings and on weekends.

A new degree program, the A.S. in Community Health Education (CHE), was added to the Unit in the Fall 2006 semester. The twofold purpose of the Program is to prepare students for the job market in the health care industry as Community Health Workers and related job titles, and prepare them to transfer to senior institutions for further studies.

The requirements of the CHE program underwent revisions as per the University-wide Pathways Initiative in the Fall 2013 semester. Except for a required 3 credits of Health Education electives, the core health education requirements were maintained under the CUNY Pathways Initiative, though some liberal arts courses previously required became electives.

All Health Education full-time faculty hold doctorates and are seasoned educators. Although adjunct faculty only need a master's degree to teach, forty percent have doctorates. All full-time Faculty engage in scholarly endeavors, are published in refereed publications, and/or have articles in press.

¹ Academic Program Review: Purpose and Process. Office of Academic Affairs at Hostos community College. Available from <https://www.hostos.cuny.edu/OAA/pdf/Academic%20Program%20Review%20Processes.pdf>

Our Self-study shows some areas of concern and ways to address them within the context of a *culture of assessment*. Enrollment data shows that we are primarily a service unit, as 85% of students take course to fulfill the requirement of their majors. The remaining 15% of our enrollment is in courses required by the A.S. degree in Community Health Education. The report shows that recent initiatives resulted in an increased enrollment in Upper courses. The Unit has taken steps to offer all major required courses each fall and spring semesters, and have full-time faculty teach all courses. Enrollment in our program comes primarily from within other programs in the College, particularly nursing majors. First-time freshman numbers are low and we need to actively recruit more students. A number of strategies to address enrollment are outlined in this report.

One of the areas that merit our attention is the new Health, Education and Research Occupations (HERO) high school, an early college initiative that serves students in grades 9-14.

HERO students may attain an associate degree in Community Health Education through Hostos Community College. All of our courses are available for HERO students interested in our Program. Given the extent and deep involvement of some Unit faculty, reassigned time should be seriously considered for those who are already committed to HERO's committees and curricular initiatives.

Advisement is an issue of concern due to the confusion created by the Pathways Initiative, which affected students enrolling in the program after Fall 2013 semester. Students enrolled in the Program prior to 2013 were not affected by curricular changes. Our analysis shows that students are confused, because there is no indicator in their record to designate them as Pathways. This document describes a number of additional issues related to advisement and measures already in progress to address them.

The report shows that Student Learning Outcomes (SLOs) for our courses are closely associated with our Program Level Outcomes (PLOs). Course matrices and course portfolios show how our courses, through a variety of activities, encourage students to learn and apply health education skills necessary to enter the job market in the health care industry. Courses enable students to engage in practices which are consistent with General Education Competencies, and gain the theoretical knowledge they need to succeed in a four-year institution.

Retention data for first-time freshmen is low, but freshmen represent a small portion of our total enrollment. It is argued that institutional reports of students re-enrolling in the next term offer a better depiction of retention, because it excludes first-time freshmen. Fall to fall retention data include the majority of CHE students who transferred from within College programs. Data show CHE majors' next term retention is slightly higher than that of typical A.S. Hostos students.

Nonetheless, the report lists a number of initiatives aimed at improving overall retention.

Job placement and transfer opportunities to four-year institutions are two major expectations of the A.S. Degree program in Community Health Education. No institutional reports have collected data on the number of students getting jobs by degree at the College. We are proactively seeking the cooperation of Career Services and others to track students' job placements after exiting the Program. Likewise, we are exploring a possible survey, or an outreach activity with the Office of Institutional Advancement to collect data. As far as transferring to four-year institutions, available reports underestimate the number of transfers, as they only capture fall entering terms within CUNY and no information on transfers to colleges outside the University. Despite limitations of institutional data, more than one third of our students are transferring to senior institutions. Our internal data mining suggests that the transferring rate is much higher than reported by institutional reports.

This report takes an internal data mining analysis approach to study graduation numbers. Upon reviewing institutional data, we found that graduation numbers per se do not describe the characteristics of graduates who succeeded in completing the program. We decided to examine our successes to determine the variables that shed light into why they graduate. We call the approach *internal data mining*, because it requires identifying graduates and manually extracting information from individual transcripts to analyze 10 variables. The 2009-2010 cohort of graduates was subjected to the *internal data mining* process. The report outlines the many lessons learned, and it is clear that CHE graduates are mostly within transfers from Nursing who performed better than the average Hostos A.S. degree student.

First-time freshmen retention data, which show poor outcomes for CHE students, were also subjected to the *internal data mining* approach. The Unit mined the data to learn more about why first-time freshmen were not being retained. After securing the ID of all students included in the 2009-2013 retention cohorts, we found that slightly more than half did not come for faculty

advisement in the Unit, and thus were not aware of the Program requirements. We also conducted a deeper *internal data mining* analysis of a sample of 13 freshmen from two cohorts (2010 & 2011), and examined their transcripts to look at 5 variables. We found that low retention was most likely associated with systemic failure in all courses, and not poor performance in CHE courses. Furthermore, *internal data mining* analyses suggest that receiving advisement from the Unit was associated with better outcomes in terms of GPA and retention. Details of what our pilot mining analysis revealed are discussed in the report.

We believe that “*internal data mining*” is a valuable tool in today’s “culture of assessment” environment, and we are hoping to create a data base that might capture some of the information mined from all of our students. Indeed, the Office of Information Technology is exploring the creation of a data base that might answer some of the questions posed for all students coded as CHE upon entry.

Our SWOT analysis suggests that employment of our graduates is likely to grow faster than the average for all occupations. The demand for our graduates is expected to grow due the implementation of ACA 2010 legislation, and its profound ramifications in the way health care is delivered and reimbursed. The new legislation is expected to expand health promotion and disease prevention services, and thus improve the employment outlook of our graduates.

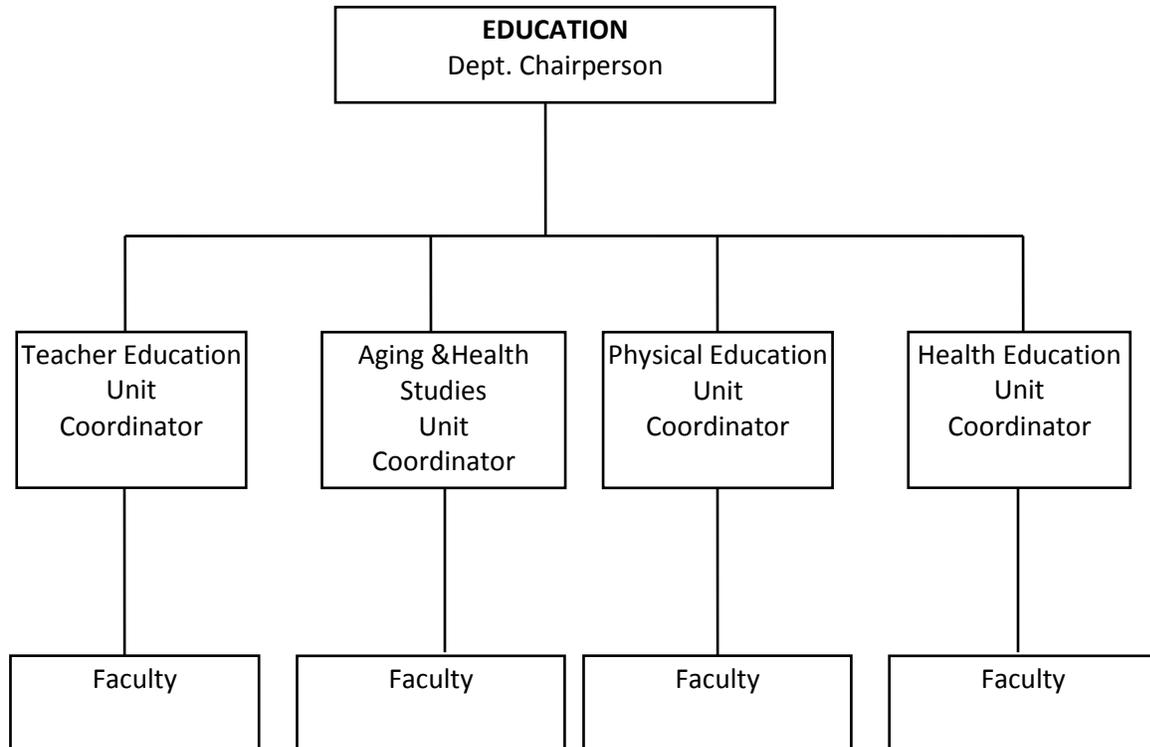
However, we have no control over the political, social, and economic forces, which most likely shape the health care sector in the years to come.

To address the findings of our self-study, the Unit lists many measures some of which are already underway, and others which are yet to be fully implemented. Likewise, we are counting on the help of other divisions and departments around the College to carry out some of the recommendations herein, as well as to improve the way we collect and use information about our students.

I. Academic Program.

The Health Education Unit is part of the Education Department, which is comprised of four units: Teacher Education, Physical Education, Aging & Health Studies and Health Education (see Chart below and Addendum 2).

Unit/Departmental Organizational Chart



The Health Education Unit conforms to the mission of the College by providing career opportunities and courses for lifelong learning (see addendum 3: Mission of Hostos). In 2007, the Senate approved the change of name from Urban Health Studies to Health Education to reflect the Unit offerings and goals. Students from the liberal arts and other programs may enroll in Health Education Unit courses to fulfill the requirements of their program/major or for personal growth. Since its inception, and for nearly four decades, the Unit's offerings primarily serve the needs of career programs by providing relevant courses to their field of studies. Five such programs required at least one HLT course in their curriculum (see Table 1).

Table 1 Health Education Courses required by other academic programs

Program	Course	Number of credits	Total credits required by program
Medical Office Manager	Medical terminology HLT 124	3	3
Aging and Health Studies	Interpersonal Relations HLT 103	3	6
	Nutrition HLT 215	3	
Early Childhood Education	Interpersonal Relations HLT 103	3	6
	Health of the Young Child HLT 111	3	
Nursing	Nutrition HLT 215	3	3
Radiologic Technology	Medical terminology HLT 124	3	3

In addition, every year our courses are requested by high schools programs such as College Now and Early College. A new high school program, HERO, has begun offering the entire program to its student population (see a description of this program elsewhere in this document).

Our courses are offered in a variety of formats and modes to meet the needs of a diverse student population. Asynchronous and hybrid mode sections are scheduled to meet the needs of students and to satisfy the demands of existing online programs (i.e., Teacher Education Online). Writing intensive sections are made available to meet students' language development needs. One Spanish content course is offered every semester to fulfill the goals of the College and Unit. Unit's courses are available at different times from early morning until the late evening and on weekends to satisfy the scheduling demands of working students. We also have courses taught as double periods to make the course schedule even more convenient and appealing to students. In Fall 2006, the Unit expanded its offerings by establishing the A.S degree in Community Health Education (CHE), which aims to produce graduates who can provide culturally and linguistically appropriate services to the most vulnerable populations in New York City. The

CUNY Board of trustees² approved the program with a twofold purpose: (1) To prepare students for the job market in the health care industry and (2) for transfer to senior institutions where they can continue their studies and career aspirations.

This new program has become an additional component of the Unit's offerings.

The goal of the Department "is to prepare students to be qualified and competent in both practice and theory so they can pursue their professional and academic goals in their chosen areas of Teacher Education, Community Health, or Gerontology. Further, within those programs, students become part of a community of learners which seeks to develop students holistically by improving their skills in communication and critical thinking and through course offerings in physical education and health education." The Goals of the Unit are consistent with the Department goals.

The goals of the Unit and Program:

1. To introduce students to a wide range of educational experiences within the health field by offering an interdisciplinary overview of basic health concepts (common to all the health professions) derived from biological, behavioral, and social sciences.
2. Offer students, enrolled in career programs, courses which are accepted by the appropriate accrediting agencies and designed to complement their professional studies.
3. To meet the needs of Spanish dominant students by offering them the opportunity to take required career courses in their native language, while continuing to develop their English skills.
4. The goal of the A.S. degree in Community Health Education is to educate an emerging group of public health professionals in an effort to increase diversity in health-related fields.

Health Education Unit Level Assessment

The Health Education Unit level assessment underwent revisions during the 2006-2007 departmental Academic Review. Below are the Program Level Outcomes (PLOs) at the Unit level and their relationship with the Department goals. As illustrated by Table 2, the PLOs are closely aligned with the Department's goals.

² Minutes Of The Meeting Of The Board Of Trustees Of The City University Of New York Held January 23, 2006. Document available from the Internet at: www.cuny.edu

Table 2. Department’s goals and their relationship with Health Education’s PLOs

Department’s Goals		Health Education Program Level Outcomes (PLOs)
1. To provide students with opportunities that develop critical thinking, problem-solving, and high-order intellectual skills.		1. Students can think critically in the content area of each Health Education course.
1. To help students develop effective communication skills (written, reading, spoken and listening).		2. Students can communicate effectively through projects and/or oral presentations and written assignments.
		3. Students can use appropriate interpersonal relations skills to communicate health Information.
1. To provide learning opportunities that focus on workplace skills (knowledge, skills, and attitudes) that are aligned to national standards and employment practices in their chosen fields		4. Students can apply the concepts of health promotion and prevention in a variety of settings.
1. To provide students with opportunities that develops their basic technological proficiency.		5. Students can locate, evaluate and use information literacy skills in a variety of formats.

Table 3. PLOs and their relationship to each of the HLT courses

Health Education Unit Levels PLO’s	Courses related to PLO’s
Students can think critically in the content area of each Health Education course.	HLT 103, HLT 110, HLT 111, HLT 124, HLT 212, HLT 214, HLT 215, HLT 220, HLT 299
Students can communicate effectively through projects and/or oral presentations and written assignments.	HLT 103, HLT 110, HLT 111, HLT 124, HLT 212, HLT 214, HLT 215, HLT 220, HLT 299
Students can use appropriate interpersonal relations skills to communicate health Information.	HLT 103, HLT 110, HLT 111, HLT 124, HLT 212, HLT 214, HLT 215, HLT 220, HLT 299
Students can apply the concepts of health	HLT 103, HLT 110, HLT 111, , HLT 212, HLT

promotion and prevention in a variety of settings.	214, HLT 215, HLT 220, HLT 299
Students can locate, evaluate and use information literacy skills in a variety of formats.	,HLT 111, HLT 110, HLT 212, HLT 214, HLT 215, HLT 220, HLT 299

Table 3 shows how each course is aligned with each of the Health Education Unit's PLOs. As it can be seen, our courses addressed all PLOs. Indeed, all upper level courses covered each of the PLOs. A detailed description of each course SLO and its relationship to the Unit's PLOs can be found in Addendum 4.

Course Assessment Matrices.

100% of the HLT courses have been revised and had their Course Assessments completed (see Addendum 4). Course matrices show how our courses, through a variety of activities, encourage students to learn and apply the necessary health education skills to enter the job market in the health care industry. Courses enable students to gain the theoretical knowledge needed to succeed in a four-year institution. Students are engaged in practices which are consistent with General Education Competencies. Addendum 5 shows the myriad of classroom activities in which faculty engaged as it relates to the course objectives and the Unit Level PLOs. Also, some selected samples of student's works and assignments are included.

As a result of these assessments, some measures were applied:

- (1) Creation of generic syllabus with the course description, SLO, Text information and the like.
- (2) Creation of portfolios for each HLT course that include:
 - a) Syllabus
 - b) Course Outlines that includes topics to be discussed
 - c) Examples of assignments
 - d) Examples of course activities and resources used in class

The course portfolios assure consistency for all multiple course sessions and make all materials readily available for the instructors including Adjuncts (see Addendum 6).

Community Health Education Program Requirements

Beginning with the Fall 2013 semester, the City University of New York (CUNY) implemented a new system of General education requirements known as Pathways³. The overall purpose of

³ Pathways. The City University of New York. Available from <http://www.cuny.edu/academics/initiatives/pathways.html>

this initiative is to provide seamless transfer of 30 general education credits for students pursuing a baccalaureate degree at senior College across CUNY . All A.S. Programs within the CUNY system must follow the new 30 credit system of general education requirements. As such, the A.S. degree in CHE was mandated to modify its curriculum and include 12 credits of a required common core in mathematics, English and the sciences as well as 18 credits of general education requirements. The new Curriculum no longer requires BLS 150 (Ethnicity and Health) or VPA 192 (speech), 3-8 credits in foreign Language, 3 credits in History, 3 credits in Psychology or Sociology , and 3 elective credits in Health Education courses. All previously required courses are still available, but they are either optional under the common core or general electives. Table 4 shows the requirements.

Beginning Fall 2013, students who first enrolled or transfer to the A.S. degree in Community Health Education are to follow the Pathways sequence of courses. Likewise, students who stopped out from one semester or more are put on Pathways by default.

The requirements for the program prior to Fall 2013 are described in the addendum (see addendum 7). Students who enrolled in the CHE Program prior to Fall 2013 are still required to complete said requirements. Said cohort is commonly identified as pre-Pathways.

Table 4: Community Health (AS) program requirements as of Fall 2013

Requirement	Credits
COMMON CORE	
English Composition (Eng Comp) <i>ENG 110 & ENG 111</i>	6
Mathematical and Quantitative Reasoning (MQR) <i>MAT 120 Strongly recommended</i>	3
Life and Physical Sciences (LPS) <i>BIO 230 Strongly recommended</i>	3
FLEXIBLE COMMON CORE <i>Need two W.I. Classes</i>	
World Cultures and Global Issues (WC &GI) WI if appropriate <i>Strongly recommend Modern Language Only if placed in SPA117 or HIS class</i>	3
U.S. Experience in Its Diversity (UED) <i>HIS or LAC recommended</i>	3
Creative Expression (CE) <i>ANY Course (WI if appropriate)</i>	3
Individual and Society (I & S) <i>PSY 101 strongly recommended (WI if appropriate)</i>	3

Scientific World (SW) <i>BIO 240 Strongly recommended</i>	3
One (1) additional course from the Flexible Common Core <i>Strongly recommend Modern Language (only if eligible to take SPA 118)</i>	3
MAJOR REQUIREMENTS	
MAT120* Intro to Probability & Statistics Not needed if taken in MQR	3
BIO230** Anatomy & Physiology I	4
BIO240** Anatomy & Physiology II	4
HLT 110 Intro to Community Health Education	3
HLT 212 Bilingual Issues in Community Health	3
HLT 214 Substance Use and Abuse	3
HLT 215 Nutrition	3
HLT 220 Contemporary Health Issues	3
HLT 299 Field Experience in Community Health	3
FREE ELECTIVES	1-12
<i>Strongly recommend Modern Language for those placed in SPA 118*** and a HLT Elective</i>	
TOTAL CREDITS FOR DEGREE	60
<p>*students who take MAT 120 under the Common Core MQR requirement will fulfill this major requirement.</p> <p>**students who take BIO 230 and 240 under the Common Core LPS (Life & Physical Science) and SW (Scientific World) area requirements will fulfill this major requirement.</p> <p>***only if not completed as part of the common core.</p>	

Table 5: Unit Course descriptions

Health Education Unit Courses (last three years)	
HLT 103 Interpersonal Relations & Teamwork	3 credits, 3 hours
Pre/Co-requisite: E NG 91 or ESL 91 when offered in English; SPA 121 when offered in Spanish	
The student will demonstrate knowledge and use of various interpersonal skills in the area of human relationships by participating in small T-groups, role playing, and lecture-demonstrations. The student will also identify and analyze certain psychological concepts necessary to understand the dynamics of human behavior. Offered in English and Spanish.	
HLT 110 Introduction to Community Health Education	3 credits, 3 hours
Pre/Co-requisite: ENG 91 or ESL 91 when offered in English; SPA 121 when offered in Spanish	
The student will examine and analyze various health organizations and their role in community health; the emerging role of community health workers in promoting health of neglected populations; the spread and control of communicable diseases; the community health structure and the principles underlying health behavior, learning, and change; theories of health behavior and practical models for community health worker interventions	

HLT 111 Health and the Young Child	3 credits, 3 hours
Pre/Co-requisite: ENG 91 or ESL 91 when offered in English; SPA 121 when offered in Spanish	
The student will study and analyze the dynamics of human sexuality by exploring basic knowledge and attitudes related to human sexual behavior. Prevention of sexually transmitted diseases will be discussed. Students will improve their ability to educate and promote sexual health. Students will increase their comfort level with topics of human sexuality	
HLT 124 Medical Terminology	3 credits, 3 hours
Pre/Co-requisite: ENG 110	
This course will introduce the student to basic principles of medical word building and in developing an extensive medical vocabulary. The language of medicine will be enriched by using the body systems approach in an experiential context of the contemporary health care setting, as well as the art of critical thinking.	
HLT 212 Bilingual Issues in Community Health	3 credits, 3 hours
Pre/Co-requisite: HLT 110	
This course presents an overview of the impact of linguistic diversity on the provision and delivery of health education and services, particularly with Hispanics. First, the consequences of language discordance between patient and providers in health and mental health settings are analyzed. Second, the challenges and opportunities to ensure linguist access are examined. Third, information and health literacy strategies to overcome linguistic barriers are reviewed. Fourth, models and strategies for providing linguistically and culturally relevant services are considered. Finally, the impact of laws and policies on the provision of linguistically relevant services are explored.	
HLT 214 Substance Use and Abuse	3 credits, 3 hours
Pre/Co-requisite: HLT 110	
This course provides students with an overview of the problem of chemical abuse and dependence and an introduction to models of intervention in these problems. The course content will cover the core theory and research related to etiology of chemical abuse and dependence, basic pharmacology of alcohol and other abused substances, as well as drug use and abuse in special populations. The students will also explore the impact of drug and alcohol abuse on family systems, and domestic violence, and provide an introduction to treatment process and service systems.	
HLT 215 Nutrition	3 credits, 3 hours
Pre/Co-requisite: ENG 110	
The student will demonstrate knowledge of the meaning of nutrition and its relation to health. The student will analyze and identify the different kinds of nutrients, their chemical nature and main sources. S/he will also demonstrate his/her knowledge of the specific diets for different age groups and various pathological conditions.	
HLT 220 Contemporary Health Issues	3 credits, 3 hours
Pre-requisite: HLT 110	
The student will analyze current health problems such as emotional/mental health and psychological disorders, sexuality (STD's and sexual dysfunctions), Cardiovascular disease, chronic and infectious disease, substance abuse and stress. Students will study theories of	

etiology and the impact they have on individuals, families and communities.
HLT 299 Field Experience in Community Health 3 credits, 3 hours
Pre-requisite: HLT 110 and 6 credits in HLT
Students will have the experience of working in the health field as community health workers in such places as hospitals, nursing homes, and other health care facilities. Students will volunteer at least 6 hours per week for the semester. Students will also be required to attend a seminar class meeting once a week for one hour.

The Syllabi of all Community Health Education courses are included in Addendum 4. Table 6 shows the profile of Health Education courses with its associated credit, number of sections and its total enrollment when offered last during the Fall 214 semester.

Table 6: Course Profile

Course ID	Title	Credits	Sections	Total enrollment
HLT 103	Interpersonal Relations	3	8	205
HLT 111	Health of the Young Child	3	4	115
HLT 124	Medical Terminology	3	4	138
HLT 212	Bilingual Health issues*	3	1	27
HLT 214	Substance Use and Abuse	3	1	41
HLT 215	Nutrition	3	7	233
HLT 220	Contemporary Health Issues	3	1	39
HLT 299	Internship*	3	1	22
*Last offered Spring 2014				

Collaborations Link Involvement

The Unit works in collaboration with several divisions including but not limited to, Academic Affairs, Student Development & Enrollment, Administration & Finance, Institutional Advancement and Continuing Education and Workforce Development. Staff from these divisions have fostered and encouraged interdisciplinary collaboration resulting in an engaging learning environment that has strengthened our offerings.

Career Services.

We collaborate closely with Career Services to place our HLT 299 interns at a community based organization, hospital, nursing home, community health center or social service agency Prior to taking HLT 299, a pre-course workshop orientation is offered to prepare students for the internship. The addendum shows a sample of internship sites used in our HLT 229 course (see Addendum 8). The syllabus of this course also details some of the instructor's assignments, and activities undertaken by students enrolled in this course (see Addendum 6).

College Now.

College Now is a collaborative program between the City University of New York (CUNY) and the New York City Department of Education. College Now at Hostos Community College motivates and prepares students for the reality of higher education by offering them an opportunity to take college-level courses and earn college credits while still in high school (see full description at <http://www.hostos.cuny.edu/oaa/collegenow/index.htm>)

On average, of two Health Education course sections exclusively designated for students in College Now are offered every semester including winter and summer sessions. Although the number of sections and type of courses may vary, Medical Terminology (HLT 124), Interpersonal Relations (HLT 103), and Introduction to Community Health Education (HLT 110) are common offerings for students in this Program.

Hostos Lincoln Academy Early College Initiative

Hostos Lincoln Academy of Science is collaboration between the New York City Department of Education and The City University of New York (Hostos Community College). Students at Hostos Lincoln Academy of Science can earn up to 60 college credits (associates degree) while earning their high school diploma. Students in this program take one of our courses in the summer and winter sessions as well (e.g., HLT 103, Interpersonal Relations). A full description of this program is available at <http://www.hostos.cuny.edu/oaa/EarlyCollege.html>.

New Academic Programs. HERO High School.

HERO High (Health, Education and Research Occupations) is an early college and career school that serves students in grades 9-14. A preparatory pipeline to careers in New York City's large and vital healthcare sector, students can earn a Career and Technical Education (CTE)-endorsed

Regents diploma, as well as an associate degree in nursing or community health through Hostos Community College (see addendum 9).

HERO High offers two program tracks: Nursing and Community Health. The curriculum includes math, English, science, social studies, nursing, and community health. Students gain a rigorous liberal arts education emphasizing literacy, accelerated math and science, and work-based learning

The first cohort of students started in Fall 2013, and in Fall 2014 the first 10th grade cohort began. Nearly 67 students in the 10th grade are taking HLT 103 Interpersonal Relations as part of their College level curriculum. There are two sections of this course being taught by Health Education Unit faculty.

CHW Continuing Education Initiative.

The Community Health Worker (CHW) Certificate is offered by the Division of Continuing Education and Workforce Development. The training consists of 135 hours centered on foundations for community health workers and contemporary issues in community health. An additional 60 hours are devoted to help participants with their academic skills in reading, writing, and math. Trainees who successfully completing the CHW Certificate, may choose to matriculate in the A.S. in Community Health Education Program and earn up to 9 credits towards the degree (see MOU Addendum 10).

The program has enrolled 36 students since its inception in 2012. Only 1 student has matriculated in the A.S. Community Health Education Program.

Articulation Agreements.

The Unit has had an articulation agreement with Lehman College for the last twenty years, because most our graduates transfer to Lehman. The agreement is in the process of being revised due to structural administrative and curricular changes within Lehman. In the interim, our CHE courses are being accepted by Lehman College (see addendum 11 for a sample of transcript of a transferring student).

II. Outcomes Assessment Activities and Program Evaluation:

Program Assessment Activities:

The College Institutional Assessment Plan 2013-2017⁴ emphasizes a *culture of assessment* in which “everyone has an important role to play in the overall effort.” The section below describes the Unit’s initial efforts towards assessing and improving our offerings within the culture assessment milieu.

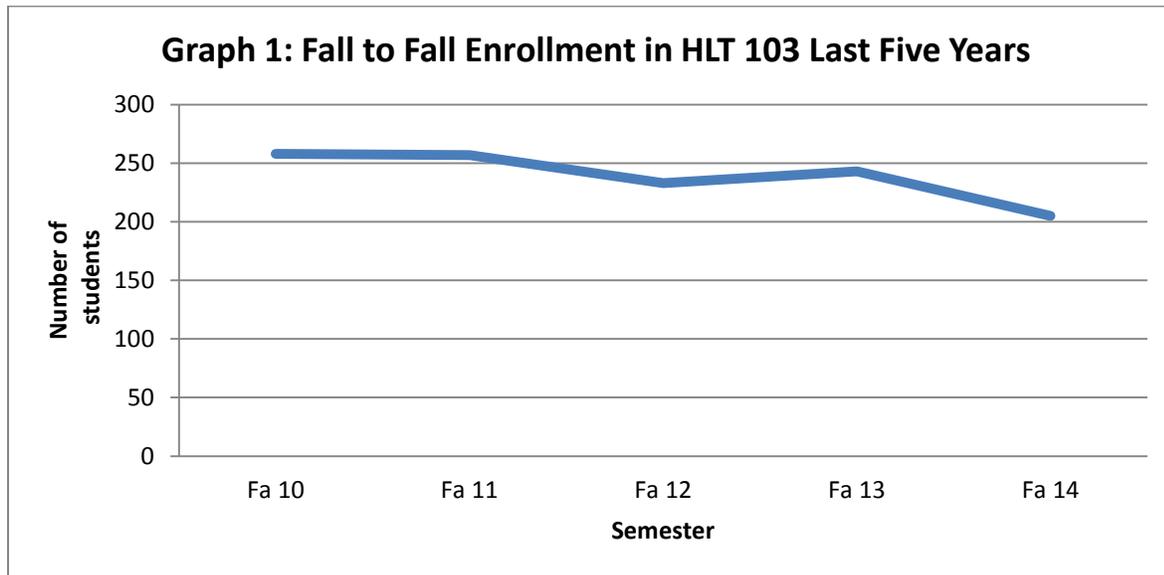
Pathways.

As stated elsewhere, The A.S. in Community Health Education program requirements were modified to incorporate the mandatory 30 credit common core curriculum. As part of the APR, the Unit carefully examined the impact of Pathways on the Health Education Unit offerings.

Pathways impacted the CHE Program in the following ways:

First, the new curriculum substantially replaced the pre- pathways Liberal Arts curriculum by eliminating clusters of optional credits (see Addendum 12). Two of the four Clusters, which required 3 credits in Health Education or Teacher Education, were eliminated under Pathways. Enrollment in one of our most popular courses (HLT 103) has decreased since Pathways was introduced. The Average HLT 103 enrollment from Fall 2010 to Fall 2013 was 248 students in 8 sections per semester, which represent data prior to the implementation of Pathways. In Fall 2014, with about the same 8 sections of this course, enrollment decreased to 205 students. Graph 1 below displays this decrease seen for fall 2014. The Unit is exploring the possibility

⁴ Continues Improvement matters: Institutional Assessment Plan for Hostos Community College 2013-2017. September 13, 2013. Available from <http://www.hostos.cuny.edu/Hostos/media/Office-of-the-President/Institutional-Assessment-Plan-2013-2017.pdf>



of submitting this course for Pathways designation, which will require a revision of the course goals/objectives to ensure compliance with learning outcomes prescribed by the Pathways Initiative.

Second, as part of the APR, all faculty received a one session training in the use of advisement tools (i.e., Audit & CUNY First) and Pathways requirements with support from the Office of Academic Advisement in Spring 2014. Also, individualized one to one training sessions were made available for those who felt a need. In addition, the Pathways guidelines were revised and a handout highlighting these changes with course recommendations was produced (see Table 4). Course recommendations will need to be updated periodically to meet external mandates such as articulation agreements.

ADVISEMENT

There are two main issues with advisement. First, students who do not seek advisement, tend not to follow the appropriate sequence of courses. For example, some majors failed to take upper level courses on time, or attempt to register without the appropriate prerequisite.

Second, the Pathways curriculum implementation created confusion for students who were not aware of their Pathways status. For instance, students who processed their program curriculum forms in March or April of 2013, and began taking CHE courses in Fall 2013, were coded in the

Registrar's records as pre-Pathways. Said students were under the impression that they were Pathways since they began taking courses in their new CHE major in Fall 2013. Unfortunately, *CUNYFirst*, the software application use for advisement and enrollment, does not have an indicator to identify pre-Pathways students. Moreover, the transcript does not state the date of transfer, and only indicates the semester in which students started taking courses in the CHE degree. The only other option is to look at the Degree Audit, which may not accurately reflect the pre-Pathways status of students. Currently, pre-pathways students are encouraged to come for advisement to determine if they can benefit from opt in to Pathways.

In Fall 2013, we implemented a campaign to encourage students to seek advisement. Health Education Faculty encouraged CHE students in their classes to seek advisement. Pathways requirements were also posted on Blackboard for students to review and to seek advisement in Fall 2013. Also, we encouraged students to come for Advisement in Spring 14. Unit's records show that less than half (45 out of 96) students were advised by 2 out of 3 faculty available for advisement in Fall 2013. In Spring 2014, Unit Advisement records show that 52 out of 100 enrolled students were advised by 3 out of 3 faculty available for advisement. The numbers of advised students slightly increased resulting in more than half of them receiving advisement. Consistent with our *culture of assessment*, we have identified some potential problems with advisement. First, we found that students do not have a "stop" in CUNY first and thus can register for courses on their own without seeing an advisor. Or, they can bypass the Unit Faculty and see anyone they wish outside the Department for advisement.

Second, advisement was given outside the Unit. Upon interviewing some CHE students who were not coming for advisement, we found that some were being seen by the Coach for Success Unit (Addendum 13 Coach for success Unit Description). It should be noted that some students have established a mentoring relationship with their coaches. To minimize potential misadvisement, the Unit took action by meeting with all the Coaches for Success staff and the Associate Dean of Academic Affairs at the end of the Spring 2014. The informative meeting reaffirmed the coaches understanding of the requirements of the CHE program. Coaches were apprised of the most common advisement errors and the best ways to prevent them in question and answer format (see Addendum 14).

Third, students might not find available appointment times convenient. A review of the Spring

2014 Unit's appointment book, show that two faculty expanded their office hours for Advisement. In Fall 2014, the Coordinator encouraged faculty expand their advisement availability beyond their regular office hours. It is recognized that having enough appointment slots does not guarantee that all students would seek or get advised.

To improve the quality of advisement, some personalized file records have been proposed and used by some members of the Unit. The personalized file includes the change of program form, transcript, Audit, advisement history, student personal e-mails, advisement history, and a Graduation Expectation Form filled the first time students come in for advisement. The extent to which this approach is being used and how is improving the quality and quantity of advised students is yet to be assessed.

Community Health Education Orientation and Stress Buster Session

To improve retention and recruitment, One of the faculty solicited and secured funds from the Office of Student Activities to hold an orientation session for students in the program (see addendum 15). Many students attended and listened to faculty presentations about the program requirements, sequence of courses, advisement, and the resources available to support their studies at Hostos. As a result, HLT required courses for the CHE program were fully subscribed (39 students) for the first time ever during the fall 2014 and a larger than usual graduation group is expected for the spring 2015 commencement. Given the success of this initiative, we are seeking funds to implement it again this during the Spring 2015 semester.

Student Clubs

Three of our four faculty are involved in students clubs which engage in many activities that fosters students interest in health related issues and careers. These initiatives are likely to improve retention (see addendum 16 for a sample of a student club activity).

Community Health Research Project for Student Research Engagement

At least three of our four faculty members have engaged students in some research which enhances retention, and prepares them for future work and or transferring to four year institutions (See Addendum 17 for an example).

Mentoring Initiative Pilot.

One of the faculty sent a message to all new students welcoming them into the program and encouraged them to seek advisement. Some students responded and seemed to benefit from this initial contact by Unit Faculty. As part of the APR, we felt the need to reach newly enrolled students and establish a mentoring relationship. 21 students were identified as newly enrolled by information provided by Info Tech in the Spring 2014 semester. Each of the 3 available faculty were assigned 7 students to contact and mentor. Faculty were encouraged to keep a record of their contacts and outcomes. Also, faculty were asked to review each student's audits and CUNY First transcript and student information. Available Data from faculty show that only 14 out of 21 students were actually Community Health Education majors. Because of differences in remedial status in writing, reading and math upon entering, some students might not take the appropriate CHE courses. Apparently, our pilot data indicates that 7 out 21 students were either wrongly coded or not interested in CHE when contacted.

This pilot underscores the use of advisement tools to follow up with students and determine whether they are enrolled in the appropriate courses. Even if students don't see their mentor, faculty advisors can still employ the advisement tools (i.e., Audit & CUNY First) to ensure that students are enrolled in the right courses, and make recommendations via e-mail. The Unit should implement this initiative to improve both advisement and retention.

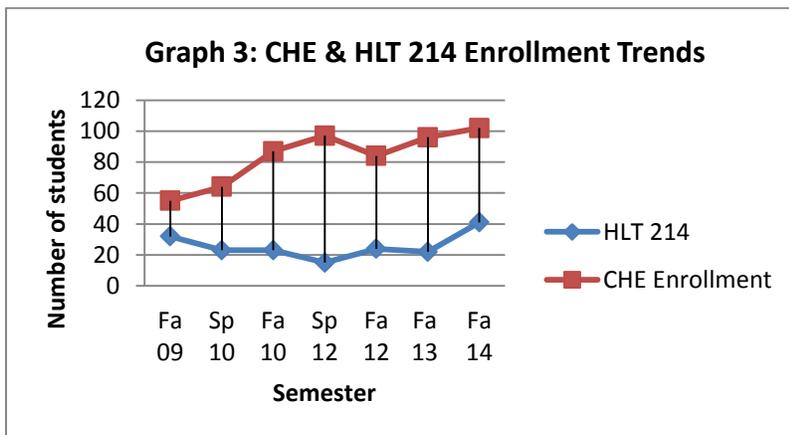
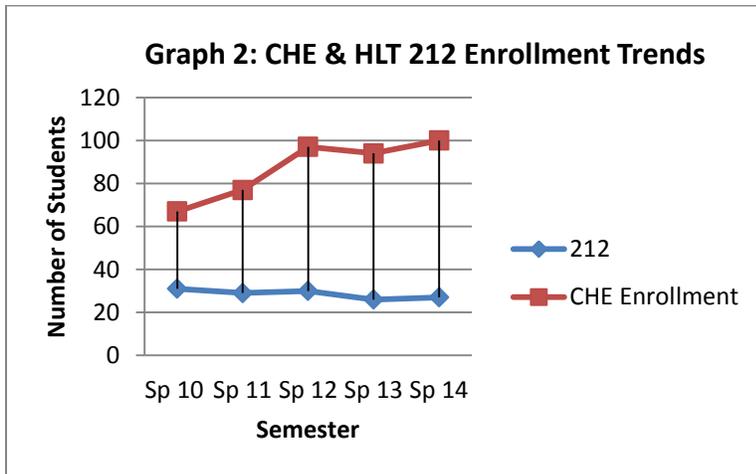
Pamphlets & brochures

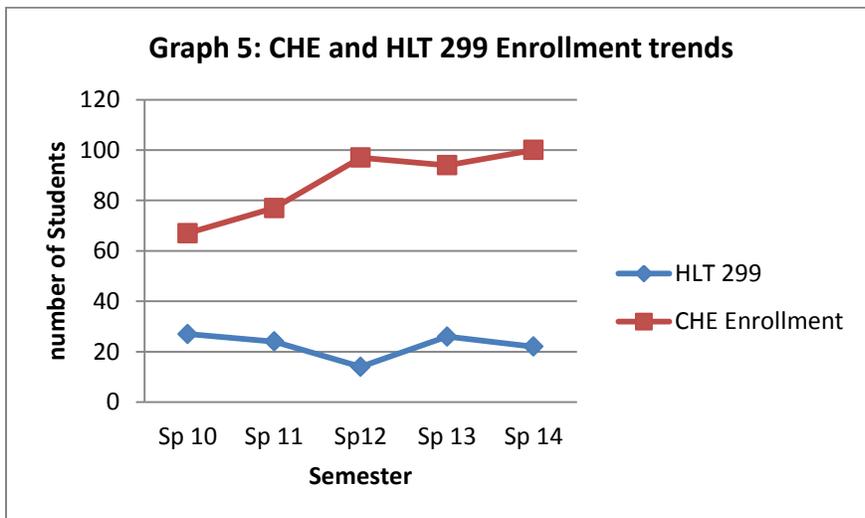
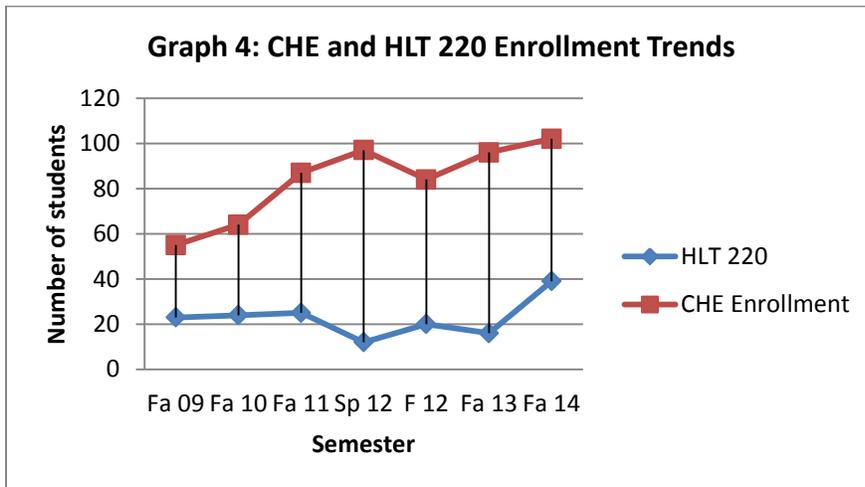
As part of the APR, the A.S. Community Health Education brochure was revised and updated to include Pathways information (See Addendum 18). Also, Pathways handouts were updated and made readily available for recruitment and advisement. Both documents are still being revised to ensure accuracy. We are confident that updated information will improve our recruitment efforts and reduce misadvisement.

Enrollment in Upper Courses

As part of the APR, we began reviewing some of the available enrollment & advisement data from Fall 2013 and Spring 2014. It became apparent that students were not enrolling in Upper level courses, based on the total number of students enrolled in the program. This raised concern,

as it impacts retention and students' ability to complete the program in a reasonable amount of time. We examined enrollment data in each upper level course in relation to the total number of students enrolled in CHE per semester over the last five years. Each course's chart shows a relatively low number of students enrolled in upper level courses, which is displayed as a gap separating course enrollment and total program enrollment (See Graphs 2 to 5 below).





Possible reasons for the gap include a lack of awareness of program requirements and sequence, and the relatively low number of students advised by the Unit's faculty. Conversations with the Coach for Success Unit made us aware of the need to offer HLT 110 in the Summer 2014 semester, to deal with students who needed upper level courses in the Fall 2014 semester. All these activities in conjunction with the Health Education Orientation and Stress Buster session facilitated a dramatic increase in enrollment with an average of 40 students in two upper level courses for Fall 14. The gap has significantly narrowed for HLT 214 and HLT 220 at the Fall 14 data point (see Charts above). As a result, we are now offering all CHE required courses during Fall and Spring semesters as well as HLT 110 in the summer to facilitate enrollment, retention and graduation. Furthermore, we are creating a collective effort by having all Unit faculty teach different courses as a newly acquired strategy.

An “*internal data mining*” approach to examine graduates

Upon reviewing Institutional data, we found that graduation numbers per se do not describe the characteristics of graduates who succeeded in completing the program. We decided to examine our successes to determine the variables that might shed light into why they graduate. We call the approach an *internal data mining* analysis, because it requires identifying graduates and manually extracting information from individual transcripts to analyze their performance. We were interested in the following 10 questions: (1) what was the declared major at the time of enrollment? (2) What were their remediation needs upon entering? (3) Which courses do they typically find challenging? (4) When do they become CHE students? (5) How many credits did they earn prior to becoming CHE? (6) What was their GPA before transferring to CHE? (7) What was their GPA at switching? (8) How long did students take to complete the CHE once switched? (9) How long did students take to graduate since initial enrollment in the College? and finally (10) Which proportion of graduates transfer to CUNY four year institutions? No data base was available to respond to the ten queries outlined above. The 2009-2010 Cohort of graduates was chosen for the “internal data mining ” because of its manageable size (seven students) and for being one of the first cohort of graduates to experience the full gamut of courses soon after the CHE Program was established. Once the 7 students were identified, queries in CUNY First and careful revision of students transcripts produced a wealth of data on their performance while at Hostos and allow us to follow up on their transferring to senior colleges within the CUNY system. Transcripts without identifying information can be found in Addendum 19.

Table 7: Remedial status and Challenging Courses

Student	Remedial Course(s) at entry	Challenging Course(s)*
01	Math	<i>None</i>
02	Math ENG RDG	<i>None</i>
03	<i>None</i>	<i>None</i>
04	ENG WRT	BIO 240= F MAT 120 = F Am Gov. = F

05	ENG WRT	<i>None</i>
06	ESL RDG ESL WRT Math	HIS 211 =,D BIO 240 = D MAT 010 =R CHE 110 =F ESL RDG = R
07	Math ENG WRT	HIS 211 =D MAT 30 = R

Table 7 above summarizes our analysis of the 2009-2010 student cohort in terms of remediation needs upon entering and identifies difficult courses experienced during their tenure at Hostos. As the Table above shows, 1 out of 7 students did not require remediation upon entering the College. Of the remaining six, 4 placed in remedial math and english, and only one in ESL (see Table 7). This pattern is similar to the one seeing at the College level⁵.

One of our concerns is to identify the course(s) in which our students experience more challenges or difficulties. A working definition of “difficult” or “challenging” is one in which students received an F, D or R (repeat). A “D”, passing grade, is included because some programs and Colleges may not credit courses with “D” grades. Also, included in our analysis as “Challenging” are those courses which students repeat irrespective of the grade earned. The Table below shows that 4 out of 7 students experienced Challenging courses. Although the sample is too small to definite a pattern, BIO 240 & HIS 211 emerged as potentially challenging for half of the students who have experienced difficult courses. However, this pattern is likely similar to that observed in students from other majors. Nonetheless, the idea behind looking into challenging courses is to come up with a plan or intervention to improve performance.

Table 8 below shows that only two out of 7 students started as freshman in Community Health, which supports the Unit’s perception that most of our students are internal transfers. Consistent with our expectations, four out five internal transfers came from Allied Health programs (3 from Nursing and 1 from dental hygiene).

The amount of time it takes to graduate from our program is a variable which warrants careful examination (see Table 8 below). The average GPA before switching to the program is 2.68 (range 2.10 to 3.28), and by the time students exit the program, the GPA improves to 3.1 (range

5

2.58 to 3.56). It should be noted that the exit GPA of CHE graduates (3.01) is slightly higher

Table 8: Performance of graduates in selected variables

Student	Initial enrollment date & major	Date of transfer to CHE	Credits earned before entering CHE	Average GPA at Switching to CHE	Date of graduation from CHE	Years To complete CHE degree	Years to exit from initial College Enrollment	Exit GPA	Pursuing Senior college
01	Fall 06 LPN	Summer 08	33	2.96	Fall 09	1.5	3	3.08	N/A
02	Fall 06 RN	Fall 09	47.5	2.71	Spring 10	1	3.5	3.07	Lehman CUNY
03	Spring 06 LPN	Spring 09	50	3.28	Fall 09	1	3.5	3.56	Lehman CUNY
04	Spring 07 CHE	Spring 07 CHE	N/A	N/A	Spring 10	3.5	3.5	2.16	York CUNY
05	Fall 08 CHE	Fall 08 CHE	N/A	N/A	Spring 10	2	2	3.84	Hunter CUNY
06	Fall 06 Dental H.	Spring 08 CHE	16	2.10	Fall 09	2	3.5	2.58	Hunter CUNY
07	Fall 07 A.S.	Spring 09 CHE	21	2.37	Spring 10	2	3	2.77	N/A

than the average GPA of all A.S. Hostos students (2.87) from the same 2009-2010 cohort⁶.

The 2009-2010 cohort of A.S. graduates from all programs across the College show an average 4.0 years to complete the degree⁵. The same cohort of A.S. CHE graduates took less time to graduate with an average of 3.14 years (see Table 8). It seems that our students are graduating in less time than the average student pursuing an A.S. degree at the College⁵. It should be noted that Data from both College and CHE reflect years to graduation from initial enrollment, which reflect students whose major was not community health upon entering the College. What factors, if any, have an impact on the time it takes to graduate from our program once students switched to community health? An analysis of the performance of the 7 students offers some clues. Students who reported no challenging courses completed the degree in only 1.37 years, while students with reported challenging courses took 2.5 years to complete the degree (see Tables above). It should also be noted that we have no evidence demonstrating that CHE students experienced more difficulties than general Hostos population in some of the

⁶ Graduation Profile for 2009-2010 Academic year of Hostos Community College. OIRSA. Available at <http://www.hostos.cuny.edu/Administrative-Offices/Office-of-Academic-Affairs/Institutional-Research/Analyses-Reports-Graduation-Profile>.

course labeled as Challenging (e.g., Bio 230 or MAT 020). Indeed, the trend found in our internal data mining analysis could be typical of the average Hostos graduate, but we lack a comparison group against which to measure the performance of CHEs' students. Additionally, students who reported two remedial areas upon entering the College took longer to graduate than those who had one or no remedial courses upon entering. These limited data and analysis suggest that the students in the program should continue taking advantage of workshops or any interventions available (e.g. tutoring) for improvement performance in Challenging courses. Table 8 shows the number of credits earned before entering the program for five of the seven students who switched to the CHE program. The average credits earned is 33.5 (range 16-50) for the five students in the 2009-2010 Cohort. Students who switched with the highest number of credits took less time to complete the program. The number of credits earned upon graduation for the entire seven student cohort averaged 68.8 credits, which is lower than 73.1 credits reported for the average Hostos student graduating with an A.S. programs from the same 2009-2010 cohort⁵. This finding suggests that CHE students exit the program with less excess credits than A.S. students from other programs.

An important goal of any the A.S. program, including Community Health, is to provide opportunities for transferring to four-year institutions. The 2009-2010 cohort of graduates show a high number of students pursuing a four year degree within CUNY. Five out of 7 students were pursuing degrees at a senior College. It should be noted that transferring information to institutions outside CUNY is not available. Hence, the remaining two students may be employed/unemployed or pursuing a degree at a non-CUNY institution. Despite its small sample size, the data suggest that the program succeeded in meeting its transferring goals by having at least 71 % of its graduates completing a four year degree at a senior institution. This figure is significantly higher than the 52.6 % reported for all Hostos A.S. degree students in 2012-2013.⁷

Decertification of the 15 credit Community Health Worker Certificate.

A 15 credit sequence of courses leading to a Community Health Worker (CHW) Certificate was approved in 2006. The Certificate was aimed at paraprofessionals who were not seeking an A.S degree, but wanted to update their skills and expanded their employment opportunities. (see

⁷ Progress report to Middle States 11 01 13, report available from <http://www.hostos.cuny.edu/MiddleStates/ProgressReport/>

addendum 20 for a description of the curriculum). Unlike the A.S. in Community Health Education, the Certificate was not eligible for any type of financial assistance. Upon reviewing eight years of enrollment as part of the APR process, it became apparent that Students showed no interest in attaining the Certificate, because they preferred to enroll in the A.S. degree program. Students wrongly enrolled in the Certificate instead of the A.S. degree. In May 2014, the 15 credit Community Health Certificate was decertified through the governance process.

Analysis of Course Grade Patterns.

The analysis of Health Education grade patterns shows that on average, 87.3 % of students complete our courses. Of those who stay in our courses, an average of 91.1 % of students passed them. Percentage of completers and passing rates with their corresponding enrolment for nine semesters are displayed in Table 9 below.

Table 9: HLT Discipline Enrollment, Completion, and Passing Rates by Term

Term	Indicator	Rates
Fall 2009	Enrollment	938
	Percent Complete	86.2
	Percent Pass*	93.8
Spring 2010	Enrollment	968
	Percent Complete	85.1
	Percent Pass*	90.3
Fall 2010	Enrollment	827
	Percent Complete	86.3
	Percent Pass*	94.0
Spring 2011	Enrollment	927
	Percent Complete	87.9
	Percent Pass*	96.1
Fall 2011	Enrollment	852
	Percent Complete	87.4
	Percent Pass*	91.9
Spring 2012	Enrollment	850
	Percent Complete	87.5
	Percent Pass*	90.1
Fall 2012	Enrollment	863
	Percent Complete	87.7
	Percent Pass*	85.4
Spring 2013	Enrollment	865

	Percent Complete	89.0
	Percent Pass*	91.0
Fall 2013	Enrollment	860
	Percent Complete	88.3
	Percent Pass*	88.1
Spring 2014	Enrollment	933
	Percent Complete	88.2
	Percent Pass*	90.3

*Percent Pass is calculated from the number of course completers.

Use of Student Evaluations in Course Improvement

Faculty use student evaluation feedback to improve their courses in various ways (see Addendum 21 for samples of how faculty employed student evaluations to improve their courses). For example, based on student feedback, some faculty have modified Blackboard instructions by adding more illustrations and detailed descriptions of requested tasks, or added sample assignments to be more meaningful.

Results from Surveys

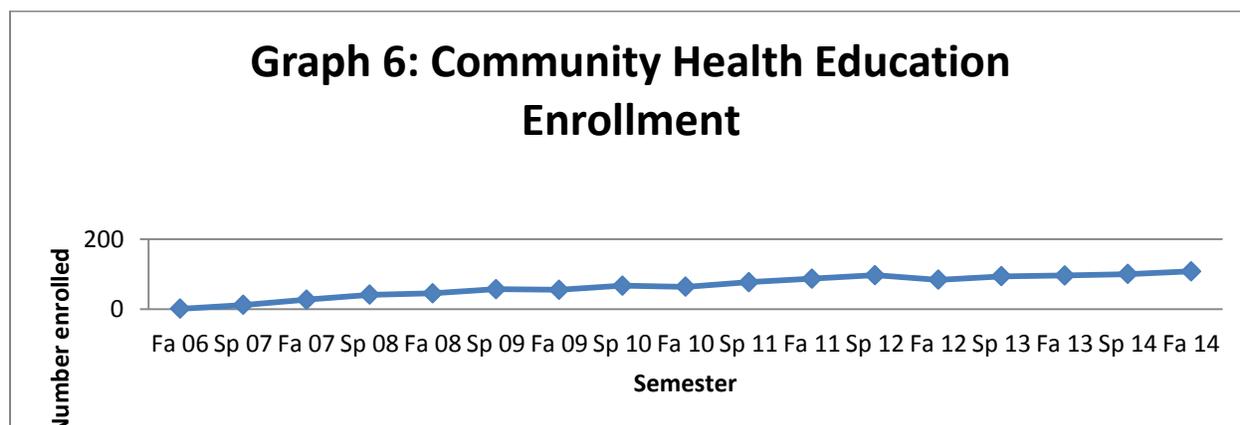
As part of the self- study, an attempt was made to reach students who graduated from the first cohort through December 2013. A questionnaire of Graduates was drafted and reviewed by the Unit in Fall 2013 and Spring 2014 (see Addendum 22 for survey). The instrument collects basic demographic information, employment status and transferring. Also, the questionnaire attempts to measure student satisfaction with the CHE Program.

The Division for Institutional Advancement through the Office of Alumni Relations offered to contact the graduates and to organize a Community Health Education Graduates Networking Reception. The idea was to distribute the questionnaire in person and for the graduates to meet students who are currently in the program. Although more than 45 faculty, staff and students attended, only 6 graduates came to the event. The 4 questionnaires collected cannot be used for analysis. It became clear that we do not have a current database with updated contact information for alumni. The Unit is planning to systematically collect information from current students and prospective graduates to use for follow-up after graduation.

III. Students in the Health Education Unit and CHE Program

Enrollment

Enrollment in the CHE Program has steadily increased since its inception, Fall 2006, and began to level off in AY 2013-2014. Enrollment is shown in Graph 6 see below.



Most of the Unit's enrollment come primarily from those courses which are required by other programs, hereby referred as Service Courses (i.e., HLT 103, 111, 124 & 215). Although HLT 215 is required for the A.S. degree in Community Health Education, most of the students taking this course are enrolled in Nursing or other programs. About 85% of the sections are devoted to meeting the demands of careers programs, and 15% are exclusive CHE courses (HLT 110, HLT 212, HLT 214, HLT 220 & HLT 299).

Table 10 below displays the number of service course sections from Fall 2010 to Fall 2014. The he total CHE sections per Fall year are also displayed along with the total enrollment. The total five year enrollment for service courses is 3744 students (116 Sections) and 460 students for CHE courses (16 sections). The Course with the highest enrollment during the five year fall to Fall period was HLT 103 with 39 sections (1224 students), followed by HLT 215 with 35 sections (1163 students).

Table 10: Fall to fall service courses from Fall 2010 to Fall 2014

Semester	HLT 103	HLT 111	HLT 124	HLT 215	Total Sec.	CHE Sec.
Fall10	8	3	6	6	23	3
Fall 11	7	3	6	7	23	3
Fall 12	7	3	6	8	25	3
Fall 13	7	3	6	7	24	3
Fall 14	7	4	5	7	24	4
Total Sections	36	16	29	35	116	16

Total Enrollment	1224	495	852	1163	3734	460
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HLT 103 has the highest enrollment, because it has the most sections offered. However, when we looked at average class size, which is less likely to be affected by number of sections, HLT 215 has higher enrollment per section (33.22) than HLT 103 (31.38). It should be noted that class size is influenced by other factors such as having Writing Intensive and Online/Hybrid modality sections, which capped enrollment at 25 and 28, respectively. Indeed, HLT 215 is the course with the highest demand even though it has more enrollment capped courses (online & WIs) than any other HLT course.

Table 11 shows the 5 year Fall to Fall CHE course enrollment, which represents about 15 % of our total enrollment. Enrollment trends were analyzed in the Program Evaluation section of this report.

Table 11: CHE required major courses from Fall 2010 to Fall 2014

Semester	HLT 214	HLT 220	HLT 110	Number of Sections
Fall 10	23	24	35	3
Fall 11	34	25	40	3
Fall 12	24	20	31	3
Fall 13	22	20	34	3
Fall 14	41	39	48	4
Total Enrolled	144	128	188	460

Although it is not customary for institutional reports to publish spring enrollment data, the unit compiled Spring to Spring 2010-2014 because some of the CHE courses (i.e., HLT 212 & 299) are primarily offered in the spring. Overall, Spring to Spring enrollment data show a similar pattern than Fall to Fall.

Table 12 displays the total five year Spring to Spring enrollment for service sections is 3644 students (115 Sections), and 616 students for CHE courses (23 sections).

Table 12: Service courses from Spring 2010 to Spring 2014

Semester	HLT 103	HLT 111	HLT 124	HLT 215	Total Service Sections	CHE Sections
Spring 10	8	3	6	7	24	4
Spring 11	7	4	6	7	24	4
Spring 12	7	3	6	8	24	6
Spring 13	7	1	3	8	19	5

Spring 14	7	3	6	8	24	4
Total Sections	36	14	27	38	115	23
Total Enrolled	1209	435	806	1194	3644	616

Table 13 shows the 5 year Spring to Spring CHE course enrollment, which only represents about 15 % of our total enrollment in the Unit. There were more sections of CHE in the Spring than in the Fall for two reasons. First, HLT 110 sections were offered as service sections for high schools students in the College Now. Second, HLT 214 and 220, which are usually fall semester only courses, were made available in Spring 2012. Enrollment trends for CHE courses were analyzed in the Program Evaluation section of this report.

Table 13: CHE required major courses from Spring 2010 to Spring 2014

Semester	HLT 214	HLT 220	HLT 110	HLT 212	HLT 299	Number of sections
Spring 10	N/A	N/A	67	31	27	4
Spring 11	N/A	N/A	66	29	24	4
Spring 12	15	12	65	30	14	7
Spring 13	N/A	N/A	75	26	26	3
Spring 14	N/A	N/A	60	27	22	4
Total enrolled	15	12	333	143	113	616

Overall, Fall to Fall and Spring to Spring Enrollment is fairly stable when one compares class size across the four courses (see Table 14).

Table 14: Average class size for Fall/Spring semesters in Service Courses 2010 to 2014.

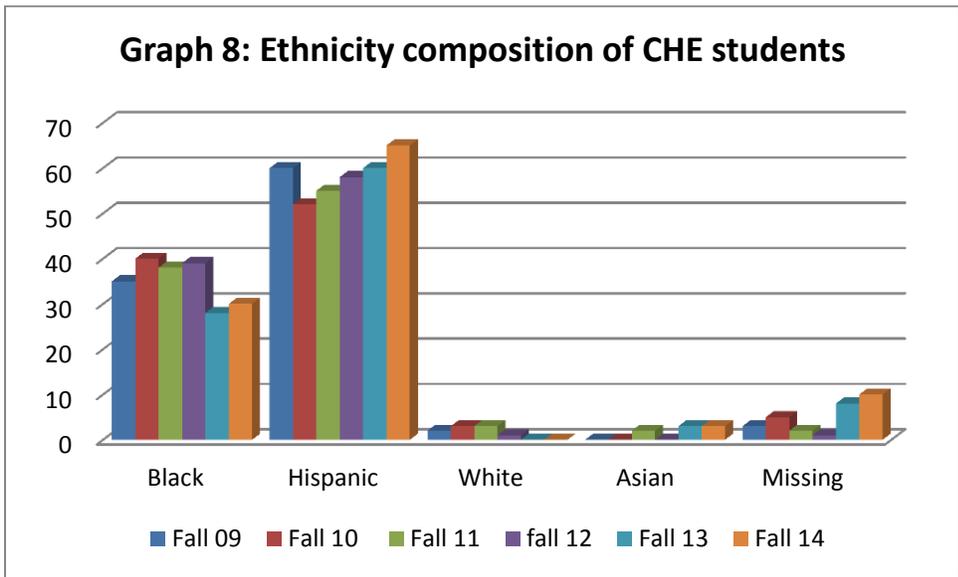
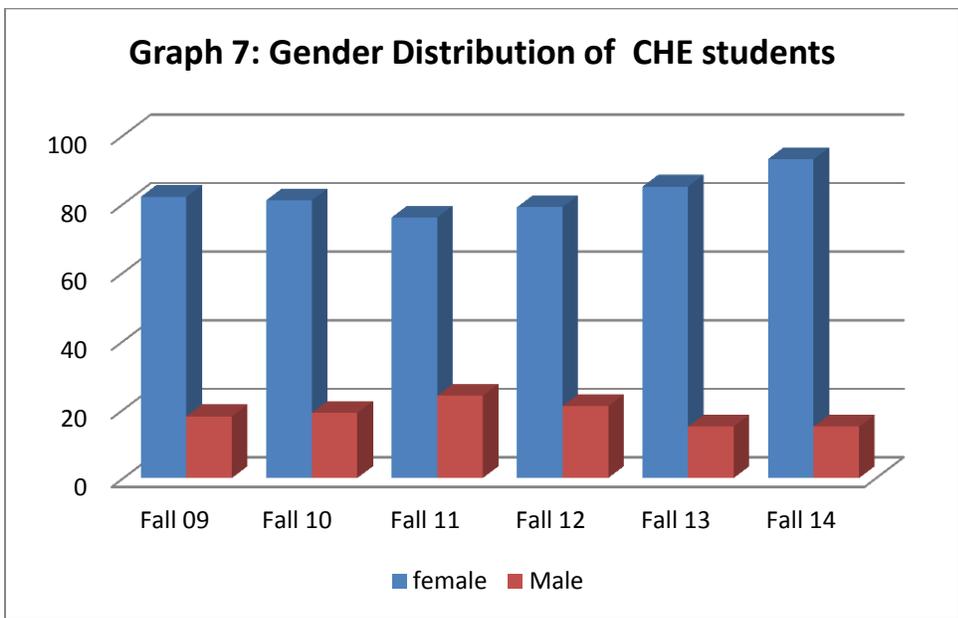
Spring	103	111	124	215
Fall	31.38	30.93	29.37	33.22
Spring	33.58	31.07	29.85	31.42

Additionally, there seems to be a growing student demand for HLT 215 from other CUNY colleges. While we welcome the demand for our courses from outside Hostos, we need to make sure our students have registration priority over non-Hostos students. Reserving most seats for Hostos students might be an option to explore in the future given the high demand for this course. Overall, Fall to Fall and Spring to Spring enrollment data show that Health Education is primarily a service unit, because 85% of its enrollment is due to students taking courses to full

fill their major requirements. Also, CHE enrollment is growing, but it is only 15% of our total enrollment.

Demographic profile of current students in the Health Education Unit

The profile of students enrolled in the Health Education Unit and A.S. degree in CHE is similar to that of the Hostos student body. Most are females nearly 80% and the typical student is Hispanic (56%) and African-American (36%). Graphs 7 and 8 below show fall to fall Gender and ethnicity distribution for the last five years.



The typical CHE student most likely shares a similar demographic profile to the rest of their peers in the College. According to the Middle States Self Study Report of 2012⁴, the Hostos students profile indicate that

- 70% have average incomes below \$ 30,000
More than half of the students come from the poorest and educationally disadvantaged congressional district in the United States
- 90% indicate a home language other than English
- most students are Children of immigrants who speak a language other than English, who may identify with their 'home country,' but were born in the U.S. and attended a U.S. high school.
- mostly Hispanic females
 - 40% support children
 - 58% are first generation College students

Performance in CUNY Skills Tests.

The typical student at Hostos enters the college with developmental needs. According to the 2012 Self Study Report⁴, “Nearly all students require remediation or developmental education in reading, writing, or math, and one third require it in all three areas (aka triple remedial). Hostos has the highest percentage of remedial/developmental students in CUNY, and educates about half of CUNY’s triple remedial/developmental student population.” Our *data mining analysis* of the 2009-2010 CHE graduates indicate that they follow a similar pattern to the one described for all Hostos Students.

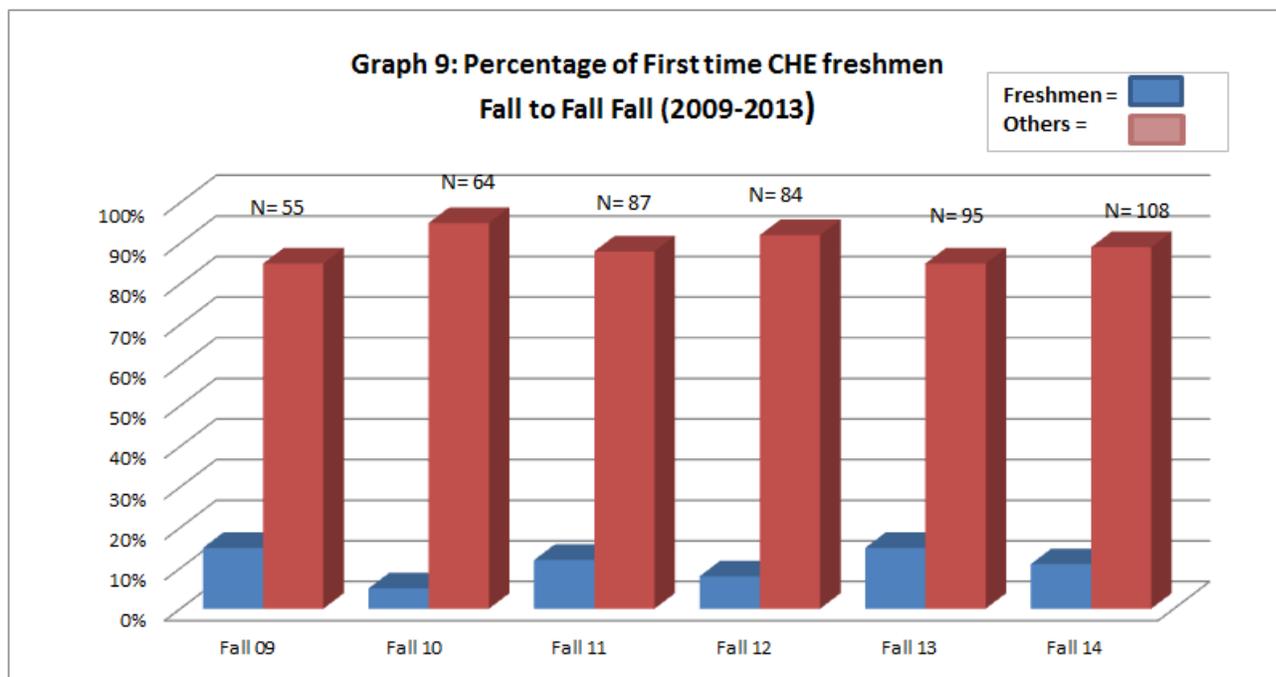
Student recruitment

Unit faculty collaborate closely with the Admissions Office. This Office conducts Admissions Information Sessions for first-time freshman and for those transferring from other CUNY Colleges. Admissions Advisors invite high school and GED students to visit the college for a Hostos & admissions presentation, college tour and presentation of certain majors. Admissions Advisors also participate in College Fairs, high schools as well as parochial, private high schools, local and national college fairs. The Advisors conduct one to one counseling to prospective students regarding all the majors offered at Hostos Community College and collect inquiry cards for follow up communications from these events.

Pursuant to the APR, we engaged in discussions with the Directors of the Office of Admissions. From our meetings and discussions, It was recommended that - -A) Community Health

Education faculty participate more actively by speaking at Admissions Information Sessions and to engaging students in a Q & A session. B) Send the newly updated program brochures for distribution at college fairs so that high school students are aware of the CHE major. C) Name a faculty and or designee to meet with the admissions staff periodically to collaborate on any updates regarding their program. The Unit has already acted on said recommendations, and Unit faculty participated in recruitment efforts.

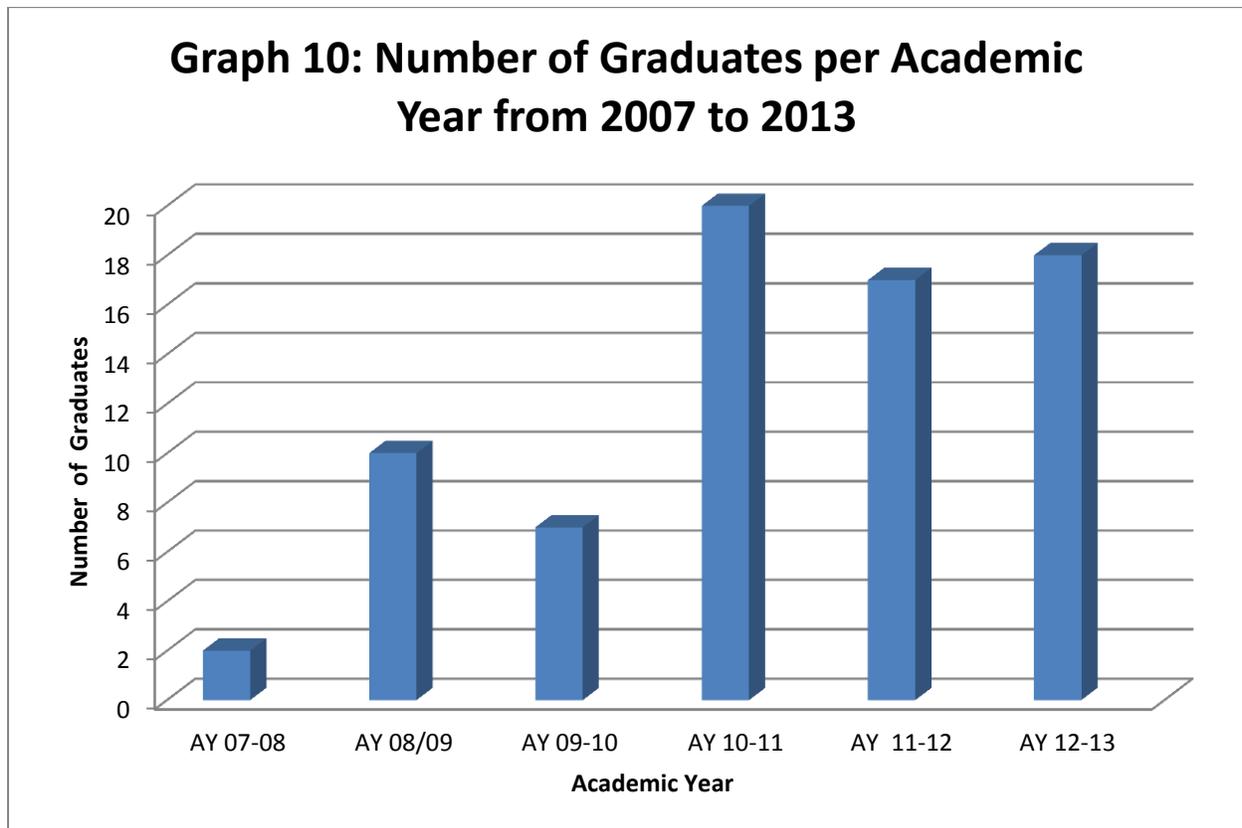
Although the Office of Admissions is an important component of any recruitment strategy, the major source of CHE students is from within the College. Table 23 below displays the percentage of first time CHE freshmen for the period 2009-2013, which is rather small and average around 11% for the five years analyzed. As it is customary, first time freshman numbers are not available for the Spring semesters in institutional reports, as most freshmen are expected in the fall.



As indicated elsewhere, most of our CHE students are transfers from within the College's Allied Health career programs and the Liberal Arts. Our own analysis from the 2009-2010 graduate cohort shows that most students transfer from Allied health programs. However, data on internal transfers are not collected by institutional reports.

Graduates

The CHE degree began in Fall 2006, and it graduated its first cohort in Fall 2008. The figure below shows graduation data extracted from the College Graduation Profile data set. Graph 10 shows a steady, progressive increase in the number of graduates from AY 07-08 to AY 12-13 can be observed in Graph 10.

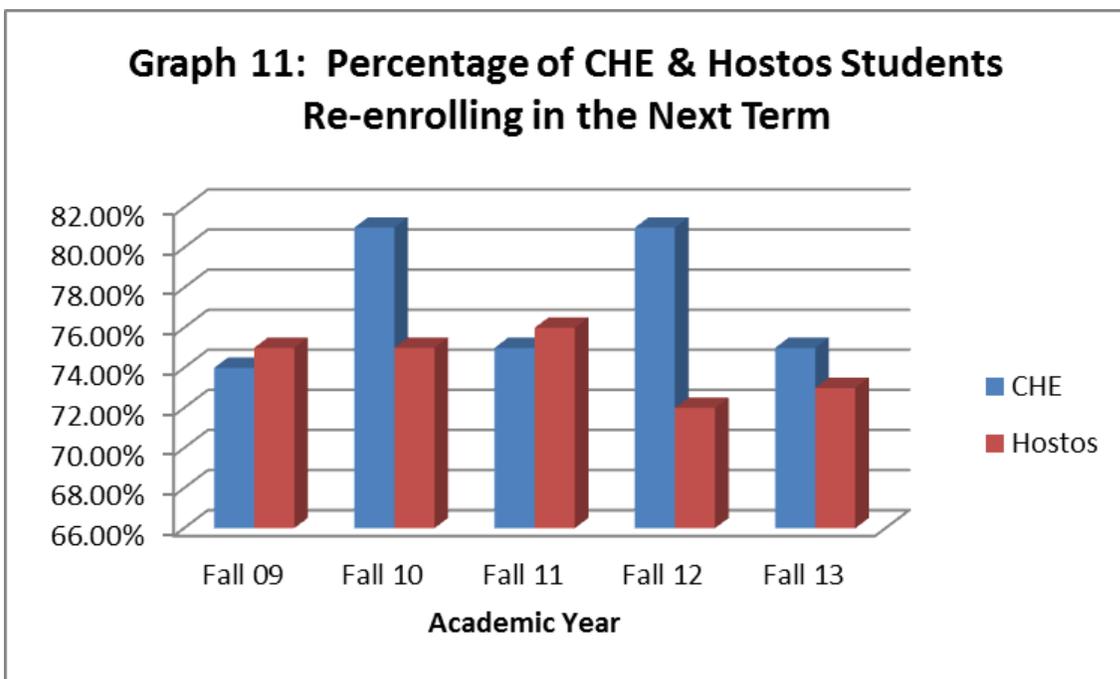


It should be noted that students can identify themselves as Community Health Education majors even if they do not meet the pre and co-requisites. Additionally, they can enter the program at any time during their studies. Our analysis of the 2009-2010 cohorts of graduates, which is described elsewhere in this report (see 2009-2010 Cohort Analysis), provided us with some clues about their performance in 10 variables. We learned that completing the degree depends on many factors including the number of the remedial needs upon initial entry, challenging courses encountered, and the number of credits carried over upon becoming a Community Health Education major. Overall, our internal data mining suggests that CHE students are exiting the program in less time and with less excess credits than the average Hostos A.S. students,

Retention

OIRSA routinely reports retention data of students re-enrolling in the next term. The data, which excludes freshmen, provides a better depiction of the typical CHE returning student. As we learned from enrollment data, most CHE students are internal transfers within the College.

Graph 11 compares the returning rate between CHE and the typical Hostos student. As Graph 11 shows, CHE majors' next term retention rate is slightly higher than that of the typical A.S. Hostos' students.



Cohort Retention data for Fall to Fall 2009 to 2013 first-time freshmen who started as Community Health Education majors are presented in Table 15. Spring freshmen are not included, because standardized institutional data do not include spring cohorts. It should be noted that the number of freshmen is low as most our students are transfers from within the College.

Table 15: Retention of first-time freshmen in CHE program by term

			Fall 2009 HLT Freshmen N = 8	Fall 2010 HLT Freshmen N = 3	Fall 2011 HLT Freshmen N = 10	Fall 2012 HLT Freshmen N = 7	Fall 2013 HLT Freshmen N = 14
Status in Fall 2010	Still In Program	#	3	N/A	N/A	N/A	N/A
		%	37.5				
	Graduated From Program	#	0				
		%	--				
Status in Fall 2011	Still In Program	#	1	1	N/A	N/A	N/A
		%	12.5	33.3			
	Graduated From Program	#	0	0			
		%	--	--			
Status in Fall 2012	Still In Program	#	2	1	2	N/A	N/A
		%	25.0	33.3	20.0		
	Graduated From Program	#	1	0	0		
		%	12.5	--	--		
Status in Fall 2013	Still In Program	#	1	0	1	2	N/A
		%	12.5	--	10.0	28.6	
	Graduated	#	0	1	0	0	
		%	0.0	33.3	--	--	
Status in Fall 2014	Still In Program	#	0	0	0	2	5
		%	--	--	--	28.6	35.7
	Graduated From Program	#	<i>AY 2013-2014 Graduation data Not available at the time report was produced.</i>				

Table 15 shows freshmen first year retention rates ranging from 20 to 37.5 percent. After two years, the retention rate is lower and varies from 10 to 38 percent. By the third year, retention rates are much lower ranging from 0 to 25 percent. Data clearly show that freshmen retention rates are low.

Internal data mining Analysis of freshmen retention Cohorts. As part of the APR, the Unit wanted to mine the data to understand why first-time freshmen were not being retained. Unlike graduating students, who are identified by CUNYfirst and Unit records, first-time freshmen select their majors independent of the Unit during their admission process. Therefore, the Unit requested the student IDs of freshmen included in the 2009-2013 retention cohorts to conduct an “*internal data mining*” analysis.

Retention and stop out numbers alone do not describe the characteristics of students who stayed or left the CHE Program. The unit was interested in mining information that could answer the following questions: (1) Was the Unit aware of the students identified as CHE in the 2009-2013 cohort? That is, does the Unit have a record of those students coded as CHE? (2) How many of the 2009-2013- freshmen received advisement?

OIRSA provided us with the name and ID of all students included in the 2009-2013 retention cohorts, which allowed us to match their information against Unit's student records. Perusals of available Unit's records show that we lacked files for 22 out of the 43 (50.8 %) freshmen. These students were not advised by the Unit, likely because we were not aware of their CHE coding. It is not clear if those students were advised somewhere else or went without advisement, as we do not have a mechanism to track students who are advised outside the Unit. Of the 21 first-time freshmen with files in the Unit, 19 received advisement at least once from faculty members.

In order to learn more about the characteristics of students who left the program, we examined academic records (i.e. transcripts) of a sample of 13 freshmen from the 2010 (n=3) and 2011 (N=10) cohorts, which together represents 30% of the total 2009-2013 freshmen retention cohort (Table 16 below). We attempted to answer the following questions: (1) Does the transcript identify students as CHE? (2) Do they experience CHE courses before they leave or stop out? (3) Are students stopping out because they failed CHE courses? (4) Are students in good academic standing before they stop out? (5) Do advised students persist longer than non-advised?

Findings from our inside data mining analysis show that 3 out of 13 were never identified on the transcript as CHE majors from the first semester they were enrolled in the College. Furthermore, examinations of their CUNYFirst applications show that none of the 3 listed CHE as their first choice. It is unclear as to why they are being counted as "First time freshmen in community health," as they had no intention to study community health before their first semester enrollment (see addendum 23).

Table 16: Mined data for 10 First-time Freshmen 2010-2011 Cohorts

ID	Advised	Took HLT course	Stopped out	Semesters in college	Graduated	GPA
1	Y	Y	n/a	7	Y	2.4
2	Y	Y	n/a	6	Y	3.43
3	N	Y	Y	2	n/a	0.38(P)
4	Y	Y	Y	3	n/a	0.45(D)
5	N	Y	Y	3	n/a	1.66 (D)
6	N	Y	Y	4	n/a	2.06
7	Y	N	Y	2	n/a	0.27 (P)
8	N	N	Y	2	n/a	3.63
9	N	N	Y	1	n/a	0.0 (W)
10	N	N	Y	1	n/a	0.0 (P)

Legend: P= Probation D= Dismissed W= withdrew

Table 16 displays information of the remaining 10 CHE freshmen majors identified. Two (2) of 10 graduated within 3.5 years: one as CHE major and one transferred as an Associate in Arts and graduated. Of the remaining 8 who stopped out, 6 had a very low GPA (averaged = 1.05), which suggests that they left the College, because they were failing most of their courses. A perusal of their transcripts suggests that Failure in CHE courses was not a factor. Of the 6 poor performers, 3 were on probation, 2 were dismissed and one withdrew without completing the first semester. The 6 Students persisted 2.25 semesters on the average (range 1-4 semesters). Two of the 8 were in good academic standing (GPA higher than 2.0) before they stopped out. One withdrew in the 4th semester, and the other transferred in the 2nd semester as a liberal arts to City College with 3.63 GPA.

Of the 10 students, only four were advised, and they persisted longer (4.4 semesters) than non-advised (1.5 semesters). Of the four advised, two graduated, and three took HLT courses while at Hostos.

The internal data mining analysis suggests that students who left the college or stopped out were experiencing systemic failure in all courses, which suggest that CHE courses are not the culprit. Students who are advised by Unit faculty are more likely to take courses in their major and graduate from the College. Thus, the unit should promptly receive the list of newly admitted first time freshmen, so that Unit's advisers can contact them and provide proper guidance and

advisement. We can also swiftly screen out those who are no longer interested in CHE and direct them to their chosen majors.

Transferring

One of the main objectives of the program is to offer opportunities for transfer to senior institutions. Although students can transfer to any College outside the CUNY system, institutional reports only track transfer students enrolled in four year CUNY colleges in the Fall term following graduation. Thus, it excludes those graduating in September and January and enrolling in a transfer college in the Spring. Institutional transfer data of CHE students from 2008 to 2013 are presented in Table 17 below.

Table 17: Community Health graduates transferring to BA programs in CUNY colleges

Transfer College	Graduation Year					Total
	2008-2009 <i>N = 10</i>	2009-2010 <i>N = 7</i>	2010-2011 <i>N = 20</i>	2011-2012 <i>N = 17</i>	2012-2013 <i>N = 18</i>	
City	0	0	1	0	0	1
Hunter	0	2	0	1	0	3
Lehman	1	1	8	7	7	24
York	0	0	0	1	0	1
Professional Studies	0	0	0	0	1	1
Total	1	3	9	9	8	30

Table 17 shows that about one in three (30//92) transferred to CUNY Colleges and that eight out of ten (24/30) go to Lehman College. However, our internal data mining from the 2009-2010 Cohort of graduates show that at least 5 out of seven graduates transfer to senior Colleges (see Table 8). Furthermore, the Unit also examined 10 transcripts of the June 2014 graduate cohort, and found that 5 out of 10 transferred to a CUNY Institution and were pursuing a four year degree in Fall 2014. And that Four out of five are attending Lehman College. The remaining 5 could be studying at non-CUNY institutions or working. Both the 2009-2010 and the June 2014 with a combined transferring rate of nearly 60% suggest that we are meeting a major expectation

of the CHE Program. Based on our own data mining, it is argued that the CHE transfer rate is slightly higher than the 52,6 % associated with the typical A.S. degree Hostos transfer student for the AY 2012- 2013.

Employment

In the absence of CHE specific data, we used college-wide data collected by OIRA⁸ to follow up on graduates. The findings below are based on students who graduated from Hostos, those who graduated from other CUNY community colleges, and graduates from the entire CUNY system during the 2012-2013 academic year.

The CUNY survey shows that six months after graduation:

- 17.7 % of Hostos graduates are employed in a job related to their program of study, compared to 13% for all community colleges and 14.1 % CUNY-wide.
- 20% of Hostos graduates were employed in the health care industry, compared to 11% for all community colleges and 12.8% CUNY-wide
- Nearly all of the Hostos graduates (92.9%) have jobs in New York City. This figure is similar to other Community Colleges (91.6%) and CUNY-wide (92.1%).
- 26.2 % of Hostos graduates are unemployed, which is about the same proportion found at all community colleges (23.8%) and CUNY-wide (24.1%).
- 39.7 % of the graduates were employed in jobs that required the specific certificate or associates degree they received at Hostos, compared 32.1% for all community colleges and 31.7% CUNY-wide.
- 67.8% thirds of the graduates were either “Very satisfied” or “Somewhat satisfied” with their current job.
- 58.8 % felt that Hostos Community College prepared them either “Very well” or “Well” for their current job, compared to slightly less than half for all community Colleges (49.7%) and CUNY-wide (49.5%)
- Seven out of ten of graduates said they would choose the program from which they graduated, if they had a choice.
- 90.8% either “strongly agree” or “agree” that Hostos helped them developed knowledge of their particular discipline. This is similar to the proportion found at all community colleges (89.9%) and CUNY-wide (89.7%)

The CUNY-wide survey data above shows that Hostos graduates are performing as well as or better than their counterparts at other community colleges and CUNY-wide. Although CHE

⁸ Survey of 2012-2013 Certificate & Associate Graduates. CUNY Office of Institutional Research and Analysis. Available from www.cuny.edu

students were included in the data, the results were aggregated and thus the analysis specific to the major was not possible. The health education Unit needs to find better ways to follow-up on its graduates in the future.

IV. Faculty

The Health Education Unit has four full-time faculty with ample experiences in the health education and community health fields. All full time faculty have doctorates, and three out of four are Spanish-English bilinguals. Two out of four faculty have tenured status. All adjunct faculty earned master's degrees and some possess doctorates. Tables 18 to 24 display the demographic profile for both full and part-time faculty.

Table 18: Number of full-time and Part time faculty (Fall 2014)

Faculty Status	Number of faculty
Full-time	4
Part-time	14

Table 19: Academic preparation (Fall 2014)

Full-time faculty degree	Number of faculty
Doctorate	4
Part-time faculty degree	Number of faculty
Masters	10
Doctorate	4

Table 20: Rank Tenured Status

Full-time faculty rank	Number of faculty
Professor	1
Associate	0
Assistant	3
Part-time faculty rank	Number of faculty
Adjunct Lecturer	10
Adjunct Assistant Professor	5

Table 21: Number of Course Preparations

Full-time faculty	Number of faculty
Three	3
One	1
Part-time faculty	Number of faculty
One	15

Table 22: Years of service

Full-time faculty: Years of service	Number of faculty
0-5	2
6-10	1
26+	1
Part-time faculty: Years of service	Number of faculty
0-5	9
6-10	4
11-15	1
16-20	1

Table 23: Classification of faculty According to Affirmative Action Guidelines

Full-time faculty	Number of faculty
Hispanic	3
White	1
Part-time faculty	Number of faculty
Hispanic	8
Asian	1
White	2
Black	4

Table 24: Gender

Full-time faculty	Number of faculty
Female	3
Male	1
Part-time faculty	Number of faculty
Female	6
Male	9

Faculty Scholarship and Grants.

Faculty engaged in various research projects as outlined in the section of Faculty

Accomplishments of this report. They have also published some of their research in various scholarly venues. Table 36 lists Faculty Peer reviewed journal published or in press. Also, some faculty members collaborate in grants and act as Principal investigators or Co-investigators as detailed in the table 37 below.

Table 25: Peer Reviewed Journal Publications

Mercado, I. (2014) The Latino Way Food Groups and the Latino Plate-Food Guidelines for Latinos in the U.S. <i>Journal of Health psychology</i> , 2 (1). 114-136.
Mercado, I. (2008) Healthy and unhealthy weight loss practices of Latino women at a college in USA. <i>Terapia Psicológica</i> ; Vol. 26, N°2, 199-205.
Preciado, J. (2012). Culture in Ibero-America: A neglected issue in behavioral and cognitive randomized control trial interventions. <i>International Journal of Clinical and Health Psychology</i> , 12, 480-501.
Roales-Nieto, J. G., Jiménez, R., O'Neill, B., Preciado, J., & Malespin, J. (2013). Intergenerational differences in materialist and post-materialist values in a sample of Hispanic New York City residents. <i>Universitas Psychologica</i> , 12(3), 671-683. doi:10.11144/Javeriana.UPSY12-3.Idmp
Roales-Nieto, J., Preciado, J., Malespín, J., Jiménez-López, F.R. (2013). Study of Intergenerational values change in US New York Hispanics. <i>Revista Mexicana de Psicología</i> , 30 (2), 96-107.
Vasquez-Iskan, E. (in press 2015). Adaptive coping strategies for HIV prevention in contemporary young adults living in the ongoing HIV era. <i>International Journal of Arts and Science</i> .
Winkler, K. (2011) The Distance Traveled: Reading Leinaweaver and Castaneda on Politics, Privilege, and Race in Transnational Adoption. <i>S&F On-line</i> (double issue 9.1-9.2: Fall 2010/Spring 2011). (http://barnard.edu/sfonline/reprotech/winkler_01.htm)

Table 26: Grants

Mercado, I. (2010). Healthy CUNY Professional Grant Award.
Mercado, I. (2009). CUNY Community College Collaborative Incentive Research Grant Program: “Tri-Borough Community Health Worker Training Needs Assessment: A Tri-borough, Tri-Campus Community College Study of Community Health Worker Training Needs as Perceived by Community Health Workers, Their Employers, and Community Health Leaders.”
Mercado, I. (2009). The Sloan Foundation Grant (account: 70356-00 02).
Mercado, I. (2005). The CUNY-PSC Grant (account # 60055-35 36).
Winkler, K. (October 2014-June 2015). C3IRG (Community College Collaborative Institutional Research Grant): \$15,000 as PI with Co-PI Professor Sarah Sandman for “Making Pictures, Telling Stories, Creating Knowledge: Researching Hostos Women’s Health Through

Photovoice.”

Winkler, K. (February – July 2011). CUNY University Dean for Health and Human Services: \$15,000 for “Building Educational Pathways for Community Health Workers.”

Faculty development.

Faculty members keep abreast of the latest developments in the field by attending professional conferences in their own areas of interest (see Addendum 24 for curriculum vita). Faculty have been recognized at local, regional, national and international levels as evident by their vita.

Faculty members attend various seminars and professional development activities at the Unit, department and College levels (see Addendum 24). Some of these activities informed faculty of new developments in the field and technological innovations which are then infused in their courses and teaching methods.

Summary of Faculty Accomplishments

Faculty A.

Professor Iris Mercado is the Health Education Unit Coordinator since 2009. Among her most recent activity is the manuscript of a book on weight management for Latinos in the US. She is also working on a new Latino version of the USDA choosemyplate.gov image and the Latino food group’s guideline. This guideline includes the type of food that Latinos in the US consume. Prof. Mercado received the Excellence in Health Education award from the Puertorrican Day Parade organization for her work educating Latinos in NYC on health and nutrition issues (2012). Professor Mercado has presented her research and work at international and national conferences such as: the Minority Health and Health Disparities Grantees Conference, Washington DC (December 2014), the Food Studies Conference (2014), the Food and Nutrition Conference & Expo Academy of Nutrition and Dietetics, (Fall 2006, 2010, 2014), the 6th Annual Global Health Disparities Conference at Teachers College, Columbia University (March 2014), the Puertorrican Diaspora Annual Meeting, NYC, (March 2012), the Healthy CUNY Health and Wellness Committee, Graduate Center, NYC (December 2012), the Obesity Society, 28th Annual National Scientific Conference. San Diego, California (October, 2010), the New York State Head Start Association’s annual Professional Conference in (October 2007), the New York State Dietetic Association annual meeting (2004, 2005, 2007). Professor Mercado created the Healthy Hostos

Blog: <http://oit.hostos.cuny.edu/healthyhostos/> in 2011 and now is collaborating with the Hostos Wellness and Health Program in the updates of the blog. Since 2010 Prof. Mercado runs the “Healthy Weight Group”, a 10 weeks weight management group for Hostos students and staff. She is the advisor of the Health and Nutrition Student Club (formally Health Club) since 2006. The club’s organized activities that give insights on how to improve student’s lifestyle choices toward a healthy one. Professor Mercado is a member of many Hostos CC committees such as: the College Senate 2004-2011, 2014, the HERO High Planning Committee, the College Senate Executive Committee 2008-2011, the CUNY Wide Food Policy Advisory Committee 2009-2012, the Education Department P&B Committee and the Department Curriculum Committee since Fall 2010, the CUNY Campaign Against Diabetes 2007-2011 among others.

Faculty B.

Professor Juan Preciado’s areas of interest include cultural issues and health psychology, as well as the dissemination of scientific information via international conferences. He has devoted much of his time and energies to professional organizations in Latin American and Europe. Currently, he serves on the editorial board of several international peer-review journals, and has chaired scientific committees of international conferences. Professor Preciado has over 130 international and national presentations, and 33 peer reviewed publications. At Hostos, he has participated in committees and task forces at the Unit, Department, College levels, as well as represented the College at CUNY-wide meetings. Professor Preciado has more than 26 years of teaching experience, including summer appointments as invited professor at doctoral and master’s programs of various universities in Spain.

Faculty C.

Professor Elys Vasquez-Isca is a former fellow of the Research Group on Disparities in Health at Teachers College, Columbia University and a former Fulbright Scholar. Professor Vasquez-Isca is currently developing a manuscript based on her research experience as a Fulbright Scholar in Brazil for submission to an edited volume on sustainable human rights to the publisher Routledge. Professor Vasquez-Isca has presented her research at international and national conferences such as the 17th International AIDS Conference (2008), the United States

Conference on AIDS (2008), the Food Studies Conference (2011), the 6th Annual Global Health Disparities Conference at Teachers College, Columbia University (March 2014), the conference of the International Journal of Arts and Sciences: a multidisciplinary conference (May, 2014), and most recently at the Centers for Disease Control and Prevention (CDC) STD Prevention Conference (June 2014). Professor Vasquez-Isca is currently curating an HIV/AIDS exhibit at Hostos Community College commemorating the 30 plus year of the HIV/AIDS epidemic. Professor Vasquez-Isca is collaborating with Boom Health, formerly known as Citywide Harm Reduction in co-curating the HIV/AIDS exhibit and in exploring future grants to research co-infection of HIV with Hepatitis C in the South Bronx population. Professor Vasquez-Isca is currently the advisor to a newly founded student club titled “The Community Health Club.” Through the guidance of professor Vasquez-Isca the club’s focus is on bringing awareness to the Hostos student population of the myriad health disparities confronting the Bronx county and New York Citywide. Professor Vasquez-Isca is also a member of the New York Departments of Health and Mental Hygiene’s “Take Care New York,” community member task force. Furthermore, Professor Vasquez-Isca is a member of the HERO High Planning Committee, which spearheads a high school to college bridge program focusing on training students of the South Bronx community in health care careers.

Faculty D.

Professor Karen Winkler was recently awarded a CUNY Community College Collaborative Incentive Research Grant (C3IRG) with her Media Design colleague Professor Sarah Sandman to conduct Participatory Action Research on women’s health needs. She will train Hostos student-researchers to utilize Photovoice methods in the design of their investigation. Professor Winkler has presented her work on pre-adolescent girls, narratives of embodiment, and experiential learning/ “popular education” strategies at local, national, and international feminist, educational, and health conferences. Her work on women’s health has been published in WSQ (the Women’s Studies Quarterly) and the Scholar and Feminist On-Line, and she has been the recipient of a post-doctoral fellowship in the Social Science Research Council (SSRC) Sexuality Research Program, as well as numerous other fellowships and academic awards. Professor Winkler co-wrote the curricula for the Hostos Continuing Education/Workforce Development

Division's Community Health Worker (CHW) Training Program (funded by the CUNY Career PATH grant), mentored faculty in the CHW program, and helped develop a new transfer agreement between trainees and the A.S. degree program in Community Health. Parts of this CHW training curriculum will be published in the Guide for Community Health Worker Trainers and Teachers being issued by Jossey-Bass (forthcoming 2015). She is on the Editorial Board of WSQ (published by The Feminist Press), and is an active member of the Hostos Women and Gender Studies Committee. Professor Winkler has worked to develop a fieldwork program for Community Health majors that engage them in internships with leading organizations and advocates working around community health in the Bronx and throughout NYC.

V. Facilities and Resources

Overview of non-faculty staff

We have one College Office Assistant (COA), Ms. Marietta Mena, who supports the administrative work of Health Education, Gerontology and Physical Education Units. Ms. Mena's takes care of collecting faculty syllabi, initiating PARs, keeping track of multiple position forms and attendance rosters, supervising student workers, taking care of photocopying, distributing mail, and numerous other office tasks and to facilitate the academic advisement process. Currently, when there is a need Ms. Rufina Amadiz, the COA from the Teacher Education graciously provides additional administrative support as needed. We recently lost our College Laboratory Technician (CLT), Ms. Luz Rivera, who supported all our technology needs in the classroom. She produced our brochures and flyers, as well as kept our website up-to-date. Although her primary responsibility was to the Teacher Education Unit, she worked with everyone in our Department. She went beyond the call of duty to offer critical support with advisement and registration.

Library

The Hostos Community College Library is the recipient of the Association of College and Research Libraries' 2007 Excellence in Academic Libraries Award. The Library meets the needs of the faculty and students in the Health Education Unit by offering professional reference services, dynamic collections, and an inviting environment to collaborate and study.

Collections

There are dedicated collections to Community Health Education.

Electronic resources

Hostos Community College Library is part of a consortium of nineteen libraries in the City University of New York (CUNY). Hostos has access through CUNY to over seventy online research databases, including *Academic Search Complete*, *Lexis-Nexis Academic*, and *Medline*. Locally, Hostos licenses *Cinahl Complete*, *Health Reference Center*, *Science in Context* and *NetAnatomy*, which together with CUNY-wide health-related and social sciences databases and electronic journal collections, support students in community health courses. This collection of online resources is unusually extensive for a campus the size of Hostos.

Books and e-books

The print monograph collection consists of over 58,000 titles, with approximately 2000 new titles added each year. Twenty percent of the total acquisitions budget for monographs is health and health related fields. Furthermore, students at Hostos have access to collections from 18 other CUNY campuses and can request titles to be delivered to Hostos through the intercampus borrowing program. Hostos Library has access to over 100,000 e-books, most notably the *Ebrary Academic* collection, which allows for an unlimited number of users to view and download e-books.

Journals and e-journals

Through our databases or direct subscriptions, Hostos Library has access to the following e-journals to support community health research:

Health Education & Behavior

Health Education Journal

American Journal of Public Health

Journal of Community Health

Community Mental Health Journal

Journal of epidemiology and community health

In addition to these print subscriptions, we have online subscriptions through CUNY to the *New England Journal of Medicine* and *JAMA* and access to hundreds of other allied health journals through our licensed databases.

Reserves

For the past five years, the City University of New York has provided special financial aid funds for libraries to purchase textbooks and other books to support the curriculum. There is at least one copy of every currently assigned textbook in its Reserves collection.

The library has also the following relevant online research guides:

<http://hostos-cuny.beta.libguides.com/communityhealth/research> -- Community Health

<http://hostos-cuny.beta.libguides.com/nursing> Nursing and Health

<http://hostos-cuny.beta.libguides.com/HLT215/Nutrition> -- Guide created specifically for an assignment for HLT 215

<http://hostos-cuny.beta.libguides.com/HLT110/Nutrition> - Guide created specifically for an assignment for HLT 110

Community Health Education faculty are routinely invited to submit journal names, video, and other collections via a “Library Liaison” (Prof. Lisa Tappeiner) who works collaboratively with the Unit to purchase books, disseminate information about additions to the collection, and assess the overall needs of the Health Education collection. There are also faculty workshops run by the library to help faculty tap the library resources for research and for optimizing its use in the classroom.

Library Workshops for students have also been a great asset to our program. Most instructors, require, recommend or encourage students to take advantage of the different instructional workshops, such as Finding Articles, Citing Your Sources to Avoid Plagiarism, Keys to Database Searching and know your library. The library also has tutorials available for students to learn at their own pace and time.

Overall, the library staff encourage faculty participation in the selection of materials, and most importantly, timely informs faculty of the services available to them and their students.

Space

The Department main office is located in Room A-107, which also houses the Teacher Education, Health Education and Gerontology Units. Physical Education and support offices are located in C-490. Four offices are allocated to Health Education Unit Faculty, and the rest of the space is shared with Teacher Education and Gerontology faculty. Additionally, this same limited

space is allocated for the two full-time administrative assistants, at least four College work study students, and over 20 adjuncts.

Our student files are secured in an office and additional files are in the hallway near our offices.

There is seating in the reception area for up to four students, which is fine during most of the year, but it gets very crowded during academic advisement and registration.

The Office of the Registrar assigns classroom to our Unit including the “smart rooms,” which are requested by 3 of 4 full-time faculty members on regular basis. Also, the Office of Information Technology (IT) provides computer on wheels, projectors, DVD players and Laptops for classroom use upon request in a first come first serve basis via an online reservation system.

When we need the TV and DVD player the Audio-Visual Department provides it.

Budget

We have \$550 discretionary OTPS funds money to meet the needs of the 4 Units (Teacher Education, Physical Education, Health Education, and Gerontology). We are sometimes in need of supplies which we cannot afford.

Equipment Labs

A duplicating machine and a fax are shared among fulltime and staff from the 4 Units. Our program does not require labs.

VI. Strengths, Weaknesses, Opportunities and Threats (SWOT)

Areas that support our goals

Graduates from the Community Health Education program are part of the health educators and community health workers labor force, which is expected to significantly grow in the coming years. Indeed, the 2014-15 Occupational Outlook Handbook, published by the Bureau of Labor Statistics states⁹:

Employment of health educators and community health workers is projected to grow 21 percent from 2012 to 2022, faster than the average for all occupations. Growth will be driven by efforts to improve health outcomes and to reduce healthcare costs by teaching people about healthy habits and behaviors and utilization of available health care services.

⁹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition*, Health Educators and Community Health Workers, Available on the Internet at www.bls.gov.

The Bureau lists health educators and community health workers together under a similar title. Community health workers (CHWs) earned an average salary of \$ 37, 340¹⁰ with 2 year or less of schooling, while health educators with a bachelor's degree averaged a salary of \$ \$53,800¹¹. The demand for our graduates is expected to increase due to some profound developments in the way health care is delivered in the United States¹². First, CHWs are recognized in the Patient Protection and Affordable Care Act (known as either "ACA 2010" or "OBAMACARE") as important members of the health care workforce¹³. Second, the most prestigious institution in infectious disease and prevention in the United States, the Center for Diseases Control and Prevention (CDC), has issued a statement reaffirming the positive role CHW can play in health education intervention programs¹⁴. Lastly, the shift from hospital-centered care to community based home care is going to increase the demand for this labor force¹⁵. Thus, our graduates are in a good position to be part of the community based teams, because they mirror the populations they serve based on common cultural and linguistic backgrounds¹⁶. Moreover, our graduates have the opportunity to advance in their careers as health educators by transferring to four year institutions (e.g., Lehman College) and command higher salaries as health educators with a bachelor's degree.

The Information Technology office is collaborating with the Unit to design a data base, which will help us access student information on demand.

The office of Education Technology is constantly seeking ways to improve the use of technology in both online and face to face courses. Three out four full time faculty are taking advantage of

¹⁰ Occupational Employment and Wages, May 2013 21-1094 Community Health workers. Available on the Internet at www.bls.gov.

¹¹ Occupational Employment and Wages, May 2013 21-1091 Health Educators. Available on the Internet at www.bls.gov.

¹² The Evolution, Expansion, and Effectiveness of Community Health Workers. RR Bovbjerg, L Eyster, BA Ormond, I. Anderson. December 2013. The Urban Institute, 2100 M Street, NW. Washington, DC 20037.

¹³ Patient Protection and Affordable Care Act of 2010. PL 111–148. US government Printing Office. Available on the Internet at <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/html/PLAW-111publ148.htm>

¹⁴ Addressing Chronic Disease through Community Health Workers: A policy and systems-level approach (2014). Available on the Internet at www.cdc.gov

¹⁵ *Transforming the Health Workforce for a New New York* (March 2012). Report of the Healthcare Workforce Development Subcommittee to the New York State Workforce Investment Board. Available on the Internet at www.labor.ny.gov

¹⁶ Balcazar H, Rosenthal EL, Brownstein JN, Rush CH, Matos S, Hernandez L. Community health workers can be a public health force for change in the United States: three actions for a new paradigm. *American Journal of Public Health*, 2011, 101(12):2199-2203.

the many workshops and technological tools available through that office to improve their courses.

The HERO high school presents us with a unique opportunity to expand our program to a new population of high school students who are eager to enter the health field. Demand for our courses is expected to grow, as more students enter HERO.

Areas that Impede our Goals

The hiring of our graduates would rely, to some extent, on the health care industry's ability to justify and fund new Community Health Worker positions under the health care reform promulgated by ACA 2010.¹⁷

The lack of funding to pay for community health workers is due in part to employers' unfamiliarity with the value they add to the workforce.¹⁸ Furthermore, the fee for service reimbursement does not yet properly compensate delivery models that emphasize health promotion and disease prevention, which limits the utilization of our graduates¹³.

Although our graduates are considered part of the emergent field of community health workers, there is no uniformity in the use of the title by employers. For example, community health workers are often called patient navigators, health coaches, chronic disease coaches, *promotores de salud*, health assistants and the like¹⁹. Moreover, hiring a community health worker depends on the particular needs of a program and "the environment, culture, and context in which they are used"²⁰. As indicated by the Bureau of Labor Statistics, many of the positions available for the CHW title do not require a two year degree.²¹ As such, our graduates face competition from individuals who claimed to have experience in any of the titles indicated above. Furthermore, lack of national certification or credentialing of Community Health workers is seen by some as

¹⁷ Assessing the Impact of Health Reform on the Health Care Workforce. 2010. Michigan Center for Health Professions. http://www.mhc.org/Portals/michiganhealthcouncil/Files/file_archive/CHP_Health_Reform_Workforce_FINAL_Nov_2010_1.pdf

¹⁸ Integrating Community health workers into a reformed healthcare system. RR Bovbjerg, L Eyster, BA Ormond, I. Anderson. December 2013. The Urban Institute, 2100 M Street, NW. Washington, DC 20037.

¹⁹ Rosenthal EL, Brownstein JN, Rush, CH et al. (2010) Community Health Workers: Part of the Solution. *CH, Health Affairs*, 2010; 29(7):1338–1342.

²⁰ Rashid J, Taiwo OO, Barraza-Roppe B, Lemus M. Using community health workers to prevent infectious diseases in women [conference summary]. *Emerg Infect Dis* [serial on the Internet]. 2004 Nov. available at http://dx.doi.org/10.3201/eid1011.040623_06

²¹ How to Become a Health Educator or Community Health Worker. Bureau of Labor Statistics, U.S. Department of Labor, 2014 Jan. available at www.bls.gov.

an impediment for third party payment and growth of the profession²²; however, “higher wages, more secure jobs, and better outcomes also need to be empirically verified as effects of certification²³.”

The full implementation of the ACA 2010 will most likely expand health promotion and disease prevention services, and thus improve the employment outlook of our graduates²⁴. However, we have no control over the political, social, and economic forces, which are likely to shape the health care sector in the coming years²⁵.

We lack a student tracking system. While we can pull transcripts from CUNY first, we would like to have access to more robust data. For example, how many of students are taking the courses prescribed by the program? How many admitted students are not registered in courses? How are students performing? Which courses are they falling or not doing well? As such, we have no way to follow-up on our majors’ performance from initial entry until graduation. Equally important for the unit is to secure job placement data of our graduates, which we do not have.

The College and CUNY keep track of First-time freshmen from initial entry until exiting via graduation or retention reports. However, there is no systematic institutional tracking of students who transfer from other programs within Hostos into CHE. There is a need for the College to find a mechanism to track the performance of this population.

Student demands from the HERO program put additional demands on the Coordinator and faculty of the Unit. HERO students’ performance in our college level courses needs to be monitored by the Unit. Follow up of those students might be a challenge as they are housed away from Hostos at another facility. Additional administrative overseeing might be needed to

²² Matos, S., S. Findley, A. Hicks, Y. Legendre, and L. DoCanto. 2011. Paving a Path to Advance the Community Health Worker Workforce in New York State: A New Summary Report and Recommendations. New York: Community Health Worker Network of NYC, New York State Health Foundation and the Columbia University Mailman School.

²³ Opportunities for Community Health Workers in the Era of Health Reform. 2013. The Urban Institute, Washington DC.

²⁴ The Patient Protection and Affordable Care Act Detailed. 2014., Available on the Internet at www.dpc.senate.gov.

²⁵ Obamacare 2012: prognosis unclear for interventional pain management. L Manchikanti, JA Hirsch - Pain physician, 2012; 15:E629-E640.

meet the demands coming from HERO's cohorts. Reassigned time of faculty or administrative support dedicated to HERO is needed.

VII. Future Directions for the Academic Program:

Based on the data collected and the analyses that have been performed, where does the Unit want to be in three years? In 5 years? What new courses and/or other curricular changes should be implemented? What needs to happen in order for this Unit to achieve the goals it has set out for itself?

In the next three years:

We shall see a substantial improvement in the way we track students' performance. We have already contacted the Office of Information Technology and requested the creation of a data base which will enable us to pull student information on demand (see Data Base Creation addendum). The data base will also help us with advisement and will make it easier to contact students in need of further guidance.

Advisement and mentoring should improve by systematically applying the strategies outlined in this report in the coming years. Likewise, our ability to retain students in the program should improve through the many initiatives identified in this report. Our graduation rate should also see some improvement in the next three years as we are planning to utilize the feedback extracted from surveys and institutional data to improve our program.

Our curriculum and program offerings should experience significant growth as we might designate one of our courses as part of the pathways Initiative (e.g., HLT 103). We will update as well as have new articulation agreements with at least two senior colleges (e.g., Lehman & York). In the next three years, we shall have created career paths for smooth transferring to senior institutions in one of the following areas including but not limited to health education, public health, food studies and nutrition and dietetics.

We shall have graduated most of the students following the pre-pathways curriculum. In the next three years, we shall have a reliable way to contact graduating students and keep track of the institutions they are transferring to. We expect to have some placement data based on either surveys or institutional data collected by the Unit and the College for all of its graduates.

Perhaps, we might want to explore other partnerships with other agencies such as 1199. The CHEW certificate offered through the Division of Continuing Education has not attracted students to our Program. Although the certificate has been offered several times, only 1 out of 36 graduates enrolled in the A.S. Degree in CHE.

The impact of the full implementation of the ACA of 2010 will be felt in many areas of the health care system. Perhaps, a scanning committee²⁶ could be established to assess how external trends and forces might impact the College's academic programs, particularly those in the health related fields.

We will experience a growth in demand of High school students via the HERO CHE program.

Perhaps the first Cohort will be close to graduation, and by then we shall have gained additional insight into improving the quality of the CHE offered through HERO.

In the next five years,

Our Unit should have a dual program in one of the following areas, including but not limited to, public health, nutrition, and health education. The scope of these curriculum options might reflect the latest trends in the health education field and the ACA 2010. Five years from now, we shall have a more streamlined CHE degree based of the lessons learned from a more robust retention and graduation data set and student performance emanating from our data base.

We will have our first cohort of HERO high school graduates. Feedback from HERO staff and graduates would help us improve the program in the future.

What needs to happen?

We will have to work together with the Office of Information Technology to ensure that a data base is user friendly and meets our needs. As part of our commitment to a *culture of assessment*, OIRSA shall produce annual data and reports tailor to the Unit needs including but not limited to student retention and graduation rates, number of new students either freshmen or within transfers). For instance, the 2009-2010 cohort graduates and first year freshmen retention are examples of the type of data we would like to see from OIRSA to meet our particular assessment requirements. The Unit needs to work with other offices and divisions to collect Job placement data and feedback from CHE graduates. We need the support from OAA to bring together all

²⁶ College/President Performance Goals and Targets 2009 - 2010 Year-end Performance Report. Available from the Internet at http://owl.cuny.edu:7778/portal/page/portal/oira/Performance%20Management%20Report%20-%20Campus%202009-10/pmp_2009-10_college_report_hostos.pdf

stakeholders to create career paths and possible dual degree programs which will be beneficial to our students. Some additional resources might be needed to meet the demands created by a possible influx of Community Health Education students from the HERO program.

VIII. Recommendations:

Recommendations that can be implemented by the academic program

- 1) Systematic and consistent use of existing personalized file records by all Faculty in the Unit. Each faculty shall be responsible for having a complete file for each advisee. The personalized file shall include the change of program form, transcript, Audit, advisement history, student personal e-mails, advisement history, and a Graduation Expectation Form filled the first time students come in for advisement.
- 2) Continue expanding advisement schedule beyond the traditional office hours to further accommodate students' scheduling needs and preferences. This step is critical before we implement a *CUNYFirst* stop in CHE majors' records.
- 3) Be proficient in the use of advisement tools such as the Degree Audit and *CUNYFirst*. There are features in the Degree Audit such as "What If" and "registration checklist" which are currently the only means available to determine if students can benefit from "opt in" to Pathways. Waiting for students to show up for face to face advisement should not be the choice to guide students through their course options. Student Information and transcripts available through *CUNYFirst* can also be helpful in advising students via e-mail. These strategies were already tried and found helpful in the Teacher Education Unit a few years ago.
- 4) Continue collecting contact information electronically of all CHE students including personal e-mails to ensure communication while in the Program and for follow up after graduation. All Unit faculty could promptly collect such information electronically from students in their classes so that the Coordinator can systematically receive a list of students coded as 31.
- 5) Find ways to engage and guide first-time freshmen and transfers within the institution, as soon as they enter the program. The Unit should routinely receive a list of newly accepted

freshmen, and the assign students to each faculty member. Our Mentoring pilot suggests that this might be away to retain students, but all Unit faculty would have to commit to this endeavor.

- 6) Engage students in club activities which promote the program within the college and the surrounding community. Some clubs have already organized stress buster and orientation meetings for community health majors. Through student clubs, particularly those involved in health education activities, we are more likely to keep students interested in the field thus increase retention and graduation from the CHE Program.
- 7) Continue to encourage students to take advantage of special workshops (eg MAT & BIO) and tutoring.
- 8) Encourage participation in research and conferences by students, which will help them secure a job upon graduation or gain entry at senior institutions. There are research opportunities and professional conferences that our students have participated in and have kept them interested in the field.
- 9) Continue recruiting efforts via the distribution of brochures, pamphlets, job fairs, videos inside and outside the college whenever feasible. Our collaboration with the Office of enrollment management should continue.
- 10) Create Videos of our alumni and their health careers placements to use for recruitment/ inspiration / motivation for future CHE students. These videos can be housed in the department/Unit website
- 11) Involve all Unit faculty in the many activities organized by the HERO initiative. Reassigned time should be given to the faculty who are already deeply involved with HERO.
- 12) Continue to offer all CHE required courses during Fall and Spring semesters, and HLT 110 during the summer to facilitate enrollment retention and graduation. As a newly acquired strategy, create a collective effort in the Health Education Unit by having HED courses taught by different full-time faculty.
- 13) Explore other partnerships within the Division of Continuing Education, because the CHW certificate offered through the Division has not generated much interest in our Program.

Recommendations that can be implemented only by the intervention and/or assistance of OAA, the Provost, the President, or higher authority.

- 1) A Pathways indicator is needed to readily identify students who are to follow the Pre-Pathways curriculum. Perhaps the Registrar's Office, OAA and Information Technology can help us put the indicator into place.
- 2) A CUNYFirst advisement indicator, "stop," should be placed in CHE students' records so that only CHE faculty can remove it. This measure would ensure those only advisors who are well versed with the program's requirements and the filed advise students. This will also present us with a challenge, as the Unit will have to significantly expand advisement hours to reach all students in need.
- 3) We would welcome additional support from the Office of Career Services or any other division to help us keep track of graduates who contact said office. We are currently exploring the possibility of collecting institutional placement data through Career Services.
- 4) Reassigned time should be given to the faculty who are already deeply involved with HERO. Faculty involvement in curriculum development and activities with HERO students demand a significant amount time which may take time away from working in committees and students at Hostos.
- 5) We need to strengthen our collaboration with the Coaches for Success Office so that there is a systematic way to inform the Unit of CHE majors students seeing by that office.
- 6) OAA is currently helping us negotiate new options in health education, Public Health, Nutrition and food studies via agreements. Dual degrees may require additional assistance and support of upper level administrators such as the President's Office and/or relevant CUNY central academic officers.
- 7) OIRSA can help us track within transfer students who constitute the majority of CHE's graduates. We would like Information about these students from the moment they become CHE until exiting. The 2009-2010 cohort analysis of graduates' pilot offers a blue print of the unit data requirements.
- 8) We also need the intervention of OIRSA or Information Technology to refine the way data on First-time Freshmen retention is collected and distributed. Our *internal data*

mining analysis reveals that some students identified as CHE majors in institutional reports were never identified in their transcript and CUNY application as such.

Continuing to count such students as our majors provides no benefit to the students or the Unit.

- 9) A scanning committee headed by the appropriate Division with greatest expertise in this area (e.g., Institutional Advancement) could be convened to consider external and market forces which would help us reshape our program, particularly to the health care market post- ACA 2010. Perhaps, the experiences gained from a similar committee, which was formed several years ago, might inform the creation of such committee or a similar one. This recommendation is consistent with the findings of the MSSR of 2012, which suggested that such a committee could be helpful to many programs in the College.
- 10) The creation of a CHE program data base, which will enable us to access information on demand for all students coded as Community Health Education majors, can only be made possible by the intervention of the Office of Information Technology. This office is currently devoting resources to designing a data base in accordance to our needs. As stated elsewhere, we currently do not have a way to track and assess their needs.

ADDENDUM 1 Academic Program Review Matrix

PHASE ONE: Planning Review

AP	ACADEMIC PROGRAM	Faculty	1 st Draft Updates Deadline	Requested Data
AP.1	A brief overview of the academic program in the department	J I	5/8	
AP.2	Department mission statement and program goals and objectives	J I	5/8	
AP.3	Student Learning Outcomes (SLOs) of the academic program in the department and how they relate to the goals and objectives	J I	5/8	
AP.4	A matrix relating each course to the SLOs	J I K E	5/8	
AP.5	Admissions requirements (if applicable)	J I	5/8	
AP.6	Specification of the degree requirements	J I	5/8	
AP.7	Brief course descriptions for all courses offered within the last three academic years (copies of most recent syllabus, with date of last update, to be included in the appendices).	J I K E	5/8	
AP.8	Prepare a binder with samples of all assignments or activities you do for each of your courses. If possible include samples of students' work.		9/4	
AP.9	A separate table will be provided to list each course with its associated information (i.e., credit hours, enrollment, etc.).	J I	Status of request	OIR
AP.10	Community/business/education links and/or involvement in the department's academic program (e.g., internships , clinical practica, fieldwork, etc.)	K		
AP.11	Articulation agreements, as appropriate	J	Status of request	OAA
AP.12	New academic programs (include only those that are in process, not those that are still in the planning stages). K = Memo O Uunderstand. with Continuing Edu. Elys Description of Hero HS CH program.	J K E Hero HS	5/8	

OA	OUTCOME ASSESSMENT ACTIVITIES AND PROGRAM EVALUATION	Faculty	1 st Draft Updates Deadline	Requested Data
OA.1	Course and program assessment activities—provide a brief description of activities, results, and the use of the results in improving the academic program. (Full reports can be placed in the appendices.)	J I K	5/8	
OA.2	Analysis of course grade patterns across terms and plan(s) for addressing issues relating to high course failure or withdrawal rates	J	Status of request	OIR

OA.3	Use of student evaluations in course improvement	J I KE	5/8	
OA.4	Questionnaire of graduates design and distribution	J	Status of request	Alumni office

S STUDENTS IN THE DEPARTMENT'S ACADEMIC PROGRAM		Faculty	1st Draft Deadline	Requested Data
S.1	Enrollment	JI	Status of request	OIR
S.2	Demographic profile of current students in the department's academic program	JI	Status of request	OIR
S.3	Performance on the CUNY Skills Tests (as appropriate) and CPE (as appropriate)	JI	Status of request	OIR
S.4	Student recruitment <i>Talked to Roland</i>	JI	Status of request	Admissions
S.5	Retention and graduation statistics for department's academic program <i>Some stats are available online</i>	JI	Status of request	OIR
S.6	Student outcomes—performance on licensure examinations, job placement, transfer rates to senior college, etc.	JI	Status of request	OIR Career Services

FACULTY		Faculty	1st Draft Deadline	Requested Data
F.1	Overview of faculty including: number, length of service, tenure status, adjuncts, courses taught, and faculty demographics	J I	Status of request	Compliance & diversity
F.2	Summary of faculty scholarship and grants		Status of request	Hostos Grant Office
F.3	Faculty development activities within the department's academic program and how those activities relate to improving the department's academic program	J	5/8	
F.4	Each faculty member is required to provide a paragraph summarizing accomplishments and activities. (Curriculum vitae for each faculty member are included in the appendices.)	J I KE	5/8	

FACILITIES AND RESOURCES		Faculty	1st Draft	Requested
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			Deadline	Data
FR.1	Overview of non-faculty staff—brief description	J I	5/8	
FR.2	Adequacy/appropriateness of library facilities and collections for academic program	J I	Status of request	Library /Library Liaison ?
FR.3	Space (including office, classroom, and other space)	J I	5/8	OAA/VP Administration
FR.4	Equipment/laboratories (as appropriate)	J I	N/A	
FR.5	Budget, including PS and OTPS issues	J I	5/8	OAA/VP Administration

Source: Adapted from L Porte's Math's APR

ADDENDUM 2

ADMINISTRATION AND ORGANIZATION

The Education Department is headed by a Chairperson who is elected by full-time faculty and CLTs (College Laboratory Technicians) of the department. Each Unit is headed by a Coordinator elected by the full-time members of the Unit. The Chairperson and Coordinators serve for a three year term. Tasks and responsibilities of the Chairperson and Coordinators are clearly delineated in the College's Charter. All decisions are democratically evaluated and voted on. All information is widely shared. The Organizational Charts describe the Unit's organizational structure (See Organizational Chart Above).

The Department's Personnel and Budget Committee, composed of the HHS Department Chairperson and the four Unit Coordinators, makes major departmental decisions related to personnel and budget. Department meetings of the entire HHS faculty and staff also provide opportunities to participate in the decision making process. Three hours of reassigned time per semester are allotted to the coordinator of units with degree programs: Teacher Education, Gerontology and Health Education. Physical Education does not have a degree program and thus not received reassigned.

ADDENDUM 3

Hostos Community College Mission

Consistent with the mission of The City University of New York to provide access to higher education for all who seek it, Eugenio María de Hostos Community College was established in the South Bronx to meet the higher educational needs of people from this and similar communities who historically have been excluded from higher education.

The mission of Eugenio María de Hostos Community College **is to offer access to higher education leading to intellectual growth and socio-economic mobility through the development of linguistic, mathematical, technological, and critical thinking proficiencies needed for lifelong learning and for success in a variety of programs including careers, liberal arts, transfer, and those professional programs leading to licensure.**

The College takes pride in its historical role in educating students from diverse ethnic, racial, cultural and linguistic backgrounds, particularly Hispanics and African Americans. An integral part of fulfilling its mission is to provide transitional language instruction for all English-as-a-Second-Language learners along with Spanish/English bilingual education offerings to foster a multicultural environment for all students. Hostos Community College, in addition to offering degree programs, is determined to be a resource to the South Bronx and other communities served by the College by providing continuing education, cultural events, and expertise for the further development of the communities it serves.

ADDENDUM 4

Health Education Unit PLOs and its relation to each course's SLOs

See Unit's Files for hard copy

ADDENDUM 5

Course Assessment Matrices

See Unit's Files for hard copy

ADDENDUM 6

Course Portfolios: Include syllabi, student activities, Course activities

See Unit's Files for hard copy

ADDENDUM 7**Pre-Pathways A.S. Community Health Education Program Requirements****A.S. Degree in Community Health Education****General Requirements**

ENG 1302	Expository Writing	3
ENG 1303	Literature and Composition	3
MAT 1682	Introduction to Probability & Statistics	3
HISTORY		3
CUB 3130	Ethnicity, Health & Illness or	
VPA 3612	Fundamentals of Public Speaking	3
PSY 1032	General Psychology	3
SPA 101 & 102 (8 credits)	Elementary Spanish I & II or	
SPA 117 & 118 (6 credits)	Spanish for English Dominant Hispanics I & II or	
SPA 121 or higher (3 credits)	Spanish Composition I	3-8****
BIO 3906	Anatomy & Physiology I	4
BIO 3908	Anatomy & Physiology II	<u>4</u>
		29-34

Program Requirements

HLT 110	Introduction to Community Health Education	3**
HLT 212	Bilingual Issues in Community Health	3*
HLT 214	Substance Use and Abuse	3*
HLT 215	Nutrition	3
HLT 220	Contemporary Health Issues	3**
HLT 299	Field Experience in Community Health	<u>3*</u>
		18

Program Electives: Select three credits from the following:

HLT 103	Interpersonal Relations	3
HLT 111	Health of the Young Child	3
HLT 117	First Aid and Safety	2*
HLT 118	CPR	1*
HLT 119	Mental Health	3
HLT 120	Human Sexuality	3**
HLT 124	Medical Terminology	3**
HLT 130	Introduction to Gerontology	3
HLT 133	AIDS Perspectives and Implications for Health Professionals	<u>3</u> **
		3

Free Electives

Total Credits **5-10**
60

*New Course

**Routine changes

***Based on placement native speakers of Spanish will be required to complete 3 credits and non-Spanish speakers will be required to complete 8 credits of Spanish.

ADDENDUM 8**Sample of Internship sites**

number of students	Placement	Address	City	State	Zip code
1	A. Holly Patterson Ext. Care	875 Jersusale, Avenue	Uniondale	NY	11553
1	Albert Comas, MD Family Practice	129 Wadsworth Avenue	NY	NY	10033
11	American Diabetes Association	333 Seventh Avenue	New York	NY	10001
3	Amsterdam Adult Day Care	1070 Amsterdam Avenue	NY	NY	10025
1	Betances Health Center	280 Henry Street	New York	NY	10002
2	Bronx Community Pride Center	448 East 149th Street	Bronx	NY	10455
2	Bronx Health Link	851 Grand Concourse #914	Bronx	NY	10451
4	Bronx Lebanon Hospital	1650 Grand Concourse	Bronx	NY	10452
1	Career Service	500 Grand Course 2floor	Bronx	NY	10451
1	Collen A. Edwards, MD	111 E. 88St, Suite 1	New York	NY	10128
2	CUNY Institute for Health Equity	250 Bedford Park Blvd. West	Bronx	NY	10468
1	Dr. Tio's Medical Office	231 Sherman Avenue, Apt. 1F	New York	NY	10034
2	East Harlem Bilingual Head Start	440 East 116th Street	Ny	NY	10029
5	Gay Men's Health Crisis	119 West 24th street	ny	ny	10011
	GMHC	224 West 29th Street	New York	NY	10001
	GMHC	446 W. 33RD Street	NY	NY	10001
5	Harlem United	290 Lenox Avenue	NY	NY	10027
5	Harlem United Community Aids Center	290 Lenox Avenue	NY	NY	10027
4	Harvest Home Farmers Market	104 East 126th Street	New York	NY	10003

1	Hispanic Community Health Study/ Study of Latinos (AACOM)	One fordham plaza	Bronx	NY	10458
3	Hope of Israel Senior Center	1068 Gerard Avenue	Bronx	NY	10452
1	Hostos Community College-Wellness Specialist	500 Grand Concourse Rm. C-136	Bronx	NY	10451
1	IPR/HE Senior Center	108-74 Roosevelt Avenue	Corona	NY	11368
1	Isabella Geriatric Center	515 Audubon Avenue	New York	NY	10040
1	Isabella Geriatric Center	515 Audubon Avenue	New York	NY	10040
1	Jacobi Medical Center	1400 Pelham Pkwy, Floor 5NW	Bronx	NY	10461
11	Jewish Home - Adult Daycare Center	100 W. Kingbridge Road	Bronx	NY	10468
4	Lincoln Hospital	234 E. 149th Street	Bronx	NY	10451
1	New York City Dept. of Health	1826 Arthur Avenue	Bronx	NY	10457
2	New York Organ Donor Network	460 W. 34th Street	New York	NY	10001
1	New York Organ Donor Network	460 West 34th Street	New York	NY	10001
1	NY Presbyterian/The Allen Hospital	5141 Broadway	NY	NY	10034
1	NYC Dept. of Health	120 Wall Street	NY	NY	10005
3	NYC Dept. of Health & Mental Hygiene	161-169 & 110th Street	New York	NY	10029
4	NYC Parks & Recreation /West bronx Recreation Center	1527 Jesup Avenue	Bronx	NY	10452
1	NYS Psychiatric Institute	1051 Riverside Drive	NY	NY	10032
1	NYU Hospital for Joint Diseases	301 East 17th street	NY	NY	10003
1	Rampim Medical Services	357 Easrt 145 Street	Bronx	NY	10454
1	Regal Heights Rehabilitation and Health Care Center	70-05 35th Avenue	Jackson Heights	NY	11372
1	Safe Horizon/Domestic Violence Unit DVIEP PAS6	2770 8th Avenue, 1st Floor	New York	NY	10030
1	Saint Barnabas Hospital	4422 Third	Bronx	NY	10457

		Avenue			
1	SEBCO Senior Program	887 Southern Blvd.	Bronx	NY	10459
1	South Bronx Health Center for Children and Families	871 Prospect Avenue	Bronx	NY	10459
5	St Barnabas Hospital	4422 Third Avenue	Bronx	NY	10457
1	St. Vincent de Paul	900 Intervale Avenue	Bronx	NY	10459
1	The Bronx Health Link	851 Grand Concourse	Bronx	NY	10451
3	United Bronx Parents Inc	966 Prospect Avenue	Bronx	NY	10459
5	Visiting Nurse Service of New York	1200 Waters Place, 2nd Floor	Bronx	NY	10468
1	Washington Heights Corner Project	566 W. 181th Street	NY	NY	10033
1	West Side Campaign Against Hunger- Church of St Paul and St Andrew	263 West 86th Street, Basement Level	New York	NY	10024
1	Metropolitan Hospital Center-Patient Navigator Program				

ADDENDUM 9

Hostos Community College & Health Education and Research Occupations High School (HERO High School) - Early College Partnership

Overview

HERO (Health Education and Research Opportunities) High School is a newly launched 9-14 Early College & Career Prep school, designed to enable a broad range of students to earn both a high school diploma and an associate degree in nursing or community health, all while gaining ‘real-life’ work experience through internships and apprenticeships. The school primarily serves low-income youth, first-generation college-goers, English language learners, and other groups that have been historically underrepresented in higher education.

With the opening of HERO High in September 2013 comes an opportunity for Hostos Community College staff, particularly nursing and community healthcare professors as well as practitioners from Montefiore Medical Centers, to collaborate with HERO High staff on designing an educational experience that will prepare students to be successful in STEM college courses and internship experiences in nursing and community health. The school, college, and hospital partners formed the HERO Planning Committee that meets regularly to continually design a coherent, integrated academic program that includes high school and college courses. This committee also asks college and high school faculty as well as Montefiore staff to design high school curricula that prepares students for success in college courses and careers in the healthcare field.

This partnership is an opportunity to rethink the structure of high school, college, and workplace training, and to create a new pathway for young people interested in entering the health professions. By bringing professionals from different settings together to create a new educational experience for high school students, the partners will help to develop a pipeline of highly qualified young people entering the healthcare field in the Bronx and beyond.

The 9th Grade Experience

In addition to Regents-preparatory high school courses in Math, English, Living Environment, Physical Education and Music, HERO students are engaged in unique college and career readiness experiences throughout the school year. These experiences include:

Health Careers Class: In Health Care Careers, using a curriculum co-developed by Hostos Community Health and Nursing professors and the HERO class instructor, students learn about health concerns pervasive in their community, especially diabetes, asthma, heart disease, cancer and HIV/AIDS, as well as interventions such as motivational interviewing, public education campaigns, dietary changes, community health work, and yoga and mindfulness.

Healthcare Interdisciplinary Project: In the final marking period of the first semester HERO High students completed a comprehensive, interdisciplinary project focused on chronic disease prevention in the Bronx. Completed projects were assessed by employer and college partners as well as HERO High faculty.

Hostos Community College: Students participate in weekly field trips to Hostos to engage in college awareness workshops, nursing lab tours and workshops, dental hygiene program lab tours, and library workshops in order to prepare them for college courses beginning in the 10th grade.

Montefiore Medical Center: Students participate in weekly field trips to Montefiore Medical Center to interact with industry professionals, engage in emergency department tours, and be introduced to basic life support, vital stats reading, gerontology, nutrition and public health policy workshops.

Accomplishment & Outcomes

- 80% of families participated in student-led family conferences after the first marking period
- ESL students (15% of student body) are engaged in rigorous language acquisition work featuring ESL instruction, content area support from ESL teacher and bilingual paraprofessional, and after-school 1-on-1 tutoring with college students
- Special Education students (14% of student body) receive support from 2 cooperating teachers through 'push-in' and 'pull-out' services
- Attendance: Marking Period 1 – 91%; Marking Period 2 – 90%
- English Course Average (students with 85% or above): Marking Period 1 – 79.7%; Marking Period 2 – 73.7%

ADDENDUM 10

The Community Health Worker (CHW) Certificate is offered by the Division of Continuing Education and Workforce Development



Transfer of Prior Learning for Credit

Division of Continuing Education & Workforce Development and the Office of Academic Affairs

Rationale:

Since 2002, the Division of Continuing Education and Workforce Development (CEWD) at Hostos Community College (HCC) has offered grant-funded occupational training programs that support unemployed and underemployed individuals in their pursuit of higher education, as a means of educational and career advancement. With a strong focus on allied healthcare programs, CEWD has continually provided quality in-demand occupational training such as Certified Nursing Assistant, Phlebotomy and EKG Technician, Healthcare Interpreter, and Pharmacy Technician.

The CUNY CareerPATH (CCP) is an exciting new initiative funded by the United States Department of Labor's Trade Adjustment Assistance Community College and Career Training grant. We are a part of a consortium of CUNY's six community colleges tasked with meeting the needs of workers affected by competition from foreign trade by providing them with occupational and academic skills training, stackable credentials, connections to industry, job placement, and the support and assistance needed to progress to a college degree. As a result of offering prior learning credits, CEWD has attracted hundreds of dedicated participants, who are now committed to pursuing higher education after completing their occupational training program.

At HCC, we are expanding our occupational trainings in healthcare by offering a Community Health Worker (CHW) Certificate. Trainees who choose to matriculate at HCC may earn up to 9 credits towards an Associate's Degree in Community Health.

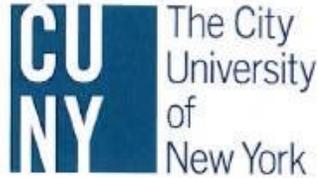
Purpose:

The purpose of this agreement is to ensure that the prior learning knowledge, skills, and competencies obtained in the CHW Certificate Program meet the matriculation requirements of the Associate's Degree in Community Health. Once enrolled at HCC, prior learning credits will be applied directly to the academic transcript of participants who successfully complete the CHW certificate program. To earn credit towards an Associate's Degree in Community Health, the following stipulations apply to the CHW Certificate Program and its graduates:

1. The CHW Certificate Program will follow an integrated, two-part curriculum (equaling 135 contact hours) developed specifically for the PATH program: **Foundations for Community Health Workers** and **Contemporary Issues in Community Health**.

Learning outcomes of the occupational training will be comparable to three (3-credit, 45 contact hours) courses in the academic department: Introduction to Community Health, Interpersonal Relations, and Contemporary Health Issues. Supervised 'service learning' will integrate classroom content with fieldwork in collaboration with community partner organizations, and is also required to complete the Certificate. An additional 60 hours of academic skills building in reading, writing, and mathematics are seamlessly integrated with the two-part curriculum to deepen students' understanding of the community health content, and enrich their capacity for academic success.

2. Instruction of the CHW Certificate Program will be conducted by qualified professionals well-versed in adult learning principles, with significant practical experience and expertise in the field of community health (experience with CHWs and similar job categories preferable), as well as experience with methods of popular education utilized in the training curricula. Instructors in the CHW Certificate Program will have a Master's degree with significant work experience in the field of Community Health; an instructor with a Bachelor's degree and significant experience training Community Health Workers may co-teach with an instructor who has a Master's degree.
3. A faculty member from the Community Health degree program will be appointed to liaise with the CCP program director to ensure academic integrity throughout the delivery of the occupational training. The liaison will verify that CHW curricula are utilized effectively and consistently and that student assessment is sufficient and appropriate.
4. Participants must complete coursework, assignments, projects, internships, etc. and fulfill expectations comparable to those applied to matriculated students, as required by the instructor.
5. Participants must earn a passing grade of at least a C in order to earn prior learning credit.
6. Participants can only apply credits towards the Associate's Degree in Community Health.
7. CEWD staff will prepare the participant's course transcript and provide a letter, signed by the CCP program director, confirming graduates have successfully completed the program. The letter will be delivered to the appropriate department chairperson in Academic Affairs and Admissions to ensure that earned credits will be applied to the participant's academic transcript.
8. Once enrolled in the Associate's Degree in Community Health, credits will be applied to the course transcripts of eligible CHW Certificate Program graduates as follows: 3 credits in Introduction to Community Health, 3 credits in Interpersonal Relations, and 3 credits in Contemporary Health Issues. The following is a breakdown of course equivalency and the corresponding prior learning credits earned:



Prior Learning Credits - CHW Certificate Program		Credits Earned - Applied to Transcript		
CHW Certificate Program Course	Contact Hours	P.L Credits	Equivalent Course: Associate's Degree in Community Health	Credits Earned
Foundations for Community Health Workers	135	6	Introduction to Community Health	3
			Interpersonal Relations	3
Contemporary Issues in Community Health		3	Contemporary Health Issues	3
Integrated Academic Skills in Reading, Writing and Mathematics	60	0		

9. Credits will be valid and applicable as long as the college-level courses of Introduction to Community Health, Interpersonal Relations, and Contemporary Health Issues are offered and/or recognized by the department. If these courses are changed or eliminated, the CCP program director and faculty liaison will work to revise the CHW Certificate Program curricula to meet any new requirements for prior learning credit.

Carmen Coballes-Vega

Dr. Carmen Coballes-Vega, Provost
& Vice President of Academic Affairs

4/30/13
Date

Carlos Molina

Dr. Carlos Molina, Vice President
of Continuing Education & Workforce Development

4/30/2013
Date

ADDENDUM 11

Sample of credits transfer to Lehman College

Lehman Undergraduate Record for Advisor Use Only

Name:

Student ID:

Student Address:

Print Date:

Other Institutions Attended:

Transfer Credit from Hostos Community College Applied Toward Undergraduate Program			
Incoming Course			
VPA 192	Fund Public Speaking	3.00	A
Transferred to Term 2014 Fall Term as			
MMS 9999	General Elective Credit	3.00	A
Incoming Course			
SPA 102	Elementary Spa II	4.00	A
Transferred to Term 2014 Fall Term as			
SPA 102	Elementary Spanish 2	4.00	A
Incoming Course			
SPA 101	Elementary Spa I	4.00	A
Transferred to Term 2014 Fall Term as			
SPA 101	Elementary Spanish 1	4.00	A
Incoming Course			
SOC 1232	Intro Sociology	3.00	A
Transferred to Term 2014 Fall Term as			
SOC 166	Fundamentals Of Sociology	3.00	A
Incoming Course			
PSY 1037	Life Span Dev. Of Be	3.00	C
Transferred to Term 2014 Fall Term as			
HIN 268	Human Growth & Devel	3.00	C
Incoming Course			
PSY 1032	General Psych	3.00	B
Transferred to Term 2014 Fall Term as			
PSY 166	General Psychology	3.00	B
Incoming Course			
MAT 105	Math For Allied Hlth	3.00	A
Transferred to Term 2014 Fall Term as			
MAT 1000	100-Level Elective	3.00	A
Incoming Course			
MAT 1682	Intro To Prob & Stat	3.00	B
Transferred to Term 2014 Fall Term as			
MAT 132	Introduction to Statistics	3.00	B
Incoming Course			
HLT 212	Bilingual Issues	3.00	A
Transferred to Term 2014 Fall Term as			
HEA 360	Sel Topics In Health	3.00	A
Incoming Course			
HLT 220	Cont Health Issues	3.00	A

Name: Sanata Diakite
Student ID: 13109844
 Transferred to Term 2014 Fall Term as
 HEA 265 Contemp Health Probs 3.00 A
 Incoming Course
 HLT 215 Nutrition 3.00 A
 Transferred to Term 2014 Fall Term as
 HSD 240 Nutrition & Health 3.00 A
 Incoming Course
 HLT 214 Substance Use & Abuse 3.00 A-
 Transferred to Term 2014 Fall Term as
 HEA 309 Alchl Tob&Othr Drugs 3.00 A-
 Incoming Course
 HLT 110 Int Community Health 3.00 A
 Transferred to Term 2014 Fall Term as
 HEA 249 Foundatns Of Hea Edu 3.00 A
 Incoming Course
 HIS 4665 Us His Reconst To Pr 3.00 B
 Transferred to Term 2014 Fall Term as
 HIS 244 Modern United States History 3.00 B
 Incoming Course
 ENG 1302 Expository Writing 3.00 B
 Transferred to Term 2014 Fall Term as
 ENG 111 English Composition I 3.00 B
 Incoming Course
 ENG 111 Literature & Composi 3.00 B
 Transferred to Term 2014 Fall Term as
 ENG 121 English Composition II 3.00 B
 Incoming Course
 CHE 105 Intro General Chem 4.50 A
 Transferred to Term 2014 Fall Term as
 CHE 114 Esstls of Gen Chemistry-Lec 3.00 A
 CHE 115 Esstls of Gen Chemistry-Lab 1.50 A
 Incoming Course
 BLS 110 African Civil. I 3.00 A-
 Transferred to Term 2014 Fall Term as
 AAS 232 African Civilizations 3.00 A-
 Incoming Course
 BIO 3906 Anat And Phy 1 4.00 A
 Transferred to Term 2014 Fall Term as
 BIO 181 Anatomy and Physiology I 4.00 A
 Incoming Course
 BIO 310 Microbiology 4.00 B
 Transferred to Term 2014 Fall Term as
 Incoming Course
 BIO 240 Anat & Physiology 2 4.00 B-
 Transferred to Term 2014 Fall Term as
 BIO 182 Anatomy and Physiology II 4.00 B-
 Incoming Course
 HLT 130 Intro To Gerontology 3.00 A-
 Transferred to Term 2014 Fall Term as
 HEA 9999 General Elective Credit 3.00 A-
 Incoming Course
 HLT 299 Field Experience 3.00 A
 Transferred to Term 2014 Fall Term as
 NLAE 9999 No Equivalent Discipline-Nlac 3.00 A

ADDENDUM 12

Pre- pathways Liberal Arts curriculum

The A.A. Liberal Arts core/general education curriculum requirement prepares students to transfer to senior colleges to continue their education within The City University of New York system. Core Components are: General Education Requirements (21-22 credits); Cluster (18 credits); and Electives/Options (20- 21 credits).

General Education Requirements (21-22 credits). The General Education Requirement (GER) is a group of lower-division courses that provide graduates of Hostos the preparation necessary to succeed in a diverse and changing work environment, and to develop as thoughtful and responsible citizens, ready to participate and contribute to their communities. These courses will introduce and educate students in fundamental areas of knowledge. All students in the Liberal Arts must take the GER.

B. Clusters 18.0 - 20.0 The courses in the clusters will provide a broad background in the liberal arts and sciences and will help students acquire skills in the disciplines they want to major when attending a senior college. All students in the liberal arts program must choose one cluster according to their academic interests. Four clusters are offered:

CLUSTER I - Communication and Cultural Skills This cluster is recommended for students interested in international studies, Computer Information Technology, Languages, Humanities, Performing Arts, and Library Sciences.

Mathematics	3.0
MAT 130 - Computer Literacy	
Health or Education	3.0
HLT; EDU	
Humanities	6.0 - 8.0
HUM; BLS; PHI; DD; LAC; VPA ; SPA; FRE; ITA .	
Behavioral & Social Sciences	3.0
(PSY; SOC; BSC; ANT; HIS; POL; ECO; SSC) English Elective	
.....	3.0
Total for Cluster I	18.0 - 20.0

CLUSTER III - Processes in Education and Health This cluster is recommended for students interested in Teacher Education and Health Education.

Behavioral & Social Sciences	9.0
(PSY; SOC; BSC; ANT; HIS; POL; ECO; SSC)	
Health OR Education.....	3.0

EDU; HLT	
Humanities	6.0 - 8.0
BLS; LAC; PHI; FRE; ITA; SPA; VPA	
Total for Cluster III	18.0 - 20.0

Electives & Options.....20.0- 21

The student may use the elective credits in any number of ways. Students may choose to take courses that interest them, or they may choose to select courses that satisfy one of the options available at Hostos. Note: at least six (6) credits of these electives must be in the area of Liberal Arts. Options: The options allow students to increase their knowledge in specialized, academic disciplines and may be used as a foundation for advanced study at a senior college.

ADDENDUM 13**Student Success Coaching Unit (SSCU) Description**

The Student Success Coaching Unit (SSCU) is an innovative academic engagement and early intervention program. We emphasize intellectual achievement and life-long learning. In the Unit you will be assigned a Coach that will guide you throughout your academic career at Hostos. Our Coaches come from unique backgrounds that we count on to enrich the unit and the experiences of our students. You will also partner with a “student cohort”. During the first year your Coach will connect you with a variety of campus resources available throughout Hostos. As you embark upon your second year your Coach will work with you regarding degree completion requirements, transfer and career planning. We look forward to your participation in the Unit.

We are located in 500 Grand Concourse, Building B room 208. The SSCU Coaches have a holistic approach to “Coaching” students and will provide comprehensive student advisement for new entry freshmen and assigned student cohorts. At SSCU, student success is our mission. Let us be part of yours!

ADDENDUM 14**Coach for Success Meeting Community Health A.S. Program (updated 5-19-2014)****CHALLENGES:**

HLT 214 and 220 are only Offered in the **Fall** (HLT 110 is prerequisite for HLT 220 & HLT 110 is pre-Coreq, for 214. *Students who missed said courses will have to wait another year to take them.*

HLT 212 Only offered in the **Spring** (HLT 110 is pre-Corequisite) *Students who missed this Spring class will have to wait another year to take it.*

HLT 299 Expected to be taken in last semester. Only Offered in the Spring (HLT 110 & ANY 2 additional HLT courses are prerequisites*). *Students who missed this Spring only class will have to wait another year to take it.*

*= Preferred HLT 214 & HLT 220 as pre-requisites

SPA usually does not work for students because few are placed in SPA 117. Please do not recommend SPA 101 or 121 as they will NOT count for Pathways. **SPA is NOT REQUIRED!**
–It is Only a recommendation.

MAT= Students who placed in 010 will have to wait to take BIO and MAT 120

STRATEGIES: Make sure students take

HLT 110 as soon as eligible.

Fall Only Courses (HLT 214 and HLT 220) when eligible.

HLT 212 Spring Only Course when eligible.

HLT 299 Spring Only Course when eligible usually in their last spring semester in the College.

Math workshops & get tutoring as needed

ENG workshops or Go for Tutoring as needed

BIO 230 free summer workshop. Fairly new option and very helpful to those who need some help before taking it, or after failing BIO 230.

Talk to the Community Health Coordinator: Iris Mercado (X-4169), or J. Preciado (X 4170).

Karen Winkler (X-4429) & Elys Vasquez (x-4160).

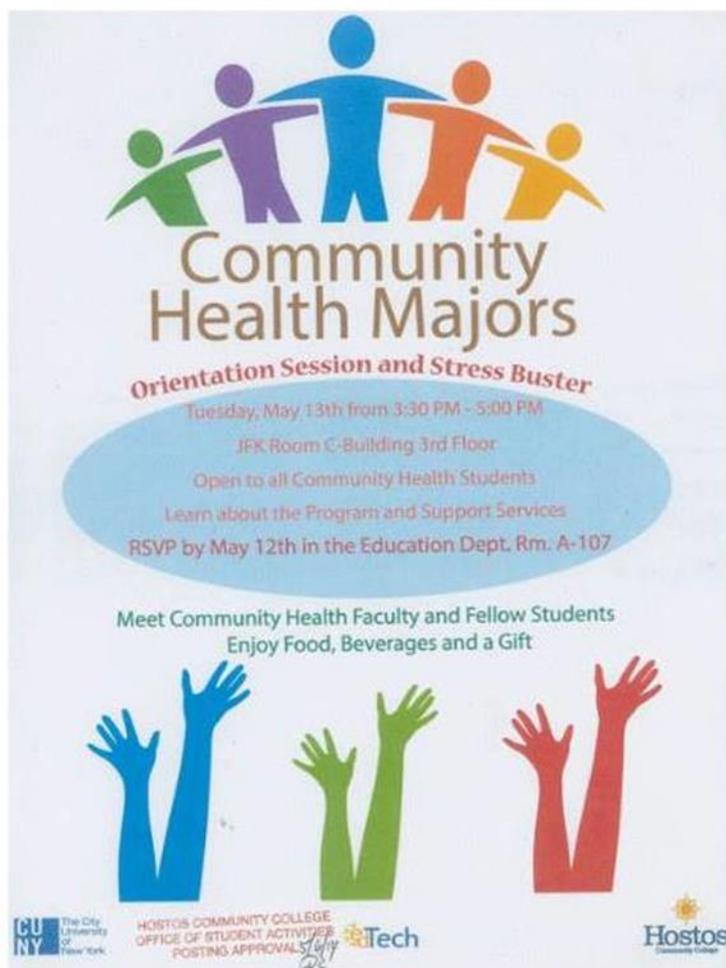
Ideal Sequence (average 15 credits per semester)

(Need at least one summer to lessen academic load or take care of developmental coursework)

Fall	Spring	Fall	Spring
HLT 110	HLT 212	HLT 214	HLT 299 (internship 90 hours. Prereq.: HLT 110 + 6 HLT crs.)
ENG 110	HLT 215	HLT 220	Second class in any CE, WC&GI, I & S, US Exp. bucket
ELECTIVE	Mat 120	BIO230	BIO 240
CE	ENG 111	WC & GI WI	I & S wi
1 cr. elective	US Exp.	Elective	Elective
Total 13	15	16	16

ADDENDUM 15

Community Health Education Orientation and stress buster session



ADDENDUM 16**Sample of a Student Club Activity****Weight of the Nation Film Festival Invitation****Date: Tuesday, November 11, 2014****Place: C-391****Time: 9:30 to 4:00**

Did you know that obesity is a leading cause of preventable illness and death in the United States? Obesity contributes to five of the ten leading causes of death in the U.S., including heart disease, type 2 diabetes, stroke, many cancers and kidney disease. With 68% of U.S. adults overweight or obese (53% in NYC, from those 62% reside in our neighborhood of the Bronx) there is no better time than now to start taking steps to reverse these trends and help improve the quality of life for everyone in our community.

On behalf of the **Student Health and Nutrition Club and the Health and Wellness Program**, I am writing to invite you and your classroom to attend our film Festival of the documentary, *THE WEIGHT OF THE NATION*. The event offers an in-depth look at obesity followed by a lively discussion about how we can work to reduce obesity rates locally (South Bronx) and nationally.

This will be an excellent opportunity for your students to learn about the obesity epidemic in the U.S. and explore ways in which they can work toward improving the health and nutrition of our community and their own. Each Film is 1 hour long. Snacks, light refreshments, raffles and giveaways will be provided.

9:30-10:45 Part 1- **Consequences**, examines the scope of the obesity epidemic and explores the serious health consequences of being overweight or obese.

11:00- 12:15 Part 2- **Choices**, compares the biological factors that affect obesity with the choices each of us can make to live healthier lives.

12:30- 1:45 Part 3- **Children in Crisis**, explores the real risks children face from carrying too much weight and discusses the tools parents need to help their kids lead healthier lives.

2:00-3:00 Part 4- **Challenges**, It examines the severity and origins of the obesity epidemic, explores the major challenges confronting people who struggle with overweight and obesity and looks at opportunities for communities to fight the epidemic.

3:00- 4:00 **Discussion** and Q&A session with quest speakers

THE WEIGHT OF THE NATION is a presentation of HBO and the Institute of Medicine (IOM), in association with the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), and in partnership with the Michael & Susan Dell Foundation and Kaiser Permanente.

I hope you are able to join us for this important Film Festival event. If you have any questions, please do not hesitate to contact me or at the Health and Wellness program- Ms. Jessica Lappe (jlappe@hostos.cuny.edu).

Sincerely,

Iris Mercado CDN EdD

Coordinator of the Health Education Unit

Advisor of the Student Health and Nutrition Club

ADDENDUM 17**Sample of Student Research Engagement****Community Health Research Project for Student Research Engagement:**

The Community Health degree program is an academic program that aims to prepare students for public service and community engagement. As such the Introduction to Community Health course is test piloting an initiative to encourage student research by having students participate in faculty research activities. This past fall of 2014, community health students collaborated with a faculty member of the Health Education Unit in co-curating an HIV/AIDS exhibit where students were required to engage in field work for data collection and identify epidemiological data pertaining to HIV/AIDS. The students developed posters where the collected data was displayed as a way to disseminate health information to a broader audience at Hostos Community College and various community based organization. Students explored various facets of the HIV epidemic and how it has become a syndemic by intertwining with other diseases and social conditions resulting in bio-psych-social consequences of disparity, discrimination and structural violence. This project provided students with an in depth understanding of the history of HIV/AIDS community activism and the current socio-epidemiological status of the disease.

ADDENDUM 18

Community Health Education brochure

See Unit's Files for hard copy of brochure

ADDENDUM 19

Transcripts of 2009-2009 Cohort of Graduates

See Unit's Files for hard copy of sample transcripts

ADDENDUM 20

Curriculum of the 15 Credit Certificate in Community Health Decertified in May 2014

**PROGRAM OF STUDY LEADING TO ACERTIFICATE IN COMMUNITY HEALTH
(Community Health Worker).**

Paraprofessionals who are not seeking an A.S degree, but want to update their skills and expand their employment opportunities may choose to seek a Community Health Worker (CHW) Certificate. The Community Health Worker Certificate could be applied towards satisfaction of College graduation requirements.

HLT 110.....	Intro to Community Health Education....	3
HLT 117.....	First Aid and Safety	2
HLT 118.....	CPR	1
HLT 212.....	Bilingual Issues in Community Health ...	3
HLT 214.....	Substance Use and Abuse	3
HLT 220.....	Contemporary Health Issues	3
Total	15

ADDENDUM 21**Samples of faculty Use of Student Evaluations in Course Improvement.****Faculty A.**

As it is reflected in the HLT 215 outcome assessment form, I continuously assess the student's work and their grades to improve the verbal and written instruction of all the work, assignments and projects required. I use Blackboard in all my courses as an alternative way to educate and engage students. Through Blackboard students can find all the materials discussed in class, study guides, text practice samples, more opportunities to communicate and get feedback among each other as well as with me.

Faculty B.

One way I have been facilitating a supportive environment for learning for my students is by collaborating with the various support service offices in ensuring that my students have knowledge and access to these services. I often witness many students' personal problems negatively affect their academic performance. By students becoming aware that their academic life is directly impacted by their personal life they begin to see the importance of asking for help. This semester I have taken the initiative to meet individually with each student I identify as having academic challenges within the first 3 weeks of the semester. By meeting with the student early in the semester an early intervention takes place that results in the student understanding the course expectations and the services available for them to meet such expectations. It also allows me to establish a positive rapport with students that traditionally struggle in courses and are unaware of the services the college offers. This approach has resulted in students feeling comfortable in approaching me with academic and career questions, which demonstrates that they are fully vested in their education. I also encourage students to take part of enrichment activities (e.g. conferences, workshops, films, clubs) offered by the college. Such activities allow students to benefit from the entire college education process that results in a well-rounded student that can navigate through diverse circumstances.

Furthermore, I continue to experiment with technology to find viable alternatives to educate, engage and retain a diverse student population. Through the use of Blackboard students are able to get real time feedback of their homework and are able to follow their progress through the electronic course grade tool on Blackboard. This has created an environment where students are actively monitoring their academic performance and are continuously engaging in virtual course content dialogue with me. Such a strategy allows me to cover more course material despite class time constraints. I have found that many of my students who were afraid of technology in the beginning of the course became one of my avid advocates for the use of technology in the classroom. Furthermore, the feedback I obtain from student evaluations has guided me in introducing technology to the classroom in an engaging manner. Student feedback has demonstrated student support for more technology in the classroom with the caveat that workshops and guidance be offered on how to use such technology. I therefore conduct technology workshops early in the semester to alleviate the anxiety felt by students towards the usage of technology in the classroom.

Lastly, I discovered that many of the strategies that I utilize in my writing intensive course were well received in my non-writing intensive courses. I strongly feel that writing is a craft that requires constant practice and monitoring. The student evaluations supported my one on one strategy of being proactive with students and ensuring that I provide them with meaningful feedback on their assignments.

Faculty C

Student evaluations provide me with feedback on what is working in my teaching, and what needs strengthening. Feedback has consistently and positively reinforced my understanding of the benefits students experience in working to build a cohesive, respectful, active, participatory classroom learning community through extensive small group and paired learning activities, as well as large group discussion. I continue to try to provide more structure for students who need it, and who occasionally note a desire for more help with “organization,” and always provide a balance of individual/group and written/oral ways to participate for those few students who express a desire for less group work. Additionally, I integrate informal student evaluations/feedback throughout the semester by asking students to do frequent, brief, in-class writing about what they’ve learned, what they want to learn, what has been meaningful to them, and what has worked or not worked for them in teaching-learning about various issues and topics. I often let students know in the next class what some of the collective questions or concerns were, and discuss my own thinking as well as how I will try to address issues raised.



ADDENDUM 22

**Graduating Student Survey**

Eugenio Maria de **Hostos Community College**
Of the City University of New York
500 Grand Concourse
Bronx, NY 10451

Health Education Unit Student Graduate Questionnaire

The purpose of this questionnaire is to collect information about our graduates. This information will help improve the services offered by the Community Health Education Program. Please note that all **your responses including your name and telephone number, will be kept confidential.**

1. Please tell us your year and month of graduation_____
2. Current employment status:
 - Full time
 - Part-Time
 - Unemployed at this time, but seeking work (**skip questions 3-5**)
 - Unemployed and not seeking employment at this time (**skip questions 3-5**)
3. If employed, is your current position in a health related job?
 - Yes
 - No, but I am looking for a position in a health related area
 - No, I don't want a position in a health related area
4. If employed, how long after graduation did it take you to obtain a health related job?
 - Within 6 months
 - Six months to one year
 - Still looking for a job in a health related field
 - Had job before graduation
5. If employed, for what kind of organization do you work?
 - Private – Not for profit
 - Private for profit
 - Educational Institution
 - Self-Employed

- Other. Specify_____
6. If you are **NOT** presently employed, please check any of the response choices that best reflect your lack of employment in a health related field. (Check all that apply).
- Continuing my College education
 - Family responsibilities
 - Lack of job opportunities in the health field
 - Salary opportunity too low
 - Poor working conditions
 - Pursuing another career
 - Other. Specify_____
7. On scale one (1) to five (5), with five (5) being the highest and one (1) being the lowest, rate the Community Health Education Program in the following areas.

As a result of my education at Hostos, I am able to:

	Strongly Agree 5	Agree 4	Somewhat Agree 3	Disagree 2	Strongly Disagree 1
Apply concepts of health promotion and prevention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply critical thinking/Problem-solving abilities effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use oral communication skills effectively with clients/patients/consumers, colleagues & supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use written communication skills effectively with clients/patients/consumers, colleagues & supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply appropriate technology to prepare and deliver health information and education services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How would you rate your overall satisfaction with the Community Health Education Program?

Very Satisfied Satisfied Somewhat Satisfied Dissatisfied Very Dissatisfied

- 5 4 3 2 1
○ ○ ○ ○ ○

9. What can we do to improve the Community Health Education Program at Hostos?

10. Please help us update our records by completing the information below.

Last Name First Name Middle Name

Address: _____

Preferred E-Mail: _____ Phone#: () _____

Best wishes for your continued succ

ADDENDUM 23

Sample of First Time Freshmen coded as “CHE”

See Unit’s Files for hard copy of transcripts

ADDENDUM 24

Curriculum Vita of Full-Time Faculty

See Unit's Files for hard copy of full-time faculty vita

ADDENDUM 25**Data Base Request for the Health Education Unit****Health Education Data Base Request**

10/16/2014 8:32 AM by HOSTOSCC\JUPHO The Community Health Education (CHE) program needs a data base which will enable us to access information on demand for all students coded as Community Health (code 31). As of now, we do not have a way to identify Community Health students in need, and could only hope that they seek our advisement and guidance. We would like to take a more proactive approach, and be able to track and assess their needs. While we can pull transcripts from CUNY first, we would like to have access to more robust data. For example, how many of students are taking the courses prescribed by the program? How many 31 coded students are not registered? How are students performing? Which courses are they falling or not doing well?

We recently conducted analysis of our graduates by manually extracting information from the transcripts of seven graduates (see attachment for details). We examined their remediation needs upon entering the program and challenging courses. We also evaluated initial enrollment and their declared majors upon entering. Seeing how many of our students switch majors, we need to know when they become Community Health students. How many credits they earned prior to becoming CHE? What was their GPA before transferring to CHE? What was their GPA at switch? How long does it take to complete the CHE once switched? How long does take to graduate since initial enrollment in the College? and finally how many students transfer to four-year institutions?

We hope that some of the information we seek could be derived through a data base for all students coded as Community Health (code 31). We will be happy to discuss our needs or clarify any issues.

View Work Order

Work Order 111797 has been submitted successfully.

ID:	111797
Call Back Number:	(718) 518-4170
Asset:	A1077F0012313 JP

Status:	Open
Summary:	The Community Health Education (CHE) program needs a d (see note).
Priority:	Planned
Type:	Database
Subtype:	Database Creation
Date Assigned*:	10/16/2014 12:07 PM
Expected Completion Date*:	