

KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York

CURRICULUM DATA TRANSMITTAL SHEET

DEPARTMENT HPER DATE 9-15-15

Title of Course or Degree: COH 1200 - Community Health Interventions

Change(s) Initiated: (Please check)

- | | |
|---|---|
| <input type="checkbox"/> Closing of Degree | <input type="checkbox"/> Change in Degree or Certificate Requirements |
| <input type="checkbox"/> Closing of Certificate | <input type="checkbox"/> Change in Degree Requirements (adding concentration) |
| <input type="checkbox"/> New Certificate Proposal | <input checked="" type="checkbox"/> Change in Pre/Co-Requisite |
| <input type="checkbox"/> New Degree Proposal | <input type="checkbox"/> Change in Course Designation |
| <input type="checkbox"/> New Course | <input type="checkbox"/> Change in Course Description |
| <input type="checkbox"/> New 82 Course | <input type="checkbox"/> Change in Course Titles, Numbers, Credits &/or Hours |
| <input type="checkbox"/> Deletion of Course | <input type="checkbox"/> Change in Academic Policy |
| <input type="checkbox"/> Other (please describe): _____ | |

PLEASE ATTACH PERTINENT MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES

I. DEPARTMENTAL ACTION

Action by Department and/or Departmental Committee, if required:

Date approved 9/17/15 Signature, Committee Chairperson: Shirley Bracco

Signature, Department Chairperson: Donald Hume

II. PROVOST ACTION

Provost to act within 30 days of receipt and forward to College-wide Curriculum Committee exercising one of the following options:

- A. Approved B. Returned to department with comments

Recommendations (if any): _____

Signature, Provost: _____ Date: _____

III. CURRICULUM SUB-COMMITTEE RECOMMENDATIONS:

- A. Approved B. Tabled (no action will be taken by Curriculum Committee)

Recommendations (if any): _____

Signature, Sub-Committee Chair: _____ Date: _____

IV. COLLEGE-WIDE CURRICULUM COMMITTEE ACTION

Committee to act within 30 days of receipt, exercising one of the following options:

- A. Approved (forwarded to Steering Committee)
B. Tabled (Department notified)
C. Not Approved (Department notified)

Signature, Chairperson of Curriculum Committee _____ Date: _____

KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York

CURRICULUM DATA TRANSMITTAL SHEET

DEPARTMENT HPER DATE 9-15-15

Title of Course or Degree: COH 1300 - Community Health Interventions

Change(s) Initiated: (Please check)

- | | |
|---|---|
| <input type="checkbox"/> Closing of Degree | <input type="checkbox"/> Change in Degree or Certificate Requirements |
| <input type="checkbox"/> Closing of Certificate | <input type="checkbox"/> Change in Degree Requirements (adding concentration) |
| <input type="checkbox"/> New Certificate Proposal | <input checked="" type="checkbox"/> Change in Pre/Co-Requisite |
| <input type="checkbox"/> New Degree Proposal | <input type="checkbox"/> Change in Course Designation |
| <input type="checkbox"/> New Course | <input type="checkbox"/> Change in Course Description |
| <input type="checkbox"/> New 82 Course | <input type="checkbox"/> Change in Course Titles, Numbers, Credits &/or Hours |
| <input type="checkbox"/> Deletion of Course | <input type="checkbox"/> Change in Academic Policy |
| <input type="checkbox"/> Other (please describe): _____ | |

PLEASE ATTACH PERTINENT MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES

I. DEPARTMENTAL ACTION

Action by Department and/or Departmental Committee, if required:

Date approved 9/17/15 Signature, Committee Chairperson: MaBracco

Signature, Department Chairperson: Ronald Stone

II. PROVOST ACTION

Provost to act within 30 days of receipt and forward to College-wide Curriculum Committee exercising one of the following options:

- A. Approved B. Returned to department with comments

Recommendations (if any): _____

Signature, Provost: _____ Date: _____

III. CURRICULUM SUB-COMMITTEE RECOMMENDATIONS:

- A. Approved B. Tabled (no action will be taken by Curriculum Committee)

Recommendations (if any): _____

Signature, Sub-Committee Chair: _____ Date: _____

IV. COLLEGE-WIDE CURRICULUM COMMITTEE ACTION

Committee to act within 30 days of receipt, exercising one of the following options:

- A. Approved (forwarded to Steering Committee)
B. Tabled (Department notified)
C. Not Approved (Department notified)

Signature, Chairperson of Curriculum Committee _____ Date: _____

KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York

CURRICULUM DATA TRANSMITTAL SHEET

DEPARTMENT HPER DATE 9-15-15

Title of Course or Degree: COH 2000 - Community Health Interventions

Change(s) Initiated: (Please check)

- | | |
|---|---|
| <input type="checkbox"/> Closing of Degree | <input type="checkbox"/> Change in Degree or Certificate Requirements |
| <input type="checkbox"/> Closing of Certificate | <input type="checkbox"/> Change in Degree Requirements (adding concentration) |
| <input type="checkbox"/> New Certificate Proposal | <input checked="" type="checkbox"/> Change in Pre/Co-Requisite |
| <input type="checkbox"/> New Degree Proposal | <input type="checkbox"/> Change in Course Designation |
| <input type="checkbox"/> New Course | <input type="checkbox"/> Change in Course Description |
| <input type="checkbox"/> New 82 Course | <input type="checkbox"/> Change in Course Titles, Numbers, Credits &/or Hours |
| <input type="checkbox"/> Deletion of Course | <input type="checkbox"/> Change in Academic Policy |
| <input type="checkbox"/> Other (please describe): _____ | |

PLEASE ATTACH PERTINENT MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES

I. DEPARTMENTAL ACTION

Action by Department and/or Departmental Committee, if required:

Date approved 9/12/15 Signature, Committee Chairperson: [Signature]

Signature, Department Chairperson: [Signature]

II. PROVOST ACTION

Provost to act within 30 days of receipt and forward to College-wide Curriculum Committee exercising one of the following options:

- A. Approved B. Returned to department with comments

Recommendations (if any): _____

Signature, Provost: _____ Date: _____

III. CURRICULUM SUB-COMMITTEE RECOMMENDATIONS:

- A. Approved B. Tabled (no action will be taken by Curriculum Committee)

Recommendations (if any): _____

Signature, Sub-Committee Chair: _____ Date: _____

IV. COLLEGE-WIDE CURRICULUM COMMITTEE ACTION

Committee to act within 30 days of receipt, exercising one of the following options:

- A. Approved (forwarded to Steering Committee)
B. Tabled (Department notified)
C. Not Approved (Department notified)

Signature, Chairperson of Curriculum Committee _____ Date: _____

**KINGSBOROUGH COMMUNITY COLLEGE OF THE CITY UNIVERSITY OF NEW YORK
DEPARTMENT OF HEALTH, PHYSICAL EDUCATION, AND RECREATION
COMMUNITY HEALTH PROGRAM**

Change in Pre/Co-requisite

A.S. in Community Health

SUBMITTED September 18, 2015

The following information is submitted as pertinent to explain and illustrate the proposed changes to our curriculum.

- 1) Department: Health, Physical Education & Recreation, Courses:
 - a. **COH 1200 – Critical Issues in Community Health** (3 credits)
 - b. **COH 1300 – Epidemiology** (3 credits)
 - c. **COH 2000 –Community Health Interventions** (3 credits)

- 2) The aforementioned courses in the Community Health program are offered to majors and non-majors as introductory exposure to the fields of community and public health. However, in order to increase the integrity of the major and to make it more attractive to four-year schools to accept all credits from the major for transfer, these courses need to have pre-requisites. This will ensure students take these main courses in the sequential order originally intended.

- 3) Currently, these courses, when completed as part of the AS degree in Community Health, transfers as an elective to York College (CUNY), Lehman College (CUNY), Brooklyn College (CUNY), and Hunter College (CUNY), as well as colleges outside of CUNY.

- 4) Bulletin descriptions (per the 2015-2016 College Catalog) shows each course description as the following:

COH 1200 – CRITICAL ISSUES IN COMMUNITY HEALTH (3 crs. 3 hrs.)

Ethical, social, legal and scientific issues underlying today's health problems. Students evaluate and relate basic health facts and concepts to critical health issues.

COH 1300 – EPIDEMIOLOGY (3 crs. 3 hrs.)

Introduction to factors which determine occurrence of disease in populations. Applies basic principles to disease prevention and health promotion at institution and community levels.

Prerequisite: A passing score on the COMPASS parts 1 and 2 or a passing grade in MAT M200.

COH 2000 – COMMUNITY HEALTH INTERVENTIONS (3 crs. 3 hrs.)

Intervention strategies that promote and protect community health, including education, outreach, community organizing, advocacy, and health

communication campaigns.

CURRENT: The most current college catalog contains course descriptions for Community Health (p. 145). Each course description (shown above) has no pre-requisite stated, except for COH 1300 (Epidemiology) which has a pre-requisite of passing developmental Math.

PROPOSED: To ensure sequential completion of the main courses in the Community Health major, we propose the following changes to the pre/co-requisites of the above courses (shown *italicized and in bold text*):

COH 1200 – CRITICAL ISSUES IN COMMUNITY HEALTH (3 crs. 3 hrs.)

Ethical, social, legal and scientific issues underlying today's health problems. Students evaluate and relate basic health facts and concepts to critical health issues.

Prerequisite/Co-requisite: COH 1100.

COH 1300 – EPIDEMIOLOGY (3 crs. 3 hrs.)

Introduction to factors which determine occurrence of disease in populations. Applies basic principles to disease prevention and health promotion at institution and community levels.

Prerequisites: COH 1200, as well as a passing score on the COMPASS parts 1 and 2 ***or successful completion of mathematics remediation.***

COH 2000 – COMMUNITY HEALTH INTERVENTIONS (3 crs. 3 hrs.)

Intervention strategies that promote and protect community health, including education, outreach, community organizing, advocacy, and health communication campaigns.

Prerequisites: COH 1200.