**GE: Health & Wellness**

**Department of Public & Community Health**

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* 1. **General Education seeks to teach broad academic skills, rather than areas of specific knowledge. For example, we want to see courses that teach skills such as analysis, critical thinking, creative thinking, teamwork, etc., rather than only specific knowledge such as how to use a budget or how to minister CPR. How does/do your course(s) meet this goal of General Education?**
* The HLTH 1100 course was revamped in the Summer of 2018, with the new hybrid and revised online course piloted in two sections in the Fall of 2018. In the Spring of 2019, there are approximately five sections of the hybrid and online courses that are being piloted by online instructors.
* The course was designed as a Modified Cafeteria Style course so students could select learning activities that are of interest to them. These assignments fall into two main categories:
	1. Interpersonal/Engagement-These assignments require interviews, discussion posts, and communicating with others
	2. Behavioral/Interactive-These assignments are more hands on and action oriented.
* The activities are designed to help students gather and analyze valid and reliable data (how to be a good consumer), interpret information, answer community related questions, and create assignments where deeper learning takes place.
* A few examples include:
	1. Evaluating Internet health information
	2. Influences of Social Media
	3. Where to find resources in the community (mental health care)
	4. Building resilience
	5. Creating a handout on campus resources
	6. Investigating end-of-life decisions and advanced directives
1. **How do you respond to the notion that students receive a sufficient amount of the content of this/these courses either in high school, other GE courses, optional seminars and resources, or in their major courses?**

Because the first question dealt with broad academic skills, Dr. Merilee Larsen compares the junior high/high school health class to a college wellness course:

* The secondary education curriculum is geared towards teenagers. There is very, very little in the curriculum that speaks to adult habits, etc... The differences between secondary health and college health is vast. For example:
* Junior/Senior School health teacher sex education - but only from the avenue of abstinence - and you only hear this if your parents "opted in" on you doing so.

***Health 1100 teaches healthy sexual responsibility including contraception.***

* Junior/Senior School health teaches avoidance of alcohol and other drugs.

***Health 1100 teaches responsible alcohol and other drug/medication use***.

* Junior/Senior School health teaches dating only.

***Health 1100 teaches the relationship spectrum from dating to marriage and touches on divorce, death of a spouse, adultery, etc.***

* Junior/Senior School health does not teach about the death and dying process beyond grieving.

***Health 1100 discusses living wills, DNR's etc.***

* Junior/Senior School health talks about suicide prevention and resiliency from the viewpoint of a teenager with the resources mainly being your parents or a school counselor.

***Health 1100 talks about suicide prevention throughout the lifespan and where and how to get resources for help as an adult.***

1. **Many/most other USHE institutions do not require this/these course(s). Why should UVU continue to do so?**
* SLCC requires a Lifelong Wellness Course to graduate
* Snow requires a Physical Education course to graduate
* Weber includes a wellness course in their “Social Sciences” portion of the GE requirement.
* 33% of the institutions of higher education in the North Central Region of the US (IA, MN, ND, SD, WI) and 25% of institutions of higher education in the Pacific Coast Region (AK, AZ, CA, HI, ID, OR, NV, UT, WA) require a personal health class to graduate (Henry, et al, 2017).
* We have several serious health issues in our communities; obesity, mental health issues, opioid addiction, suicide. Lessening health education to our community will affect the future health, medical bills, and economic security of our population. We need to focus on prevention rather than treatment. HLTH 1100 is a cost effective way of increasing the health education of our community.
* From a business perspective, an important aspect of life and the economy is individual and community health. The National Health Expenditure accounted for 17.9% of the GDP in 2016 and is expected to reach 19.3% GDP by 2023 (Centers for Medicare & Medicaid Services, 2015; Centers for Medicare & Medicaid Services, 2018, February 14). The United States spends over twice as much on health care per person compared to other developed countries, but ranks near the bottom on health outcomes such as adult obesity rates, life expectancy, and infant mortality (OECD, 2015, March 17). To improve outcomes, one of the major trends in health is preventative health or population health (Vogenberg, F.R. & Santilli, J., 2018). Providing education on all aspects of health throughout life, preventative care, and common health issues brings the greatest health benefits to the greatest number of people (Centers for Disease Control and Prevention, 2015, September 18). It teaches students to be perceptive consumers, critical thinkers of health trends, and introduces skills that will aid them in living their best life (personal, career, family, etc.).

1. **Is there anything else you would like the committee to consider?**

Requiring that every student take three science courses, but not requiring health would be a mistake. Health has the potential to affect every person, for the rest of his or her life. Students will have a more well rounded education having experienced a health course as opposed to taking another science class. For students who will not major in science (arts and humanities students especially), the over-emphasis on science at UVU may be off-putting. STEM fields are great, but they are not right for every student. For the masses, they are better off with health education than a THIRD science.

**References:**

Centers for Medicare & Medicaid Services. (2014). National health expenditure data. NHE fact sheet, 2013. Retrieved from <http://www.com.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and->

Reports/NationalHealthExpendData/NHE-Fact-Sheet.html.

Centers for Medicare & Medicaid Services. (2018, February 14). NHE fact sheet. Retrieved from <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html>

OECD. (2013). Health at a glance 2013: OECD indicators. Retrieved from <https://www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf>

Rege, A. (2018, June 18). These are the 8 most disruptive issues in healthcare. Retrieved from <https://www.beckershospitalreview.com/hospital-management-administration/these-are-the-8-most-disruptive-issues-in-healthcare.html>

University of Rochester Medical Center. (2019). Top 10 most common health issues. Retrieved from <https://www.urmc.rochester.edu/senior-health/common-issues/top-ten.aspx>

Vogenberg, F. R., & Santilli, J. (2018). Healthcare Trends for 2018. *American health & drug benefits*, *11*(1), 48-54.