



Health Sciences Programs:

Community & Public Health (B.A.)

This is the final evaluation cycle for the program. The Health Sciences majors and minors have been deleted from the institutional curriculum due to both low program enrollment, and financial constraints.

Assessed by:

Dr. Pam Hoalt
School of Nursing & Health Sciences

Date (Date/Cycle of Assessment):

October 2019 Cycle: 2018/2019

Mission Statement & Goals of the Program

The mission of Health Sciences is to prepare students to become Health Education Specialists in providing health promotion and education in the Malone Community, in the local community, and in the global community. The goal is to promote preventative healthy lifestyles for all populations by informing and serving others through the professional practices of health education.

Student Learning Outcomes (7 National Responsibilities for Health Education Specialists)

- Assess needs, resources & capacity for health education/promotion & plan health education/promotion
- Implement health education/promotion & conduct evaluation and research related to health education/promotion
- Administer & manage health education/promotion & serve as a health education/promotion resource person
- Communicate, promote & advocate for health, health education/promotion and the profession

Program Intended Learning Outcomes (PILO)	Means of Program Assessment & Criteria for Success	Summary of Collected Data	Strengths & Weaknesses
<p>PILO #1</p> <p>#1 a) Assess needs, assets & capacity for health education/promotion, and plan health education/promotion</p> <p>#1 b) Students will score close to the mean score in Higher Order Learning when compared CCCU Schools</p>	<p>PILO #1</p> <p>A) National Certified Health Education Specialist Examination (CHES)</p> <p>b) Supervisor Evaluation of Student Health Educators</p> <p>c) Student Intern/Educator Senior Exit Survey</p> <p>d) National Survey of Student Engagement (NSSE):</p> <ul style="list-style-type: none"> • Higher Order Learning <p>Relationship to Themes (Visible/Viable/Vibrant) & Objectives</p> <p>VISIBLE</p> <p>a) Student Stakeholders = Increase awareness</p> <p>b) Internal Process = Develop marketing focus</p> <p>c) Organizational capacity = Clarify brand promise</p> <p>VIABLE</p>	<p>PILO #1</p> <p>A) CHES Examination: No undergraduate students took the CHES Examination in the April 2019 test cycle. Those taking the CHES took it during grad school, thus the grad school attended gets credit and score results.</p> <p>Assessing Needs, Resources & Capacity: Malone = NA National Average = NA</p> <p>Plan Health Education/Promotion: Malone = NA National Average = NA</p> <p>B) Supervisor Evaluation: Students are competent in assessment of needs, resources, & capacity for health education/promotion (3.10) and planning health education/promotion (3.02). Scores are .67 & .78 respectively lower than last year, but remain in the competent range (3.00).</p>	<p>PILO #1</p> <p>A) CHES EXAMINATION: No results.</p> <p>B) & C) RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY: Results of both evaluations continues to reinforce the curriculum is strong, and prepares students for entry level positions in Community & Public Health Promotion. Students were ranked higher by supervisors in assessing needs, assets & capacity for health education/promotion and planning health education/promotion in the goal of the competent score (3.00). Seniors rated themselves lower on the same items, placing them slightly lower than the competent score (3.00).</p> <p>NOTE: It is important to note that for the 3 senior interns this academic cycle, individual GPAs were below 3.0 which may account for lower survey scores than the previous years.</p> <p>D: NSSE 2019 data not available for comparison.</p> <p>E: ADDITIONAL INFORMATION</p>

	<p>a) Financial resources = Optimize return on investment</p> <p>VIBRANT</p> <p>a) Student stakeholders = Advance learning outcomes</p> <p>b) Financial resources = Align resources with priorities</p> <p>c) Organization capacity = Develop a student centered culture</p>	<p>C) Senior Exit Survey: Students think they are competent in assessment of needs, resources, & capacity for health education/promotion (2.94) and planning health education/promotion (2.83). Scores are .38 & .28 lower respectively than last year, but are close to the competent range (3.00).</p> <p>d) NSSE: Higher Order Learning</p> <p>First Year Mean: 2014 Malone = 36.5 CCCU = 38.9 NSSE = 40.6</p> <p>Senior Year Mean: 2014 Malone = 42.3 CCCU = 42.0 NSSE = 43.3</p>	<p>The following changes were approved by the School of Nursing and Health and by the Full Faculty, but were held from the catalog and never implemented because the major/minor in Community & Public Health, and minors in Health Behavior and School Health were deleted from the Academic Curriculum, September 2019.</p> <p>1) Curriculum Changes in the Health Sciences</p> <p>Formative Wheel Spring 2018:</p> <p>The following changes in the Health Sciences curriculum was approved by the Faculty:</p> <p>a) BIOL 371 – Microbiology to replace HED 342 – Intro to Disease & Illness to strengthen both the undergraduate curriculum, and preparation for graduate school.</p> <p>b) Compressing HED 435 – Strategies & Practices (3) and HED 431 – Program Planning and Evaluation (3 hrs) into 1 course: HED - Strategies, Programming & Evaluation (3 hrs). There was a 50 % overlap of material between courses. Compression allowed for a coordinated approach of overlapping material, and integration of new material between courses. New text books are also compressing the material into one course.</p>
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			<p>c) Addition of HED 4xx – Public Health Emergency Preparedness & Management (3 hrs).</p> <p>Rationale:</p> <p>SOCIETY FOR PUBLIC HEALTH EDUCATION (www.sophe.org) “SOPHE recommends maximizing the collective impact of the public and private sectors to promote health:</p> <p>Public Health Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention</p> <p>Ready or Not? Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism – The Robert Wood Johnson Foundation (www.rwjf.org):</p> <p>The U.S. public health system is responsible for protecting the American people from a range of potential health threats. An all-hazards public health system is one that is able to respond to and protect citizens from the full spectrum of possible public health emergencies, including bioterrorism and naturally occurring health threats. An all-hazards system recognizes that preparing for one threat can have benefits that will help prepare public health departments for all potential threats.</p>
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			<p>2) Increased Field Work Opportunities for Majors & Minors (to strengthen the areas of assessment and planning):</p> <p>a) students participated in a fundraiser, to work on networking in social settings</p> <p>b) students had the experience of participating in “Build a Better Block District” for the city of Canton. They learned how interact with multiple health agencies and organizations and their personnel, volunteers, and with residents of Canton to improve access to health in one city block.</p> <p>c) students participated in the Annual Stark County Health Summit and had the opportunity to see the collective agencies that are involved in addressing the health needs of the citizens of Stark County. They were responsible for conducting the evaluation of the event by interviewing residents who attended.</p>
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Program Intended Learning Outcomes (PILO)	Means of Program Assessment & Criteria for Success	Summary of Collected Data	Strengths & Weaknesses
<p>PILO #2</p> <p>#2 a) Implement health education/promotion, and conduct evaluation & research related to health education/promotion</p> <p>#2 b) Students will score close to the mean score in Quantitative Reasoning when compared CCCU Schools</p>	<p>PILO #2</p> <p>a) National Certified Health Education Specialist Examination (CHES)</p> <p>b) Supervisor Evaluation of Student Health Educators</p> <p>c) Student Intern/Educator Senior Exit Survey</p> <p>d) National Survey of Student Engagement (NSSE):</p> <ul style="list-style-type: none"> • Quantitative Reasoning <p>Relationship to Themes (Visible/Viable/Vibrant) & Objectives</p> <p>VISIBLE</p> <p>a) Student Stakeholders = Increase awareness</p> <p>b) Internal Process = Develop marketing focus</p> <p>c) Organizational capacity = Clarify brand promise</p> <p>VIABLE</p>	<p>PILO #2</p> <p>A) CHES Examination: No undergraduate students took the CHES Examination in the April 2019 test cycle. Those taking the CHES took it during grad school, thus the grad school attended gets credit and score results.</p> <p>Implementation: Malone = NA National Average = NA</p> <p>Conducting Evaluation & Research: Malone = NA National Average = NA</p> <p>B) Supervisor Evaluation: Students are competent implementing health education/promotion (3.06) & in conducting evaluation & research (3.27). Scores in implementation are .69 & .55 lower respectively than last year, but remain in the competent range (3.00).</p>	<p>PILO #2</p> <p>A) CHES Examination: No results.</p> <p>B) & C) RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY: Results of both evaluations continues to reinforce the curriculum is strong, and prepares students for entry level positions in Community & Public Health Promotion. Students were ranked higher by supervisors in implementing health education/promotion and conducting evaluation & research in the goal of the competent score (3.00). Seniors rated themselves lower on the same items, placing them lower than the competent score (3.00).</p> <p>Note: It is important to note that for the 3 senior interns this academic cycle, individual GPAs were below 3.0 which may account for lower survey scores than the previous years.</p> <p>D) NSSE: 2019 data not available for comparison.</p>

	<p>a) Student Stakeholders = Diversify & increase revenue</p> <p>b) Financial resources = Optimize return on investment</p> <p>c) Organizational capacity = Build strategic financial understanding</p> <p>VIBRANT</p> <p>a) Student stakeholders = Advance learning outcomes</p> <p>b) Financial resources = Align resources with priorities</p> <p>c) Organization capacity = Develop a student centered culture</p>	<p>C) Senior Exit Survey: Students think they are somewhat competent implementing health education/promotion (2.43) & in conducting evaluation & research (2.63). Scores are .64 & .50 lower respectively than last year, but are moving toward the competent range (3.00).</p> <p>D) NSSE: Quantitative Reasoning</p> <p>First Year Mean: 2014 Malone = 23.5 CCCU = 24.7 NSSE = 28.8</p> <p>Senior Year Mean: 2014 Malone = 25.3 CCCU = 27.7 NSSE = 31.3</p>	<p>E: ADDITIONAL INFORMATION</p> <p>The following changes were approved by the School of Nursing and Health and by the Full Faculty, but were held from the catalog and never implemented because the major/minor in Community & Public Health, and minors in Health Behavior and School Health were deleted from the Academic Curriculum, September 2019.</p> <p>1) Curriculum Changes in the Health Sciences</p> <p>Formative Wheel Spring 2018:</p> <p>The following changes in the Health Sciences curriculum was approved by the Faculty:</p> <p>a) BIOL 371 – Microbiology to replace HED 342 – Intro to Disease & Illness to strengthen both the undergraduate curriculum, and preparation for graduate school.</p> <p>b) Compressing HED 435 – Strategies & Practices (3) and HED 431 – Program Planning and Evaluation (3 hrs) into 1 course: HED - Strategies, Programming & Evaluation (3 hrs). There was a 50 % overlap of material between courses. Compression allowed for a coordinated approach of overlapping material, and integration of new material between courses. New text books are also compressing the material into one course.</p>
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			<p>c) Addition of HED 4xx – Public Health Emergency Preparedness & Management (3 hrs).</p> <p>Rationale:</p> <p>SOCIETY FOR PUBLIC HEALTH EDUCATION (www.sophe.org) “SOPHE recommends maximizing the collective impact of the public and private sectors to promote health:</p> <p>Public Health Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention</p> <p>Ready or Not? Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism – The Robert Wood Johnson Foundation (www.rwjf.org):</p> <p>The U.S. public health system is responsible for protecting the American people from a range of potential health threats. An all-hazards public health system is one that is able to respond to and protect citizens from the full spectrum of possible public health emergencies, including bioterrorism and naturally occurring health threats. An all-hazards system recognizes that preparing for one threat can have benefits that will help prepare public health departments for all potential threats.</p>
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			<p>2) Increased Field Work Opportunities for Majors & Minors (to strengthen the areas of implementation and conducting research and evaluation):</p> <p>a) students participated in a fundraiser, to work on networking in social settings</p> <p>b) students had the experience of participating in “Build a Better Block District” for the city of Canton. They learned how interact with multiple health agencies and organizations and their personnel, volunteers, and with residents of Canton to improve access to health in one city block. They were responsible for conducting the evaluation of the event by interviewing residents who attended.</p> <p>c) students participated in the Annual Stark County Health Summit and had the opportunity to see the collective agencies that are involved in addressing the health needs of the citizens of Stark County.</p>
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Program Intended Learning Outcomes (PILO)	Means of Program Assessment & Criteria for Success	Summary of Collected Data	Strengths & Weaknesses
<p>PILO #3)</p> <p>#3 a) Administer & manage health education/promotion, and serve as a health education/promotion resource person</p> <p>#3 b) Students will score close to the mean score Collaborative Learning and Reflective & Integrative Learning when compared CCCU Schools</p>	<p>PILO #3</p> <p>a) National Certified Health Education Specialist Examination (CHES)</p> <p>b) Supervisor Evaluation of Student Health Educators</p> <p>c) Student Intern/ Educator Senior Exit Survey</p> <p>d) National Survey of Student Engagement (NSSE):</p> <ul style="list-style-type: none"> • Collaborative Learning • Reflective & Integrative Learning <p>Relationship to Themes (Visible/Viable/Vibrant) & Objectives</p> <p>VISIBLE</p> <p>a) Student Stakeholders = Increase awareness</p> <p>b) Financial resources = Invest in marketing expertise</p> <p>c) Internal Process = Develop marketing focus</p>	<p>PILO #3</p> <p>A) CHES Examination: No undergraduate students took the CHES Examination in the April 2019 test cycle. Those taking the CHES took it during grad school, thus the grad school attended gets credit and score results.</p> <p>Administering & Managing Health Education/Promotion Malone = NA National Average = NA</p> <p>Serve as a Health Education/Promotion Resource Person: Malone = National Average =</p> <p>B) Supervisor Evaluation: Students are competent in administering & managing health education/promotion (3.08) & serving as a health education/promotion resource person (3.00). Scores are .67 & .94 lower respectively than the previous year but remain in the competent range (3.00).</p>	<p>PILO #3</p> <p>A) CHES Examination: No results.</p> <p>B) & C) RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY: Results of both evaluations continues to reinforce the curriculum is strong, and prepares students for entry level positions in Community & Public Health Promotion. Students were ranked high by supervisors Students were ranked in the goal of the competent score (3.00) in administering & managing health education/promotion and serving as a health education/promotion resource person. Seniors rated themselves slightly higher on Administering & Managing health education/promotion placing them slightly above the competent score (3.00) and rated themselves slightly lower on serving as a resource person, placing them slightly lower than the competent score (3.00).</p> <p>Note: It is important to note that for the 3 senior interns this academic cycle, individual GPAs were below 3.0 which may account for lower survey scores than the previous years.</p>

	<p>d) Organizational capacity = Clarify brand promise</p> <p>VIABLE</p> <p>a) Student Stakeholders = Diversify & increase revenue</p> <p>b) Financial resources = Optimize return on investment</p> <p>c) Organizational capacity = Build strategic financial understanding</p> <p>VIBRANT</p> <p>a) Student stakeholders = Advance learning outcomes</p> <p>b) Financial resources = Align resources with priorities</p> <p>c) Organizational capacity = Develop a student centered culture</p>	<p>C) Senior Exit Survey: Students think they are competent in administering & managing health education/promotion (3.13) & serving as a health education/promotion resource person (2.93). Scores are slightly higher (.09) than last year in administering and managing, and remain in the competent range (3.00). Scores in serving as a resource person are .63 lower than last year and are close to the competent range (3.00).</p> <p>D) NSSE: Collaborative Learning</p> <p>First Year Mean: 2014 Malone = 34.9 CCCU = 33.2 NSSE = 34.7</p> <p>Senior Year Mean: 2014 Malone = 33.7 CCCU = 32.7 NSSE = 35.4</p> <p>Reflective & Integrative Learning</p>	<p>D) NSSE: 2019 data not available for comparison.</p> <p>E: ADDITIONAL INFORMATION</p> <p>The following changes were approved by the School of Nursing and Health and by the Full Faculty, but were held from the catalog and never implemented because the major/minor in Community & Public Health, and minors in Health Behavior and School Health were deleted from the Academic Curriculum, September 2019.</p> <p>1) Curriculum Changes in the Health Sciences</p> <p>Formative Wheel Spring 2018:</p> <p>The following changes in the Health Sciences curriculum was approved by the Faculty:</p> <p>a) BIOL 371 – Microbiology to replace HED 342 – Intro to Disease & Illness to strengthen both the undergraduate curriculum, and preparation for graduate school.</p> <p>b) Compressing HED 435 – Strategies & Practices (3) and HED 431 – Program Planning and Evaluation (3 hrs) into 1 course: HED - Strategies, Programming & Evaluation (3 hrs). There was a 50 % overlap of material between courses. Compression allowed for</p>
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		<p>First Year Mean: 2014 Malone = 35.4 CCCU = 36.6 NSSE = 37.3</p> <p>Senior Year Mean: 2014 Malone = 39.9 CCCU = 40.9 NSSE = 41.1</p>	<p>a coordinated approach of overlapping material, and integration of new material between courses. New text books are also compressing the material into one course.</p> <p>c) Addition of HED 4xx – Public Health Emergency Preparedness & Management (3 hrs).</p> <p>Rationale:</p> <p>SOCIETY FOR PUBLIC HEALTH EDUCATION (www.sophe.org) “SOPHE recommends maximizing the collective impact of the public and private sectors to promote health:</p> <p>Public Health Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention</p> <p>Ready or Not? Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism – The Robert Wood Johnson Foundation (www.rwjf.org):</p> <p>The U.S. public health system is responsible for protecting the American people from a range of potential health threats. An all-hazards public health system is one that is able to respond to and protect citizens from the full spectrum of possible public health emergencies, including bioterrorism and naturally occurring health threats. An all-hazards system recognizes that</p>
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			<p>preparing for one threat can have benefits that will help prepare public health departments for all potential threats.</p> <p>2) Increased Field Work Opportunities for Majors & Minors (to strengthen the areas of administrating and managing, and serving as a resource person:</p> <p>a) students participated in a fundraiser, to work on networking in social settings</p> <p>b) students had the experience of participating in “Build a Better Block District” for the city of Canton. They learned how interact with multiple health agencies and organizations and their personnel, volunteers, and with residents of Canton to improve access to health in one city block. They were responsible for conducting the evaluation of the event by interviewing residents who attended.</p> <p>c) students participated in the Annual Stark County Health Summit and had the opportunity to see the collective agencies that are involved in addressing the health needs of the citizens of Stark County.</p>
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Program Intended Learning Outcomes (PILO)	Means of Program Assessment & Criteria for Success	Summary of Collected Data	Strengths & Weaknesses
<p>PILO #4</p> <p>#4 a) Communicate & advocate for health and health education</p> <p>#4 b) Students will score close to the mean score Student Faculty Interaction and Collaborative Learning when compared CCCU Schools</p>	<p>PILO #4</p> <p>a) National Certified Health Education Specialist Examination (CHES)</p> <p>b) Supervisor Evaluation of Student Health Educators</p> <p>c) Student Intern/ Educator Senior Exit Survey</p> <p>d) National Survey of Student Engagement (NSSE):</p> <ul style="list-style-type: none"> • Student Faculty Interaction • Collaborative Learning <p>Relationship to Themes (Visible/Viable/Vibrant) & Objectives</p> <p>VISIBLE</p> <p>a) Student Stakeholders = Increase awareness</p> <p>b) Financial resources = Invest in marketing expertise</p> <p>c) Internal Process = Develop marketing focus</p>	<p>PILO #4</p> <p>A) CHES Examination: No undergraduate students took the CHES Examination in the April 2019 test cycle. Those taking the CHES took it during grad school, thus the grad school attended gets credit and score results.</p> <p>Communicate, Promote & Advocate: Malone = NA National Average = NA</p> <p>B) Supervisor Evaluation: Students are competent in communicate, promote & advocate for health education/promotion (3.21). Scores are .45 lower than last year, but remain in the competent range (3.00).</p> <p>C) Senior Exit Survey: Students think they are competent in communicate, promote & advocate for health education (2.67). Scores are .49 lower than last year, but are moving toward the competent range (3.00).</p>	<p>PILO #4</p> <p>A) CHES Examination: No results.</p> <p>B) & C) RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY: Results of both evaluations continues to reinforce the curriculum is strong, and prepares students for entry level positions in Community & Public Health Promotion. Students were ranked higher by supervisors in communicate, promote & advocate for health education/promotion in the competent score (3.00) and Seniors rated themselves lower on the same item, placing them slightly lower than the competent score (3.00).</p> <p>Note: It is important to note that for the 3 senior interns this academic cycle, individual GPAs were below 3.0 which may account for lower survey scores than the previous years.</p> <p>D: NSSE: 2019 data not available for comparison.</p>

	<p>d) Organizational capacity = Clarify brand promise</p> <p>VIABLE</p> <p>a) Student Stakeholders = Diversify & increase revenue</p> <p>b) Financial resources = Optimize return on investment</p> <p>c) Organizational capacity = Build strategic financial understanding</p> <p>VIBRANT</p> <p>a) Student stakeholders = Advance learning outcomes</p> <p>b) Financial resources = Align resources with priorities</p> <p>c) Organizational capacity = Develop a student centered culture</p>	<p>D) NSSE:</p> <p>Student-Faculty Interaction</p> <p>First Year Mean: 2014 Malone = 21.8 CCCU = 20.1 NSSE = 23.3</p> <p>Senior Year Mean: 2014 Malone = 24.1 CCCU = 25.1 NSSE = 29.5</p> <p>Collaborative Learning</p> <p>First Year Mean: 2014 Malone = 34.9 CCCU = 33.2 NSSE = 34.7</p> <p>Senior Year Mean: 2014 Malone = 33.7 CCCU = 32.7 NSSE = 35.4</p>	<p>E: ADDITIONAL INFORMATION</p> <p>The following changes were approved by the School of Nursing and Health and by the Full Faculty, but were held from the catalog and never implemented because the major/minor in Community & Public Health, and minors in Health Behavior and School Health were deleted from the Academic Curriculum, September 2019.</p> <p>1) Curriculum Changes in the Health Sciences</p> <p>Formative Wheel Spring 2018:</p> <p>The following changes in the Health Sciences curriculum was approved by the Faculty:</p> <p>a) BIOL 371 – Microbiology to replace HED 342 – Intro to Disease & Illness to strengthen both the undergraduate curriculum, and preparation for graduate school.</p> <p>b) Compressing HED 435 – Strategies & Practices (3) and HED 431 – Program Planning and Evaluation (3 hrs) into 1 course: HED - Strategies, Programming & Evaluation (3 hrs). There was a 50 % overlap of material between courses. Compression allowed for a coordinated approach of overlapping material, and integration of new material between courses. New text books are also compressing the material into one course.</p>
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			<p>c) Addition of HED 4xx – Public Health Emergency Preparedness & Management (3 hrs).</p> <p>Rationale:</p> <p>SOCIETY FOR PUBLIC HEALTH EDUCATION (www.sophe.org) “SOPHE recommends maximizing the collective impact of the public and private sectors to promote health:</p> <p>Public Health Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention</p> <p>Ready or Not? Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism – The Robert Wood Johnson Foundation (www.rwjf.org):</p> <p>The U.S. public health system is responsible for protecting the American people from a range of potential health threats. An all-hazards public health system is one that is able to respond to and protect citizens from the full spectrum of possible public health emergencies, including bioterrorism and naturally occurring health threats. An all-hazards system recognizes that preparing for one threat can have benefits that will help prepare public health departments for all potential threats.</p>
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			<p>2) Increased Field Work Opportunities for Majors & Minors (to strengthen the areas of communicate, advocate and promote:</p> <p>a) students participated in a fundraiser, to work on networking in social settings</p> <p>b) students had the experience of participating in “Build a Better Block District” for the city of Canton. They learned how interact with multiple health agencies and organizations and their personnel, volunteers, and with residents of Canton to improve access to health in one city block. They were responsible for conducting the evaluation of the event by interviewing residents who attended.</p> <p>c) students participated in the Annual Stark County Health Summit and had the opportunity to see the collective agencies that are involved in addressing the health needs of the citizens of Stark County.</p>
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**National Certified Health Education Specialist Exam
(CHES #4)**

	2019		2018		2017		2016	
	(n=0)		(n=0)		(n=0)		(n=2)	
	Mean		Mean		Mean		Mean	
	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>
Responsibility I							14.91	18.67
Responsibility II							16.82	19.00
Responsibility III							27.61	34.33
Responsibility IV							8.91	10.67
Responsibility V							12.33	17.33
Responsibility VI							8.98	11.00
Responsibility VII							12.52	16.00

Total Score	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>
							102.07	127.00
Pass Rate (%)							61.07	100.00

Nat = National
 MU = Malone University

Average on “Overall Responsibility” – Supervisor Evaluation of Student Health Educators (CHES #4)

Please rank the Student Health Educator on the 7 National Responsibilities identified below. Please circle the appropriate response using the scales provided.

Responsibility	Not Competent 1 2		Very Competent 3 4		Not Observed 0		2019 (n=3)		2018 (n=9)		2017 (n=2)	
	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD
I							3.10	.31	3.77	.42	3.93	.25
II							3.02	.15	3.80	.41	3.97	.18
III							3.06	.24	3.75	.44	3.93	.26
IV							3.27	.47	3.82	.39	3.82	.40
V							3.08	.28	3.75	.44	3.92	.28
VI							3.00	.00	3.94	.24	3.60	.52
VII							3.21	.41	3.66	.48	3.90	.30

AREAS OF RESPONSIBILITIES: The entry-level health educator, working with individuals, groups, and organizations is responsible for:

- I: Assess needs, resources & capacity for health education/promotion**
- II: Plan health education/promotion**
- III: Implement health education/promotion**
- IV: Conduct evaluation & research related to health education/promotion**
- V: Administer & manage health education/promotion**
- VI: Serve as a health education/promotion resource person**
- VII: Communicate, promote & advocate for health & health education/promotion and the profession**

Average on “Overall” Responsibility – Student Intern/Educator Senior Exit Survey (CHES #4)

Please rank yourself as a Student Health Educator on the 7 National Responsibilities identified below. Please circle the appropriate response using the scales provided.

Responsibility	Not Competent		Very Competent		Not Observed		2019 (n=3)		2018 (n=)		2017 (n=3)	
	1	2	3	4	0		\bar{X}	SD	\bar{X}	SD	\bar{X}	SD
I							2.94	.96	3.32	.75	3.46	.54
II							2.83	.74	3.11	.73	3.52	.59
III							2.43	.77	3.07	.70	3.51	.51
IV							2.63	.84	3.13	.69	3.41	.50
V							3.13	.65	3.04	.77	3.39	.63
VI							2.93	.89	3.56	.50	3.40	.51
VII							2.67	.89	3.16	.73	3.37	.59

RESPONSIBILITIES: The entry-level health educator, working with individuals, groups, and organizations is responsible for:

- I: Assess needs, resources & capacity for health education/promotion
- II: Plan health education/promotion
- III: Implement health education/promotion
- IV: Conduct evaluation & research related to health education/promotion
- V: Administer & manage health education/promotion
- VI: Serve as a health education/promotion resource person
- VII: Communicate, promote & advocate for health & health education/promotion and the profession