



Health Sciences Programs:

Community & Public Health (B.A.)

Assessed by:

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School of Nursing & Health Sciences

Date (Date/Cycle of Assessment):

October 2016 Cycle: 2015/2016

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, assets & capacity for health education, and plan health education
- Implement health education, and conduct evaluation & research related to health education
- Administer & manage health education, and serve as a health education resource person
- Communicate & advocate for health and health education

Program Intended Learning Outcomes (PILO)	Means of Program Assessment & Criteria for Success	Summary of Collected Data	Strengths & Weaknesses
<p>PILO #1</p> <p>#1) Assess needs, assets & capacity for health education, and plan health education</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) OAE Health Education Teacher Licensure Examination</p> <p>e) 7 Year External Review Report</p> <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>PILO #1</p> <p>a) CHES Examination: Zero students took the CHES Examination in the April/October 2015 test cycle.</p> <p>Assessing Needs, Assets & Capacity: Malone = National Average =</p> <p>Plan Health Education: Malone = National Average =</p> <p>b) Supervisor Evaluation: Students are competent in both assessing needs, assets & capacity (3.73) and planning health education (3.67). Scores are similar to previous year.</p> <p>c) Senior Exit Survey: Students think they are competent in assessing needs, assets & capacity (3.16) and planning health</p>	<p>PILO #1</p> <p>A: CHES EXAMINATION:</p> <p>Future: HED 435 – Strategies & Practices in Health Promotion was added to the curriculum in to strengthen this area. Students who will take the CHES Examination in the future cycles will have had this additional course.</p> <p>B & C: RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY indicate a strong curriculum that well prepares students for entry level positions in Community & Public Health Promotion. Students were ranked high by supervisors in assessing needs, assets & capacity and planning health education. Seniors rated themselves somewhat lower on the same items. The addition of HED 435 – Strategies & Practices in Health Promotion has kept Supervisor Evaluations & Student Exit Surveys stable in terms of</p>

	<p>c) Organizational capacity = Clarify brand promise</p> <p>VIABLE</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>education (3.07). Scores are somewhat lower than last year on assessing needs, assets & capacity.</p> <p>d) OAE Health Education Teacher Licensure Examination Zero students took the Examination in the 2015-16 cycle.</p> <p>Needed score = 220</p> <p>Malone Ave =</p>	<p>assessing needs and planning health education programs.</p> <p>D: OAE – Health Education Teacher Licensure Examination</p> <p>E. EXTERNAL REVIEW (7 YEAR) Requesting space for health instruction classroom to provide students with hand-on teaching/presentation experience.</p> <p>ADDITIONAL INFORMATION</p> <p>1) Curriculum Changes in the Health Sciences</p> <p>Formative Wheel: A curriculum proposal for Health Sciences was presented in the formative wheel process and passed with a faculty vote to change the name of the major and 1 minor to Community & Public Health. This is in keeping with the new trends in the field, and to have visible a major name that is familiar among most universities in offering the discipline.</p> <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>
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			<p>b) students had the experience of participating in a Wellness fair, and learning how to facilitate a table with various an educational displays related to health</p> <p>c) students participated in the 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 #2</p> <p>2) Implement health education, and conduct evaluation & research related to health education</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) OAE Health Education Teacher Licensure Examination</p> <p>e) 7 Year External Review Report</p> <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>PILO #2</p> <p>a) CHES Examination: Zero students took the CHES Examination in the April/October 2015 test cycle.</p> <p>Implementation: Malone = National Average =</p> <p>Conducting Evaluation & Research: Malone = 11.60 National Average = 13.97</p> <p>b) Supervisor Evaluation: Students are competent in implementing health education (3.66) & in conducting evaluation & research (3.88). Scores in implementation are similar to previous year, and conducting research are higher than last.</p> <p>c) Senior Exit Survey: Students think they are competent in implementing health education (3.01) & in conducting evaluation & research (2.96). Scores are somewhat on implementing health</p>	<p>PILO #2</p> <p>A: CHES Examination:</p> <p>Future: HED 435 – Strategies & Practices in Health Promotion was added to the curriculum in to strengthen this area. Students who will take the CHES Examination in the future cycles will have had this additional course.</p> <p>B & C: RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY indicate a strong curriculum that well prepares students for entry level positions in Community & Public Health Promotion. Students were ranked high by supervisors in implementing health education and conducting evaluation & research. Seniors rated themselves somewhat lower on the same items. The addition of HED 435 – Strategies & Practices in Health Promotion has kept Supervisor Evaluations & Student Exit Surveys stable in terms of implementing health education and conducting evaluation and research.</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) Organization capacity = Develop a student centered culture</p>	<p>education and lower than last year on conducting evaluation & research.</p> <p>d) OAE Health Education Teacher Licensure Examination. Zero students took the Examination in the 2015-16 cycle.</p> <p>Needed score = 220</p> <p>Malone Ave =</p>	<p>D: E. OAE – Health Education Teacher Licensure Examination</p> <p>.</p> <p>F. EXTERNAL REVIEW (7 YEAR)</p> <p>Requesting space for health instruction classroom to provide students with hand-on teaching/presentation experience which will strengthen implementation and evaluation & research skills.</p> <p>ADDITIONAL INFORMATION</p> <p>1) Curriculum Changes in the Health Sciences</p> <p>Formative Wheel: A curriculum proposal for Health Sciences was presented in the formative wheel process and passed with a faculty vote to change the name of the major and 1 minor to Community & Public Health. This is in keeping with the new trends in the field, and to have visible a major name that is familiar among most universities in offering the discipline.</p> <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</p>
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			<p>in social settings</p> <p>b) students had the experience of participating in a Wellness fair, and learning how to facilitate a table with various an educational displays related to health</p> <p>c) students participated in the 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) Administer & manage health education, and serve as a health education resource person</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) OAE Health Education Teacher Licensure Examination</p> <p>e) 7 Year External Review Report</p> <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>d) Organizational capacity = Clarify brand promise</p>	<p>PILO #3</p> <p>a) CHES Examination: Zero students took the CHES Examination in the April/October 2015 test cycle.</p> <p>Administering & Managing Health Malone = National Average =</p> <p>Serve as a Resource: Malone = National Average =</p> <p>b) Supervisor Evaluation: Students are competent in administering & managing health education (3.50) & serving as a health education resource person (3.50). Scores in administering are similar to the previous year, and conducting research are higher than last.</p> <p>c) Senior Exit Survey: Students think they are competent in administering & managing health education (3.14) & serving as a health resource person (3.11). Scores on administering are</p>	<p>A: CHES Examination:</p> <p>Future: HED 435 – Strategies & Practices in Health Promotion was added to the curriculum in to strengthen this area. Students who will take the CHES Examination in the future cycles will have had this additional course.</p> <p>B & C: RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY indicate a strong curriculum that well prepares students for entry level positions in Community & Public Health Promotion. Students were ranked high by supervisors in administering & managing health education and serving as a health education resource person. Seniors rated themselves somewhat lower on the same items. The addition of HED 435 – Strategies & Practices in Health Promotion has kept Supervisor Evaluations & Student Exit Surveys stable in terms of administering and managing health education and serving as a resource person.</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>somewhat lower than last year.</p> <p>d) OAE Health Education Teacher Licensure Examination Zero students took the Examination in the 2015-16 cycle.</p> <p>Needed score = 220</p> <p>Malone Ave =</p>	<p>D: OAE – Health Education Teacher Licensure Examination</p> <p>F. EXTERNAL REVIEW (7 YEAR) Requesting space for health instruction classroom to provide students with hand-on teaching/presentation experience which will strengthen implementation and evaluation & research skills.</p> <p>ADDITIONAL INFORMATION</p> <p>1) Curriculum Changes in the Health Sciences</p> <p>Formative Wheel: A curriculum proposal for Health Sciences was presented in the formative wheel process and passed with a faculty vote to change the name of the major and 1 minor to Community & Public Health. This is in keeping with the new trends in the field, and to have visible a major name that is familiar among most universities in offering the discipline.</p> <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</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) Communicate & advocate for health and health education</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) OAE Health Education Teacher Licensure Examination</p> <p>e) 7 Year External Review Report</p> <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>d) Organizational capacity = Clarify brand promise</p>	<p>PILO #4</p> <p>a) CHES Examination: Zero students took the CHES Examination in the April/October 2015 test cycle.</p> <p>Communicating & Advocating: Malone = National Average =</p> <p>b) Supervisor Evaluation: Students are competent in communicating & advocating for health education (3.74). Score higher than previous year.</p> <p>c) Senior Exit Survey: Students think they are competent in communicating & advocating for health education (3.07). Scores are somewhat lower than last year.</p> <p>d) OAE Health Education Teacher Licensure Examination Zero students took the Examination in the 2014-15 cycle.</p> <p>Needed score = 220 Malone Ave =</p>	<p>A: CHES Examination:</p> <p>Future: HED 435 – Strategies & Practices in Health Promotion was added to the curriculum in to strengthen this area. Students who will take the CHES Examination in the future cycles will have had this additional course.</p> <p>B & C: RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY indicate a strong curriculum that well prepares students for entry level positions in Community & Public Health Promotion. Students were ranked high by supervisors in communicating and advocating for health education. Seniors rated themselves somewhat lower on the same items. The addition of HED 435 – Strategies & Practices in Health Promotion has kept Supervisor Evaluations & Student Exit Surveys stable in terms of communicating and advocating for health education.</p> <p>D: OAE – Health Education Teacher Licensure Examination</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>F. EXTERNAL REVIEW (7 YEAR)</p> <p>Requesting space for health instruction classroom to provide students with hand-on teaching/presentation experience which will strengthen implementation and evaluation & research skills.</p> <p>ADDITIONAL INFORMATION</p> <p>1) Curriculum Changes in the Health Sciences</p> <p>Formative Wheel: A curriculum proposal for Health Sciences was presented in the formative wheel process and passed with a faculty vote to change the name of the major and 1 minor to Community & Public Health. This is in keeping with the new trends in the field, and to have visible a major name that is familiar among most universities in offering the discipline.</p> <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>
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Average on “Overall Responsibility” – Supervisor Evaluation of Student Health Educators (CHES #3)

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		2016 (n=5)		2015 (n=4)		2014 (n=7)		Overall	
	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD
	I							3.73	.45	3.81	.40	3.76	.43	3.79
II							3.67	.47	3.73	.45	3.79	.41	3.76	.04
III							3.66	.48	3.81	.40	3.80	.40	3.81	.01
IV							3.88	.34	3.97	.18	3.49	.50	3.73	.34
V							3.50	.51	3.78	.41	3.75	.43	3.77	.02
VI							3.50	.51	3.94	.21	3.76	.43	3.85	.13
VII							3.74	.45	3.90	.26	3.69	.46	3.80	.15

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

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

Average on “Overall” Responsibility – Student Intern/Educator Senior Exit Survey (CHES #3)

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 1 2		Very Competent 3 4		Not Observed 0		2019 (n=)		2018 (n=)		2017 (n=)		2016 (n=5)		2015 (n = 4)		2014 (n = 9)		Overall	
	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD
I							3.16	.68	2.96	.81	3.08	.73	3.02	.08						
II							3.07	.64	2.97	.69	2.97	.69	2.97	.00						
III							3.01	.62	2.93	.78	3.14	.77	3.04	.15						
IV							2.96	.59	2.79	.78	3.13	.68	2.96	.24						
V							3.14	.63	2.83	.94	3.19	.76	3.01	.25						
VI							3.11	.51	3.02	.67	3.09	.83	3.06	.05						
VII							3.07	.64	2.97	.84	3.06	1.84	3.02	.06						

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

- I: Assess needs, assets & capacity for health education
- II: Plan health education
- III: Implement health education
- IV: Conduct evaluation & research related to health education.
- V: Administer & manage health education
- VI: Serve as a health education resource person
- VII: Communicate & advocate for health & health education