

STUDENT LEARNING ASSESSMENT REPORT

Academic Year: 2014-2015

PROGRAM: Graduate Health Education and Promotion (M.S.)

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DATE: 9.30.2015

BRIEFLY DESCRIBE WHERE AND HOW ARE DATA AND DOCUMENTS USED TO GENERATE THIS REPORT BEING STORED:

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EXECUTIVE SUMMARY

Program description from the Course Catalog: This program prepares new and current health promotion practitioners to plan, implement, and evaluate health promotion and wellness programs in a variety of settings: hospitals, corporations, health maintenance organizations, community health agencies, health clubs, government agencies, and academic campuses.

List all of the program's learning outcomes:

Learning Outcome	Year of Last Assessment	Assessed This Year	Year of Next Planned Assessment
Exhibit the knowledge and skills to function as competent graduate-level health educators	2011-2012	X	2016-2017
Select, choose, and implement contemporary non technology-based equipment, industry tools/inventories, and/or other practical "hands-on" applications in health and wellness	2011-2012	X	2017-2018
Evaluate the rationality and sensitivity of values and ethics in the health and wellness field using critical thinking behaviors/skills	2011-2012		2015-2016
Evaluate various methods of technology in the classroom, in designing and evaluating health promotion programs, and/or in the clinical setting	2011-2012		2015-2016
Plan, implement, administer and evaluate health education strategies, interventions and programs	2013-2014		2016-2017
Critique research in order to assess individual and community needs for health education	2013-2014		2016-2017
Advocate and communicate for health and health education	2010-2011	X	2017-2018

Describe how the program's outcomes support Marymount's mission, strategic plan, and relevant school plan:

The graduate Health Education and Promotion (HEP) program is designed to prepare students for a career in the health education and wellness industry. As such, the program uses as its guiding principle recommendations set forth by the National Commission for Health Education Credentialing, Inc. (NCHEC). NCHEC offers the premier professional certification in the industry known as the Certified Health Education Specialist (CHES). CHES certification establishes a national standard, attests to an individual's knowledge and skill, and promotes continued professional development. NCHEC has established seven areas of responsibility for the CHES exam to include:

- Area I: Assess Needs, Assets and Capacity for Health Education
- Area II: Plan Health Education
- Area III: Implement Health Education
- Area IV: Conduct Evaluation and Research Related to Health Education
- Area V: Administer and Manage Health Education
- Area VI: Serve as a Health Education Resource Person
- Area VII: Communicate and Advocate for Health and Health Education

Source: <http://www.nche.org/credentialing/responsibilities/>

The Health and Human Performance (HHP) department has used these recommended competencies to develop learning objectives in the core HEP curriculum. The above is in harmony with the MU mission of combining *"a foundation in the arts and sciences with career preparation and opportunities for personal and professional development. Marymount is a student-centered learning community that values diversity and focuses on the education of the whole person, promoting the intellectual, spiritual, and moral growth of each individual."* With the University strategic plan in mind, the HHP Department is a well-established part of the Malek School of Health Professions (MSHP) located in Caruthers Hall. The HHP Department has benefitted significantly from a new laboratory facility (Kinesiology Lab) and the acquisition of new equipment thereby fostering an *"academic vision that emphasizes intellectual rigor; outstanding instruction; state-of-the-art facilities, technology, and learning resources."* At present, the HEP program, through its learning outcomes, strives to remain current in the industry by utilizing NCHEC/CHES as its guiding resource in order to provide a *"high-quality academic program{s} and a learning environment that promotes student success"*. By considering the School of Health Professions mission, the HEP program has at its core a responsibility to promote *"a scholarly climate that fosters critical thinking, creativity, ethical decision making, and self-directed lifelong learning in an environment where knowledge and research are valued; a prominent presence in the community by providing health care, health education and promotion, and continuing education offerings;*

graduates who are competent health professionals prepared to contribute and respond to society's changing health needs; and respect for life, human development, and individual differences." Each of the learning outcomes assessed herein builds specifically on the MU mission and strategic plan, and the current MSHP plan.

Provide a brief description of the assessment process used including strengths, challenges and planned improvements and provide evidence of the existence of a culture of continuous improvement based on assessment:

The process of assessment in the HHP Department involves input from adjuncts and four full-time faculty (including the Chair). Due to a heavy reliance upon adjunct faculty there are challenges in select courses with the collection and/or submission of outcomes data. Nevertheless, the Chair manages to obtain a fairly good response from all levels of faculty teaching at the graduate level. The Chair will continue to solicit adjunct faculty for increased input into the assessment process as well as improve dissemination of results by targeting specific faculty and/or courses for improvement/modification. There were 21 students enrolled in this graduate program in the 14/15 academic year with enrollment holding steady at around 25 students over the last 5 years.

Historically, strengths of assessment have included results from the national Certified Health Education Specialist (CHES) certification exam having consistently demonstrated that HEP students are performing above national averages in most categories assessed. From the chair's perspective, it is my hope to strengthen the department through further acquisition of well-qualified full-time and adjunct faculty members who are also CHES certified. The HHP Department hired a fourth full-time faculty member in the fall of 2013 who has strengthened the quality of instruction in several core HEP classes and who is currently CHES certified. One other full-time faculty member is also CHES certified as well as one adjunct faculty member. With respect to curricular learning outcomes, the chair continues to work with faculty to develop and strengthen inquiry guided learning in the HEP program while addressing objectives specific to the CHES certification. This includes, and is not limited to, having HEP program graduates better serve as resource persons in the field and in coordinating health education services.

Lastly, an additional challenge of tracking students in the HEP program relates to the current rolling-admissions process. Small cohorts of students begin their matriculation in the HEP program at any point in the academic calendar (Fall, Spring or Summer). As such, it is difficult to generalize achievement of learning outcomes based on a course assignment(s) (and associated rubric) to all HEP students who, while they eventually take the same core classes, do so at various points in their matriculation in the HEP Program. In response to this issue, the intake of students in the fall 2015 semester will be part of a trial cohort group who matriculate through the program in a designated minimum two course sequence. This will allow a more defined progression of learning outcomes and skills to be

achieved throughout the program and will also ensure a guaranteed minimum number of students in each class which will streamline the academic planning and scheduling process. The 2015-2016 academic year report will provide preliminary data on this cohort trial.

Further, the program also underwent a name change in the fall of 2014 in direct response to the Program Review feedback from spring, 2013 (the name was changed from Health Promotion Management [HPM] to Health Education and Promotion [HEP]). No curricular content changes were made at this time. The name change was supported and approved at the school and university level and is hoped to attract more interest in the program by better representing the actual curricular content of the program. The former name of Health Promotion Management was not deemed to entirely reflect the core focus of the program; indeed there was only one ‘management’ focused course (HPR 550) and that was an elective.

CHES exam pass rates

The last four years of pass rates for Marymount University HEP students sitting for the CHES exam are summarized in table 1.

Year (April to October)	# of HEP students sitting the CHES exam	# Passing	Pass Rate (%)	National Average	Comment
2011	4	3	75	75.31	On par with the national average
2012	4	3	75	70.65	Above the national average
2013	9	5	55.56	71.56	Below the national average
2014	10	8	80	68.84	Above the national average

Table 1. Pass rates for CHES exam Marymount University HEP students versus national average 2011-2014.

It can be seen from table 1 that the CHES pass rates declined in 2013. The addition of two new full time faculty in the department who are both CHES certified in 2012 and 2013 has helped to raise awareness of the CHES licensure process amongst the students. This is positively reflected in the 2014 results, whereby an 80% pass rate was observed which is a significant improvement on the previous year (55.6%) with the highest number of students taking the test recorded in the last 4 year period. The chair will utilize the help of the full-time faculty and Graduate Assistants during the 2015/2016 academic year to conduct an updated comprehensive review of the Seven Areas of Responsibility from the CHES exam through NCHEC to ensure that the HEP curriculum is aligned well with the expectations and outcomes of the CHES competencies. This process was last completed in 2012. The chair will also try to educate the HEP graduates that it is imperative that they study before sitting the CHES exam and the impact on institutional pass rates when they do not (this is a suspected scenario with the 2013 candidates). Two of the full-time faculty are CHES certified and there has already

been a departmental discussion about the faculty offering preparatory review sessions prior to the April and October CHES examination dates.

Describe how the program implemented its planned improvements from last year:

The planned improvements for the Health Promotion Management program from last year (2013) were to remain focused on the overall goals and recommendations relating to the program review from Spring 2013:

Outcome	Planned Improvement	Update (indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation).
Outcomes from Program Review		
1. HEP pre-requisites	Review pre-requisites (or lack thereof) for HEP program.	The HHP faculty met to discuss the need for increased rigor in the sense of pre-requisites. It was decided that in light of the current low enrollment in the program, adding a new line of pre-requisites could do adverse damage to already low enrollment. The department decided to re-evaluate this idea annually so that it remains an item of conversation amongst the faculty.
2. CHES focus	Review the program to see if CHES focus is still a valid option.	The department faculty discussed this recommendation at length. It was decided that the CHES focus is still an attractive attribute to the program which sets the HEP program apart from local competitors (American U) and is worthy of continued inclusion. Pass rates remain encouraging and in line with national averages from the CHES exam.
3. Advising	Hire or arrange for a dedicated graduate advisor or assistant Chair for HEP who also helps with internship locations and networking	The HHP chair has included this request in the 15/16 budget request. 14/15 budget restrictions did not allow for new positions such as this. All full time faculty remain dedicated to the giving the HEP students the best advising experience possible. The Chair develops an annual advising matrix for course offerings for the next 2-3 academic years which is circulated to incoming students at the new student orientation session and also through the departmental Blackboard site. A separate Blackboard site was created exclusively for the graduate program in the department in the 2014-2015 academic year. HHP Graduate Assistants maintain and update the site regularly with internship and job opportunities as well as other important announcements such as conference attendance opportunities.
4. Professional association involvement	Encourage and find opportunities to engage HEP student s more actively in their governing bodies/professional associations (SOPHE, APHA, ACSM).	Over the 14/15 academic year Dr. Tripken and Dr. Francavillo (full-time faculty in HEP) continued to engage the HEP students with the professional associations SOPHE and APHA through encouragement of attendance at local chapter meetings of the organizations as well as updates on recommendations and new publications from both resources. Several students submitted

		abstracts to be presented at national conferences and local roundtables of the two main governing bodies in Health Education: SOPHE and APHA (see item #5 in this table).
5. Research course (HPR 599) review	External reviewer recommended removing this course from the curriculum or increase its rigor in line with internship requirements.	The HHP faculty discussed this item and decided that the 2 part approach to this course (2 semesters with a faculty mentor) was worthy of trial. One student completed a 2 semester HPR 599 and successfully presented her research at the Marymount Student Research Conference in April 2015. The same student is also currently preparing a manuscript for publication in a peer-reviewed journal. The faculty will keep this open as an option to HHP students to allow for a more comprehensive research experience (proposal and IRB in semester 1 and execution/dissemination in semester 2). Nine students completed HPR 599 over the 14/15 academic year under the advisement of full time HEP faculty- five of these students presented their research at the MU Student Research Conference and six students submitted an abstract to a professional organization, four of which were accepted to be presented at a roundtable oral presentation at the American Public Health Association (APHA) in 2015. One student submitted an abstract to the Society Of Public Health Educators (SOPHE) which is under review in 2015.
6. Student Input	Continue to solicit HEP student feedback and respond to it where appropriate.	The department has an open feedback approach between students and faculty. The two HHP faculty who are the most immersed in teaching in this program (Francavillo and Tripken), maintain a channel of communication between the students and the chair to voice concerns or requests e.g. class scheduling and elective options. A social event (pot luck) was held for HEP students in the fall of 2014 to allow for networking and informal communication/socialization, including alumni of the program. The social event was very well received and another social gathering is planned for the 15/16 academic year. During the 14/15 academic year, students voiced their desire for a slightly earlier start time to graduate class (5pm instead of 6:30pm). The chair plus one full time faculty responded to this request and honored that two core courses be offered at this earlier time (5-7:45pm) in the fall 2015 semester (HPR 501 and 502). The chair also organized a line of HHP spirit wear in the spring of 2015 which was well received by the students in response to their request for a departmental clothing line.
7. Program name	Consider changing the program name to speak more clearly to the learning outcomes.	The name of the HEP program was formally changed to Health Education and Promotion in the fall of 2014 through the appropriate school and university processes (graduate studies committee). The new name will be effective as of the 14/15 academic year (fall 2014 and onwards).

		The website for HEP needs to be updated with testimonials and internship information to strengthen the appeal of the program to prospective students. More information needs to be included on this site. The chair plus one full time faculty in HHP will work on the web training and administration of the site in conjunction with Graduate Admissions. The chair met with Graduate Admissions representatives in the 14/15 academic year to discuss better channels to promote the program and the chair provided a list of names to Graduate Admissions for alumni testimonials to be created by FNP and Graduate Admissions for the website. The HEP promotional literature was also updated in the 14/15 academic year. HHP faculty discussed making a promotional webinar to on the HEP program which could be circulated to local colleges, health related employers as well as government and non-profit agencies.
8. HEP vision	Discuss the long term vision for the department 'dream big' scenario (start with the end in mind.)	This conversation is ongoing. The limited number of full-time faculty who teach in the HEP program continues to be problematic. There is a heavy dependence on adjunct faculty in the HEP program. We are fortunate to find very highly qualified adjuncts in this field to teach our courses but high turn-over leads to a lack of continuity with content delivery, this impairs the repeated evaluation of course content from an assessment perspective.

Planned improvements relating to the learning outcomes examined in the 2013-2014 academic period are as follows:

Outcome	Planned Improvement	Update <i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i>
Plan, implement, administer and evaluate health education strategies, interventions and programs	Solicit more students to engage in independent research with a HHP faculty mentor. Review the NCHEC competencies and update the HEP curriculum as required.	The full time faculty continues to stress their availability to mentor research and offer opportunities for student-faculty collaboration. This is reflected in a significantly increased level of engagement and enrollment in HPR 599 from 5 students in the 13/14 academic year to 9 students in the 14/15 academic year (see next section also). Several HEP students presented their work at the annual Student Research Conference in April 2015. The students were chosen to present because of exemplary work products in HPR 599 which included the research and planning of health education intervention proposals for major public health concerns including Ebola and Malaria. A full review of the NCHEC competencies against the HEP syllabi and course content will be conducted in the 15/16 academic year to coincide

	<p>Review survey questions to ensure that the useful information is captured from graduation and alumni student groups.</p>	<p>with an updated release of the NCHEC guidelines which will be released over the summer of 2015.</p> <p>The faculty will review the survey questions during the 15/16 academic year to see if updates are needed in order to capture more useful information from both Alumni and Graduating Students.</p>
<p>Critique research in order to assess individual and community needs for health education</p>	<p>Continue to recruit students into HPR 599 Research.</p> <p>Encourage and support students to disseminate research findings at both internal and external conferences.</p> <p>Find strategies to improve participation rates in graduating Student Surveys as well as Alumni surveys.</p> <p>Improve CHES pass rates by educating students regarding the need to study before taking the CHES exam.</p>	<p>During the 14/15 academic year, 9 students were registered for HPR 599 (Research) and two of them conducted comprehensive research spanning two semesters that included full IRB review and approval. Considering there were 21 registered students in the program in the 14/15 academic year, this is a very impressive level of engagement (42% of total students in the HEP program) which is attributed to highly engaged faculty in the graduate program.</p> <p>Of the students registered in HPR 599, 5 of them presented their research at the MU Student Research Conference and 6 submitted abstracts to national conferences on hot public health topics including Malaria and Ebola, 4 were accepted for presentation at a round table event with the American Public Health Association in 2015. One student is preparing a manuscript to be submitted to a peer-reviewed journal in 2015.</p> <p>One HEP student also assisted and was engaged in the research of two other full time faculty members in the department which will be disseminated in 2016 at a national conference (American College of Sports Medicine Annual Conference in Boston, MA).</p> <p>Ongoing. The chair reviewed the Alumni and Graduation Student Surveys and will make changes during the 15/16 academic year (the request for changes is in the fall prior to the time of writing this report). It would be beneficial to the program to receive greater participation in the Graduating Students and Alumni surveys. The faculty will continue to remind graduating students about the importance of their feedback to future planning and development in the program and will also discuss incentives with the Dean to reward students for their participation.</p> <p>Pass rates in 2014 were much improved on the previous year's rates (80% versus 55.6%). 8 from 10 students passed the test on their first attempt.</p>

- *The incorporation of adjuncts into the assessment process is commendable, but it would be interesting to know how adjuncts are trained to attach the chair-generated rubric to a particular course assignment and then use it consistently. We don't see specific student work, so it's difficult to know how that process works. Perhaps a strategy of working with the adjunct to craft an assignment that is course and outcome specific would be a useful process for the future – and then those assignments could be held steady across time, regardless of who might teach a given course.
We have permanent adjuncts assigned to some courses at the undergraduate level but rarely at the graduate level, some of our courses are only offered (if electives) on alternate years which also impedes consistent hiring of adjunct faculty. For this reason, we try to be consistent with staffing in the core HEP courses using full-time faculty. Adjuncts are familiarized with the use of the rubric via a one on one session with the chair, where examples of previous rubric evaluations and feedback are shared to provide tangible examples of their use. The chair will look at designing a specific assignment with an adjunct if it is possible to retain that person over multiple years (adjunct pay is also a factor in retention).*
- *Data appears to be analyzed in depth with attention to specific instances, taking advantage of the small “N,” which is commendable. It would be interesting to see more analysis, if possible, of areas on standardized exams that created difficulty for the students.
The Chair receives a one page report from NCHEC each year which compares average scores of the students taking the exam with national averages in the seven areas of responsibility for the CHES exam. The chair and full time faculty certainly pay attention to areas where the MU student average score is less than the national average. (See [appendix 1](#) for example NCHEC CHES Exam Analysis).*
- *There is a depth of reflection and concrete examples of program strengths and strategies for program improvement that is commendable.*

Outcomes and Past Assessment

Learning Outcome 1: Exhibit the knowledge and skills to function as competent graduate-level health educators.

Is this outcome being reexamined? Yes

If yes, give a brief summary of previous results (including trends) and any changes made to the program.

This learning outcome was last evaluated in the 2011-2012 academic year where it was noted that the majority of Health Promotion Management (HPM) students achieved learning outcome #1. Competencies (or responsibilities) have been established by the National Commission for Health Education Credentialing, Inc. (NCHEC) for the Certified Health Education Specialist. As above, these competencies relate to a student's ability to assess the need for, plan, and evaluate as well as conduct research for, administer, and communicate health education programs/interventions/strategies. Students have demonstrated competency for this learning outcome (**3 or able**) when:

1. There is an ability to distinguish between behaviors that foster and those that hinder well-being.
2. Inference is made on the needs for health education on the basis of obtained data.
3. There is involvement of community organizations, resource people and potential participants for support and assistance in program planning.
4. A logical scope and sequence plan for a health education program is developed.
5. Appropriate and measurable program objectives are formulated.
6. Educational programs are designed which are consistent with the specified program objectives.

Internship evaluations, and in some cases site reviews have revealed that the core HPR curriculum is adequately integrating health education knowledge and skills in order to function as competent professionals in the health education and promotion. Direct measure results from internship evaluations revealed that students were very successful (majority of responses good to exceptional) in all competencies related to this outcome.

Both alumni and graduating student surveys for 2014/2015 demonstrated that the majority of respondents believe that their education prepared them very well for advancement in their field- 14 of the survey items received a 100% rating of good to excellent on the GSS (see [appendix # 2](#) for full results). However, this is based only on the response of two graduating students so it is hard to draw firm conclusions from such a low response rate. Nevertheless, the results are pleasing from the two respondents. The only indices receiving lower ratings related to career preparation and research (*finding a job in your field, succeeding in a job in your field, and conducting research to support a position*) which had a 50% rating of good to excellent- which is the response of one student. It is hard therefore to summarize that this is the opinion of the majority of students in the program.

Alumni Survey reports for 2014/2015 year (n=10 respondents) showed that 77.7% of respondents rated themselves as good to excellent in their ability to *apply knowledge and skills to new situations, deliver a coherent presentation, develop a coherent written argument and determine the most ethically appropriate response to a situation* with 80% of participants giving a rating of good to excellent for the *overall academic quality and experience* (respondents were from the 2007/2008 and 2011-2013 pool of Alumni).

As noted above, coursework through assignments, projects, and experiential learning have been utilized to address the NCHC/CHES competencies. A rubric (see [appendix 3](#)) has been developed to analyze select assignments for a student's ability to demonstrate achievement of learning outcome #1. In the 2014 report, it was noted that the majority of HEP students had achieved the necessary knowledge, skills, and/or abilities in these assignments sufficiently enough to achieve high level CHES competencies; this representing the single most well-respected professional certification in the industry.

In addition, a proficiency report of student performance in *HPR 501 Foundations of Health Education and Promotion, HPR 540 Designing and Evaluating Health Promotion Programs* and *HPR 536 Nutrition for Weight Management* evaluated several indices for this learning outcome. In **HPR 501**, 8 students were reviewed for their ability to complete a case study review and interpretation using a health behavior change theory to guide the development of recommendations for behavior change, illustrating their preparedness to apply theory into practice for workplace health education. All 8 students (100%) were rated as a 3 'able' or above on this assignment. Four students were rated as highly proficient or 'very able' (50% of class) because of their ability to demonstrate the integration and application of concepts of health behavior change theories at a level that showed a full and thorough understanding of concepts.

12 students in **HPR 540** were evaluated on a culminating assignment which involved the design of a health promotion program to address a health issue for a specific population, including a needs assessment all the way through to program development and evaluation. Results demonstrated that all students achieved an "able" or "very able" overall rating (100%) for this learning outcome

with 4 of the students being rated as a 4 or 'very able' (33.3%). These students exhibited an exceptional ability to integrate course concepts in their work and developed an innovative health promotion program. This assignment was relevant to the real world setting, and hence illustrates student's preparedness to exhibit knowledge and skills to function as competent graduate-level health educators.

In **HPR 536**, 19 students were evaluated on their ability to research and present an evidence-based, comprehensive oral and written critique on a popular diet book of their choosing. 8 from 19 students (42% of the class) were rated as 'very able' or a 4 on the evaluation rubric and 10 students were rated as 'able' (53%). One student (5% of class) was rated as 2 or 'somewhat able' for failing to substantiate the written critique with enough scientific evidence. The instructor also noted that English language and the ability to write effectively was also a problem for the student with the 'somewhat able' grade.

Indirect measure results from the alumni surveys revealed a fair level of satisfaction with the overall HEP program with respect to faculty and advisors, courses, and general educational/work-related preparedness. The Graduating Student Survey (GSS) showed a very positive rating regarding advising, courses and faculty with 13 indices receiving a rating of 100% good to excellent (see appendix 1). The only adverse feedback in this section of the survey related to the availability and range of elective courses in the program. The department chair continues to discuss options for electives in the department and the faculty is cognizant of the need for fresh course ideas to offer as elective credit in the HEP major. Electives have to be strategically placed on the schedule with advanced notice so that there is sufficient enrollment for the course to be viable. Offering too many electives can dilute the number of students in each elective course which has led to courses needing to be cancelled for low enrollment. The Chair promotes the HEP electives to other graduate programs at MU including Health Care Management and Human Resource Management.

The Chair was sent a report on passing rates for the CHES exam and 80% (8 from 10) of students who took the exam passed in 2014. No changes were made to the HEP curriculum based on the evaluation of this learning outcome.

Assessment Activity

Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	Performance Standard <i>Define and explain acceptable level of student performance.</i>	Data Collection <i>Discuss the data collected and student population</i>	Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
Internship evaluation (indirect and direct)	A rating of “good” (3) on the intern performance scale and observation by HHP Chair	Internship supervisor performance review (form attached as appendix 4) and site evaluation as applicable for HEP majors	<p>The Chair consults with the internship supervisor for each student and determines a grade of pass or fail using input from the performance evaluation scale (attached) and subjective feedback from the site supervisor. Site supervisors are asked to evaluate interns on a 4 point scale with 4 being exceptional performance and 1 being poor. The expected level of performance is a rating of 3 on the supervisor’s evaluation. In all cases, when observed, supervisors from different sites rated students from the HEP program (N= 7) with a 3 or better in areas including:</p> <ul style="list-style-type: none"> • Planning effective health education programs • Implementing health education programs • Serving as a resource person in health education • Administer health education programs • Demonstrate professional behavior in the workplace <p>In some cases, the Chair of HHP performs a site visit to observe students at their internship and to confirm adequate preparation of students necessary to function the internship duties. Seven HEP students undertook an internship over the fall 2014, Spring and Summer 2015 semesters. When disregarding “no observation” on the internship evaluation scale, supervisor evaluations rated interns as performing at 3 “good” or 4 “exceptional” in each of the above competencies 100% of the time. Clearly this indicates effective performance in the “real-world” for these learning outcomes. Refer to the internship evaluation form (appendix 4) for details on categories assessed which were based upon recommendations by NCHEC.</p>
Proficiency reports (rubric) (direct)	A rating of “able” (3) on the proficiency report rubric	Rubrics (forms attached) were generated and used to determine proficiency on	<p>HEP students were evaluated for their performance on assignments in two required core classes (HPR 501 and HPR 540) and one elective course (HPR 534).</p> <p>In HPR 501, all students demonstrated an ability to exhibit this learning outcome to expected levels (able) (100% of the class) based on the assignment of responding to a case</p>

		<p>comprehensive assignments in targeted classes.</p>	<p>study with the application of health behavior theory. Four students (50% of the class) exhibited higher level learning (very able) via the production of exemplary work which integrated and applied concepts in health behavior change to a real world problem.</p> <p>12 students in HPR 540 were evaluated on a culminating assignment which involved the design of a health promotion program to address a health issue for a specific population, including a needs assessment all the way through to program development and evaluation. All students achieved an “able” or “very able” overall rating (100%) for this learning outcome with 4 of the students being rated as a 4 or ‘very able’ (33.3%). These students exhibited an exceptional ability to integrate course concepts in their work to develop an innovative health promotion program that had real world application, demonstrating preparedness for the work place.</p> <p>In HPR 536, 19 students were evaluated on their ability to read, research and synthesize information and produce both a written and oral critique of popular diet book that was evidence-based and factual. All but one student (94%) met the expected standard of ‘able’ for this assignment, with 42% of the class being evaluated as ‘very able’. The one student who failed to meet all learning objectives for this assignment had poor written English which impeded the ability to express precise information in a written sense for both the presentation and paper.</p>
<p>Alumni and Student Surveys (indirect) and Certification Results (direct)</p>	<p>A majority of responses indicate positive ratings of the program on the alumni survey and graduating student survey. Pass rate on certification exams.</p>	<p>Alumni and graduating student surveys were distributed to HEP students to determine satisfaction in several areas with the HEP program and bringing to attention areas for improvement. CHES certification results were also obtained by the HHP Chair in an annual report from CHES.</p>	<p>There were 10 respondents to the Alumni Survey (AS) and 2 respondents to the Graduating Student Survey (GSS) as distributed by the Office of Institutional Effectiveness.</p> <p>While it is difficult to extrapolate much information from such small numbers, the majority of student responses to the alumni survey revealed a fairly positive evaluation of the program. Most categories in the surveys (results attached in appendix 2) were deemed good to excellent in particular, their <i>overall experience</i> (80% in 2014/2015) academic quality (80% in 2014/2015) , and major/academic program or department (70% in 2014/2015).</p> <p>The most notable positive results observed included <i>deliver a coherent presentation</i> (77.8% good to excellent) plus <i>deliver a coherent written argument</i> (77.8% good to excellent) and <i>apply knowledge and skills to new situations</i> (77.8% good to excellent) as well as <i>determine the most ethically appropriate response to a situation</i> (77.8% good to excellent).</p>

			<p>There exists room for improvement for the indices of <i>use quantitative/qualitative techniques in your field</i> (55.6%) and <i>conduct research to support a position</i> (44.4% good to excellent).</p> <p>Graduating student survey data showed strong satisfaction with 100% of students (N=2) rating themselves as good to excellent in 14 from 18 indices on the survey (77.7% of survey questions). Thus, most students felt confident in their ability to <i>apply knowledge and skills to new situations</i> (100% in 2014/2015 versus 100 % in 2011/2012 the last year that this learning outcome was evaluated), <i>solve problems in your field using your knowledge and skills</i> (100% in 2014/2015 versus 100% in 2011/2012) and <i>lead a team</i> (100% in 2014/2015 versus 100% in 2011/2012). Thus, most respondents felt as if they were adequately prepared and able to function as competent graduate-level health educators.</p> <p>Lastly, the CHES exam is administered on two occasions during the year in April and October. From April 2014 to October 2014 (the next report will be April 2015 – Oct 2015) 8 from 10 students (80%) who took the CHES exam passed, with averages in all seven areas of responsibility being above the national average score (see appendix # 1).</p>
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Interpretation of Results

Extent this learning outcome has been achieved by students (Use both direct and indirect measure results):

The majority of Health Education and Promotion students achieved learning outcome #1 to a satisfactory level with a significant percentage of each course examined also reaching the ‘very able’ category of learning achievement (range of 33-53% of each class between the three courses examined). Competencies (or responsibilities) have been established by the National Commission for Health Education Credentialing, Inc. (NCHCEC) for the Certified Health Education Specialist. As above, these competencies relate to a student’s ability to assess the need for, plan, and evaluate as well as conduct research for, administer, and communicate health education programs/interventions/strategies. The HHP Department targets the master’s level certification exam and associated competencies as the basis for core learning objectives in the core HEP curriculum. For the 2015/2016 academic year, the HHP Department will continue to address these competencies as determined by NCHCEC and will determine that curriculum is in place to more than adequately address this learning outcome. The Masters in Health Education and Promotion department faculty performed a comprehensive program review during the 2012/2013 academic year which included a full review of the NCHCEC competencies to ensure that they aligned within the core HEP courses and stated learning objectives. There were no suggested changes to the curriculum from this review and the external reviewers input.

Internship evaluations, and in some cases site reviews have revealed that the core HPR curriculum is adequately integrating health education knowledge and skills in order to function as competent professionals in the health education and promotion. Certainly, not all students seek employment immediately upon graduation, but rather pursue advance study. This is further evidenced by both alumni and graduating student surveys which demonstrate that the majority of respondents believe that their education prepared them very well for finding work in the field, using quantitative/qualitative techniques within their field, applying knowledge and skills in new situations, and solving problems in the field. As noted above, coursework through assignments, projects, and experiential learning have been utilized to address the NCHEC/CHES competencies. A rubric has been developed to analyze select assignments for a student's ability to in-part demonstrates achievement of learning outcome #1. The majority of HEP students have achieved the necessary knowledge, skills, and/or abilities in these assignments sufficiently enough to achieve high level CHES competencies; this representing the single most well-respected professional certification in the industry.

Reference: <http://www.nchec.org/>

Program strengths and opportunities for improvement relative to assessment of outcome:

It is the Chair's opinion that the 2014-2015 academic year represents a period of continued growth and improvement in the HHP Department and HEP program. The hiring of a fourth new full-time faculty member who is the second CHES licensed faculty in the department in the 2013-2014 academic year had a further significant impact on the HEP program. Student morale will continue to improve as the new full-time faculty member assumes leadership in several imperative core HEP classes, such as HPR 536, HPR 591 and HPR 510 bringing new energy and current philosophies to class instruction. No doubt this will be reflected in future graduating student and alumni surveys. This faculty member is also very experienced in teaching online and is leading the curricular changes to two courses for the 15/16 academic year to include hybrid (HPR 591) and fully-online teaching methodologies (HPR 510).

Current HEP student surveys for the 2014-2015 academic year revealed a very strong overall evaluation of the HEP program. Analysis of Graduating Student Survey (GSS) data revealed strong levels of satisfaction on the majority of questionnaire indices relating to Evaluation and Preparation, Advising, Faculty and Courses (100% rating of good to excellent in 14 from 18 indices), Development and Internship (100% rating in all indices).

Improvements since the 2011-2012 Alumni Survey report (the last time that LO#1 was evaluated) include the overall learning experience (80% good to excellent in 2014-2015 versus 75% in 2011-2012), find a job in your field (55.6% in 2014-2015 versus 50% in 2011-2012), develop a coherent written argument (77.8% in 2014-2015 versus 75% in 2011-2012), use qualitative and quantitative techniques within your professional field (55.6% in 2014-2015 versus 50% in 2011-2012), determine the most ethically appropriate response to a situation (77.8% in 2014-2015 versus 75% in 2011-2012) and understand the major ethical dilemmas in your field (66.7% in 2014-2015 versus 50% in 2011-2012). Alumni survey reports received lower overall rankings for all survey items except for *find a job in your field* when compared to the GSS reports.

Hence, it can be seen that slightly conflicting perceptions exist between Alumni and Graduating Student Survey responses to several of the same indices and there exists room for improved ratings on most indices in the Alumni Survey. This could be partly explained by the fact that sampling rates are not sufficient to draw distinct conclusions e.g. the 2011 Alumni survey had 4 respondents total with 2 respondents from the 2005-2006 cohort and 2 respondents from the 2009-2010 cohort whereas the 2014-2015 survey had 10 respondents from the 2007/2008 and 2011/2013 academic years which may not be a true representation of all of the Alumnus HEP/HPM students perceptions. However, in contrast to the above, it should be noted that the HEP program is writing intensive and recent applicants to the program have improved GRE analytical scores.

Nevertheless, national certification exam results continue to hold strong against national average benchmarks. Further, the hiring of a fourth full-time faculty member has improved the quality of the learning experiences as well as the scope for future expansion of course offerings and mentored research. The continued use of new technology in laboratory and classroom teaching, exposure to the requirements of the CHES exam, engagement in research that is linked to publication within national governing body conferences in Health Education will also further enhance student's entry-level competency.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

While perhaps not directly addressed, the HHP Department amended the HEP capstone course so that HPR 599 Research Project became an alternate capstone experience for students who do not necessarily need or desire to complete an internship. Those students desiring to incorporate both experiences, as discussed and approved by the Department, may do so in accordance with their planned program of study. This strategy allows students to pursue more education in their field (e.g., doctorate), better *develop a coherent written argument, apply knowledge and skills to new situations, and find and evaluate quality sources of information*, which may partly explain higher ratings of such indices when the Graduating Student Survey is compared to the Alumni survey for this year. On a final note, incorporating HPR 599 as an option for HEP students to fulfill their capstone project has

provided closer interaction with a full-time faculty member thus potentially improving the academic reputation of both MU and the HHP Department. With the addition of a fourth full-time faculty in the department during the 2013-2014 academic year, opportunities for one on one research engagement with faculty have certainly improved.

Program strengths and opportunities for improvement relative to assessment of outcome:

This period of evaluation saw a notable improvement to the opportunities for, and level of engagement of students with faculty relating to research. Of the nine students registered in HPR 599 in the 14/15 academic year, five presented their work at the MU Student Research Conference and six of the nine students (66.9%) submitted an abstract to a professional organization. Four students were accepted to present a roundtable oral presentation at the American Public Health Association in 2015. Further, one student submitted their work to the Society of Public Health Educators (SOPHE) conference, for which abstracts are currently being reviewed. One student completed a full Internal Review Board (IRB) application and was approved and conducted a study as part of the HPR 599 course. One student conducted a 2 semester-long HPR 599 course and is preparing a manuscript for publication to a peer reviewed journal this semester. This is a significant improvement to the level of exposure to research and engagement in actual research for professional publication and dissemination and the faculty involved in mentoring this work should be commended.

There still exists a significant opportunity for improvement relating to survey participation rates and enrollment numbers in the program.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

The chair and full time faculty will continue to encourage student involvement in extracurricular and for-credit research activities, to strengthen the career preparation aspect of the program as well as student faculty interaction and collaboration. Further, the department will continue to encourage student engagement and connectivity with activities of the recognized governing bodies in the field of health education such as SOPHE, APHA and ACSM. There exists an opportunity for continued development of the program in terms of more Global Classroom and immersed learning opportunities as well as elective courses to meet the needs of the students and add continued variety to the program options. The department will also explore future opportunities for distance (online) learning courses within the program, for example, to enable students to more easily take courses over the summer semesters. The HEP program faculty and administration will need to focus efforts on marketing and publicity during the next academic year in order to improve the current enrolment figures in HEP.

Learning Outcome 2: Select, choose, and implement contemporary non technology-based equipment, industry tools/inventories, and/or other practical "hands-on" applications in health and wellness

Is this outcome being reexamined? Yes

If yes, give a brief summary of previous results (including trends) and any changes made to the program.

This learning outcome was last assessed during the 2011-2012 academic year. Previous evaluation revealed that the core HEP curriculum strongly addressed this learning outcome. Suggested changes from the previous evaluation of this learning outcome included a need to include the contemporary issues course HPR 588 Selected Topics in Health in program offerings. This course historically has addressed modern issues in health such as health disparities, communicable diseases, etc. but had not been offered for several years prior to the last period of evaluation of this learning outcome (2011-2012). This course was offered in both the 2014 and 2015 summer semesters as an elective with a focus on Ethical Issues in Public Health and was taught by one of the full-time faculty in the department on both occasions.

In addition, the Chair continues to promote HPR 599 Research Project as a capstone option for students not desiring to gain field experience but are more interested in addressing, in some manner, a contemporary issue in health education/promotion. It is envisioned that this option could be approached by students in several ways such as working with a faculty member on a current line of research, pursuing an independent student generated health education campaign, etc. This approach has been met with success as evidenced by 43% of the 2014/2015 HEP cohort being directly registered in HPR 599 as well as one student assisting other faculty directly with research data capture and dissemination. It is hoped that this trend continues to improve upon student achievement of this learning outcome. The department has a budget request for a new faculty member in HEP for the 15/16 academic year and also a sixth full-time faculty member will return to the department full time from spring 2016 onwards, bringing the full time faculty count to six.

Students have demonstrated competency for this learning outcome (**3 or able**) when:

1. Competence is exhibited in carrying out planned educational programs.
2. Enabling objectives are inferred as needed to implement instructional programs in specified settings.
3. Methods and media best suited to implement program plans for specific learners are selected.

4. Plans are developed to monitor educational programs and assess achievement of programs objectives.
5. Criteria of effectiveness are incorporated into evaluation plans.
6. Inferences of the implications from program evaluation findings are used for future program planning.

Direct measure data was obtained from student's evaluations pertaining to their skill in using technology and non-technology-based equipment, industry tools/inventories, and/or other practical "hands-on" applications in health and wellness in the courses of HPR 500 Exercise Physiology, HPR 540 Design of Adult Fitness programs and HPR 591 Research Methods in Health Education during the 2014/2015 academic year. In HPR 540, 12 students had to develop a needs assessment to deliver to a community to address a specific health issue. This assignment included the need to select and choose appropriate inventories and other practical applications of assessment tools commonly used in the field. In HPR 500, 10 students were evaluated for their ability to use both technology and non-technology based tools in the exercise sciences, many of which are used in health education. These included the assessment of blood pressure, heart rate, cardiorespiratory endurance, body composition, muscle strength and endurance (to name a few). Students were then able to apply these skills in the development of an evidence-based exercise recommendation for a special population of society (e.g. an elderly client, a pregnant client, a hypertensive client). As such, their ability to select and implement industry-based equipment is well founded and will be further expanded upon in HPR 560 *Design of Adult Fitness Programs* (if selected by the student as a subsequent elective). As many students in this course were exposed to such technology-based skills for the first time, all students (N=10) developed a basic level of competency (as evidenced by at least a 3 "able" rating on the rubric) of understanding/ability to demonstrate this learning outcome. In HPR 591, 8 students were evaluated on their ability to research and develop a comprehensive Research Proposal utilizing technology extensively to perform extensive literature reviews as well as to perform statistical evaluation of data using SPSS software. All 8 students (100%) were deemed 'very able' to achieve this learning outcome which was commendable since there was a variation in previous exposure to Research Methods between students relating to their undergraduate preparation.

Indirect and direct data was provided via internship supervisor evaluations and in certain situations internship supervisor observation of specific skills such as: *Using technology in the practice of health education, demonstrating effective oral and written communication skills, serving as a resource person in health education*. Internship evaluations of 7 students who completed their internship during the 2014/2015 academic year revealed that 100% of students were at least "able" (a 3 on the evaluation rubric) within such learning outcomes. This capstone experience reflects that the students are well-prepared and competent in the application of technology and non-technology based and industry inventories and tools to their practice in health education and promotion.

Indirect measure data from the 2011/2012 alumni survey (the last time this LO was evaluated) revealed a disappointingly low rating of 50% good to excellent in students perceived abilities to *use technology effectively in a workplace environment*. However, the rating for *apply knowledge and skills to new situations* was 75% good to excellent which is more encouraging of their confidence to implement learned applications into to the health and wellness field. In contrast, 100% of respondents (N=7) in the Graduating Student Survey (GSS) from 2011-2012 rated themselves as good to excellent in their ability to *use technology effectively in the workplace and apply knowledge and skills to new situations*. The new laboratory and teaching facility in Caruthers Hall opened in January of 2010 which might have had minimal chance to positively impact the learning experiences utilizing newly acquired technology and non-technology based tools for the last review of this learning outcome. Further, since this learning outcome was last evaluated in 2011-2012, two new full-time Health Education faculty have been hired into this program which should hopefully have a positive impact on learning outcomes.

Assessment Activity

Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	Performance Standard <i>Define and explain acceptable level of student performance.</i>	Data Collection <i>Discuss the data collected and student population</i>	Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
Proficiency reports (rubric) (direct)	A rating of “able” (3) on the proficiency report rubric	Rubrics (forms attached) were generated and used to determine proficiency on comprehensive assignments in targeted classes.	<p>HEP students were evaluated for their performance on assignments in two core classes including HPR 500 Exercise Physiology and HPR 540 Designing and Evaluating Health Promotion Programs. These courses were selected for student assessment because assignments generally require proficiency in hands on use of contemporary strategies in order to select, choose, and implement health education information onto practice.</p> <p>Ten students in HPR 500 were assigned a comprehensive laboratory project requiring competence in the use of technology and non-technology-based tools in health assessment, some of which were new pieces of equipment that were acquired with the opening of the Kinesiology lab in the new Caruthers Hall (e.g. Polar heart rate monitors, high-tech treadmills, a metabolic cart and blood lactate testing equipment). Data revealed that all students (100%), as evaluated by the course instructor, were able to utilize hands-on assessment techniques (either technology-based or non-technology based) in order to evaluate a person’s health and fitness status. These skills were then applied in a further assignment in this class whereby student had to research evidence based exercise prescription recommendations for a special population. Results showed that 9 from 10 students</p>

			<p>(90%) received a rating of ‘able’ or above for this assignment, demonstrating successful achievement of this learning outcome. Two students were auditing the class and one was much less engaged in laboratory experiences than other students. The faculty noted that students were very able to select the best hands on assessment methods, conduct the tests, interpret the data and apply this knowledge to exercise programming for special populations in a subsequent assignment in this class.</p> <p>In HPR 540, 12 students developed a needs assessment to deliver to a community to address a specific health issue. Students were evaluated on their abilities to select, choose and apply appropriate field inventories as well as other practical applications and assessment tools commonly used in health education. The faculty member using a rubric (attached) determined that 100% of students in the class were at least ‘able’ and 25% (N=3) were deemed ‘very able’ to perform this task, and thus achieve this learning outcome. The professor reported that most students were able to grasp the concepts quickly but required some preparation in order to understand the data collection techniques in some of the evaluation tools.</p> <p>In HPR 591, 8 students were evaluated on their ability to research and compile a comprehensive Research Proposal. Learning objectives included an ability to:</p> <ul style="list-style-type: none"> • Compare and contrast different types of qualitative designs and how bias is controlled or expressed, and how trustworthiness of data is assured and described in such designs. • Compare and contrast the different types of quantitative designs and understand their application. • Critically evaluate different types of research measures in health education and describe the methods for assuring that good data are produced from those measures. <p>All 8 students were rated as ‘very able’ to achieve this learning outcome based in the use of the evaluation tool. The faculty member commented on how well the students were able to follow instructions, complete the assignment with all required components utilizing qualitative and quantitative methodologies and the use of technology to support their learning (computer based SPSS software).</p>
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<p>Internship evaluation (indirect and direct)</p>	<p>A rating of “good” (3) on the intern performance scale and observation by HHP Chair</p>	<p>Internship supervisor performance review (form attached) and site evaluation as applicable for HEP majors.</p>	<p>The chair consults with the internship supervisor for each student and determines a grade of pass or fail using input from the performance evaluation scale and subjective feedback from the site supervisor. In some cases, the Chair of HHP performs a site visit to observe students at their internship and to confirm adequate preparation of students necessary to function the internship duties. Seven HEP students undertook an internship over the fall 2014, Spring and Summer 2015 semesters.</p> <p>Performance evaluations revealed that HEP majors attained a majority of responses (100%) of 3 “able” or 4 “very able” on their <i>use of electronic technology in the practice of health education, their ability to assess individual and community needs for health education, demonstrate effective oral and written skills, evaluate the effectiveness of health education programs (both requiring use of both technology-based and non-technology inventories) as well as serving as a resource person in health education.</i> The internship evaluation form is included as an appendix (#4) with this report.</p>
<p>Alumni and Student Surveys (indirect) and Certification Results (direct)</p>	<p>A majority of responses indicate positive ratings of the program on the alumni survey and graduating student survey.</p> <p>Pass rate on certification exams.</p>	<p>Alumni and Graduating Student Surveys were distributed to HEP students to determine satisfaction in several areas with the HEP program and bringing to attention areas for improvement.</p> <p>CHES certification results were also obtained by the HHP Chair in an annual report from CHES for the calendar year 2014.</p>	<p>There were 10 respondents to the alumni survey (AS) and 2 responses to the graduating student survey (GSS) as distributed by the Office of Institutional Effectiveness.</p> <p>Several queries in each survey addressed learning outcome #2 here. The Alumni Survey (N=10 respondents) revealed fair evidence in some indices examined that the HEP program prepared students to <i>find and evaluate quality sources of information</i> (66.7% good to excellent [a decrease from 2011/2012 of 75%]), <i>deliver a coherent presentation</i> (77.8% good to excellent [a decrease from 100% in 2011/2012]), <i>use quantitative/qualitative techniques within the profession</i> (55.6% good to excellent [an increase from 50% in 2011/2012]), <i>use technology effectively in the workplace</i> (55.6% good to excellent [an increase from 50% in 2011/2012]) and <i>apply knowledge and skills to new situations</i> (77.8% good to excellent rating [an increase from 75% in 2011/2012]).</p> <p>It is worth of mention that all respondents in the Alumni Survey were from cohorts who graduated prior to 2013 and had not taken the newly revised <i>HPR 591 Research Methods in Health Education</i> course which was implemented in the fall of 2013 in response to previously low ratings and feedback from students regarding the applicability of NU 591 to the Health Education field.</p> <p>Results from the Graduating Student Surveys 2014/2015 in HEP reflected a highly favorable level of preparation regarding the use of technology and non-</p>

			<p>technology based contemporary techniques (albeit from N=2 respondents) for each of the above categories showing a good to excellent response rate of : <i>find and evaluate quality sources of information</i> (100% good to excellent), <i>deliver a coherent presentation</i> (100% good to excellent), <i>use quantitative/qualitative techniques within the profession</i> (100% good to excellent), <i>use technology effectively in the workplace</i> (100% good to excellent) and <i>apply knowledge and skills to new situations</i> (100% good to excellent rating).</p> <p>Lastly, 8 from 10 students (80%) who took the CHES exam passed, with averages in all but one area of competency above the national average score (results attached in appendix 1) in each of the 7 areas of responsibility as outlined above. This further demonstrates HEP student competencies in the implementation of current health education strategies through the utilization of contemporary approaches in the profession.</p>
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Interpretation of Results

Extent this learning outcome has been achieved by students (Use both direct and indirect measure results):

It is the opinion of the Chair that this learning outcome has effectively been achieved by students. Several core classes in the HPR curriculum incorporate technology and non-technology-based equipment, industry tools/inventories, and/or other contemporary quantitative/qualitative techniques in the profession in order to create and monitor health education campaigns. The Chair in consultation with faculty targeted assignments in three courses in the HEP curriculum to determine student effectiveness in this learning outcome. These assignments required students to determine and interpret quality sources of information/inventories to create health education campaigns and programs as well as the use of technology in both the gathering and dissemination of health assessment information, data and evidence-based health literature. Results from these assignments echoed the results obtained from alumni and graduating student surveys as well as certification results finding that this learning outcome has been achieved, both perceived and in practice. HEP students are exposed to a diverse array of technological equipment in the Caruthers Hall Kinesiology lab for HEP courses such as HPR 500 and HPR 560, including the use of a Smart Board as a teaching and learning instrument which helps familiarize them with many active learning methods as well as preparing them to use such technology in the field.

Lastly, internship evaluations and site visits determined, in part, whether or not the HEP curriculum is preparing students to implement health education programs in a rapidly evolving profession. While the internship is a valuable worksite experience unto itself, it also serves the dual purpose of evaluating the HEP program for this outcome. Student internship supervisor evaluations and

site visits from the Chair have consistently demonstrated that the MU graduate from the HEP program is prepared to address contemporary issues in health education via the application of hands on methods, tools and inventories. The one inconsistency noted in this evaluation is the lower perception of preparation from the alumni reports (when compared to the graduating student surveys). This could be a poor representation of the alumni pool because of low response rates and also or may be related to the fact that students in earlier cohorts (respondents were from the 2007-2008 [n=4] and 2011-2013 cohort [n=6]) perhaps did not use as much technology based application to evaluate health promotion as extensively when compared to more recent graduates (as evidenced by significantly improved graduating student surveys for the 2014/2015 academic year).

Program strengths and opportunities for improvement relative to assessment of outcome:

The chair is of the opinion that the core HEP curriculum strongly addresses this learning outcome. In the courses surveyed for this report, all have learning objectives within assignments which evaluate student effectiveness of using technology and non-technology-based equipment, industry tools/inventories, and/or other contemporary quantitative/qualitative techniques in the profession. The addition of the temporary HPR 591 course to the graduate HEP curriculum in fall 2014 has strengthened students preparation in terms of the application of both qualitative and quantitative methods, including the use of statistical software online (SPSS). Data obtained from both a general rubric specifying NCHEC/CHES competencies specific to this learning outcome as well as feedback (also from a rubric) from course instructors on assignments emphasized student ability to select, implement, and evaluate health education programs. Results from internship surveys and site visits, alumni and graduating student surveys, and national certification results in the CHES exam serve to reinforce that our students are able to extract pertinent and quality information in this process.

While the internship affords a student 'real-world' experience, it does not itself always contain a clear set of measurable objectives similar to NCHEC/CHES competencies. Students are in most cases free to select an internship of choice which best suits their future career aspirations. However, not all students look to the internship as an approach for career change but rather are interested in promoting themselves within their current profession. Therefore, the alternate strategy of offering students the choice of internship or research project (HPR 599) as well as the occasional offering of HPR 588 would allow those students an opportunity to become increasingly well versed in the application of knowledge to contemporary issues in health.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

While the above learning outcome has sufficiently been achieved by HEP students, there does exist room in the curriculum to continue to apply of technology and non-technology based tools, inventories and hands on methods in the evaluation of health and wellness. The courses HPR 500 and HPR 560 are lab intensive learning experiences in the program that are electives (students have to take either HPR 536 Nutrition or HPR 500 Ex Physiology). Students will be encouraged to consider such courses in order to expand their competencies in 'hands on' evaluation of health and wellness. HPR 500 is offered on alternate years to ensure adequate enrollment. HPR 560 *Designing Adult Fitness Programs* is a follow-on course from HPR 500 and had to be cancelled in the spring of 2014 because of low enrollment. The chair will continue to encourage the faculty to explore ways to integrate technology and non-technology based tools into the learning environment across the HEP curriculum. The faculty will review learning outcomes data for the last two years for HPR 591 (fall 2013 and fall 2014) and will apply for the course to become a permanent course in HEP in the fall of 2015 if the data and student feedback supports its continued inclusion on the program.

In addition, the chair will continue to promote HPR 599 *Research Project* as a capstone option for students not desiring to gain field experience but are more interested in addressing, in some manner, a contemporary issue in health education/promotion through the use of both qualitative and quantitative methods. In this particular year of assessment the participation rate in HPR 599 has seen a significant increase (9 students enrolled in the 2014/2015 academic year). It is envisioned that this option could be approached by students in several ways such as working with a faculty member on a current line of research, pursuing an independent student generated health education campaign, etc. The chair anticipates that this proposal will be continue to gain popularity and will further address and improve upon student achievement of this learning outcome.

Learning Outcome 3: Advocate and communicate for health and health education.

Is this outcome being reexamined? Yes

If yes, give a brief summary of previous results (including trends) and any changes made to the program.

This learning outcome was last evaluated in the 2010-2011 assessment period. Possibly one of the best indicators of a HEP student's ability to advocate and communicate for health and health education is their performance rating and observation in the capstone experience via the *Internship* HPR 598 or *Research Project* course HPR 599. In the 2014/2015 period of evaluation, seven students undertook an internship over the fall 2014, and spring and summer 2015 semesters. Supervisor performance evaluations revealed that 100% of HEP majors were deemed as good to exceptional on competencies related to this learning outcome such as *acting as a resource person in health education, using ethical standards in the practice of health education, and demonstrating effective written and oral communication skills*. The Internship Evaluation Rubric also requires that HEP students document how much of their time was dedicated to the following areas of competency: *Planning Health Education, Implementing Health Education, Administering and Managing Health Education, Serving as a Health Education Resource Person, Communicating and Advocating for Health and Health Education*, hence this learning outcome is heavily evaluated in the internship experience. Students are said to have shown proficiency in this learning outcome when they are at least 'able' to:

1. Analyze and respond to current and future needs in health education.
2. Apply a variety of communication methods and techniques.
3. Promote the health education profession individually and collectively.
4. Influence health policy to promote health.
5. Respond to requests for health information.
6. Maintain anonymity in addressing individual health concerns.
7. Consider individual differences of human behavior, culture, and other societal influences when addressing health promotion needs and services.

HEP students were also evaluated for their performance on selected assignments in three core classes including HPR 540 (to present an original and innovative health promotion program) and HPR 501 Foundations of Health Education and Promotion (to analyze a case study and make recommendations for a health behavior intervention utilizing health theory into practice) and HPR 536 (to critically evaluate a popular diet book and create an evidence-based presentation and review paper on the utility of the diet to a peer audience). A chair generated rubric was used to evaluate student assignments in these courses for this outcome. Results

revealed that in 2 from the three courses examined (HPR 501 and HPR 540), all students were at least ‘able’ to respond to current and future needs in health education, think critically about the individual needs of the population when serving as a health education resource person, maintain confidentiality of sensitive health information and promote the health education profession. In HPR 536, all but one student received at least a rating of 3 ‘able’ (94%).

Several queries on the alumni and graduating student surveys addressed this learning outcome (advocacy and communication). The surveys revealed that respondents felt able to:

- *Determine the most ethically appropriate response to a situation* (100% on Graduating Student Survey [GSS, n=2 respondents] and 77.8% on Alumni Survey [n=10 respondents] (from 75% in 2010-2011)
- *Understand the major ethical dilemmas in their field* (100% on GSS and 66.7% on AS ‘good to excellent’, from 50% in 2010-2011).
- *Apply knowledge and skills to new situations* (100% on GSS and 77.8 on AS from 75% in 2010-2011)

The coursework evaluated revealed, in most cases, students were able to address in depth components of this learning outcome including competency in serving as a resource person (advocacy) by responding to health information requests, selecting appropriate resource materials, and establishing consultative relationships. During the period of April 2014 – October 2014, 10 HEP graduates took the CHES exam. 8 from 10 (80%) passed with averages in all categories tested (related to this learning outcome) above the national average to include acting as a resource person and communicating and advocating for health education programs.

Assessment Activity

Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	Performance Standard <i>Define and explain acceptable level of student performance.</i>	Data Collection <i>Discuss the data collected and student population</i>	Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
Proficiency reports (rubric) (direct)	A rating of “able” (3) on the proficiency report rubric	Rubrics (forms attached) were generated and used to determine proficiency on comprehensive assignments in targeted classes.	Related to outcome #3, HEP students were evaluated for their performance on assignments in three core classes including HPR 501 <i>Foundations of Health Education and Promotion</i> , HPR 540 <i>Designing and Evaluating Health Education Programs</i> and HPR 536 <i>Nutrition for</i> . These courses were selected because assignments inherently addressed this learning outcome of advocating and communicating for health and health education.

			<p>8 students in HPR 501 were evaluated for their ability to serve as a resource person (advocacy) by completing a case study using the application of a health behavior change theory to guide their recommendations for behavior change.</p> <p>Students performed extensive research on their case study and developed an interactive presentation for the class in order to communicate issues specific to a particular population. This assignment required familiarity with a wealth of inventories used in the health education field. All students (100%) were rated at least 'able on this learning outcome using the learning outcome evaluation rubric. Six from 8 students achieved a rating of 'very able' (75%). This is a very satisfactory reflection that the students could analyze and respond to current and future needs in health education, as well as promote the health education profession individually and collectively.</p> <p>Similarly, in HPR 540 students explored several levels of advocacy via the creation of a health education program for a specific health issue in a chosen population.</p> <p>Students were evaluated on their ability to identify, rationalize and propose an impactful and realistic intervention in their targeted population. Subject information and individual goals, with respect to cultural, familial, etc. values, must incorporate sensitivity and an ethical awareness in the development of health education programs.</p> <p>The chair generated rubric (attached) which was used to evaluate student achievement for this outcome revealed that all students maintained an ethical approach to, and thought critically about the individual needs of the population when serving as a health education resource person (minimum rating of 3 or able on the rubric). From 12 students in the class, All students (100%) received a rating of at least 3 'able' for this assignment with three (25%) students being rated as 4 'very able'. The professor reported varying levels of student experience with program implementation in this course. She worked with the students who had the most difficulty in time outside of class to assist them with feedback and extra teaching to enable them to grasp the concepts and apply their knowledge appropriately. She also reported that the students were very</p>
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			<p>dedicated to their work and produced highly applicable, real world products which could be easily implemented.</p> <p>In HPR 536, 18 students were required to critique a popular diet book and provide both a written paper including a bibliographic reference section (no more than 5 pages) and oral critique (PowerPoint presentation) of this book to a peer audience. Students were required to evaluate the efficacy of the diet based on scientific evidence as well as the prospect for benefits and harm to the body because of this dietary approach. Students were required to advocate for or against this dietary method (based on factual information) in the conclusion to both their paper and presentation. 18 students were evaluated in this course for their written paper. 14 from 18 (77.7%) students were rated as 3 'able', 3 from 18 (16.6 %) were 4 'very able' and one was 'somewhat able' 2 (5%). The one student who fell below the expected level of competency for this assignment had poor written English which impacted the grade significantly.</p> <p>Thus, all but one student in this cohort were deemed at least 'able' to meet the expected level of competency in this learning outcome.</p>
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<p>Internship evaluation (indirect and direct)</p>	<p>A rating of “good” (3) on the intern performance scale and observation by HHP Chair</p>	<p>Internship supervisor performance review (form attached) and site evaluation as applicable for HEP majors.</p>	<p>The chair consults with the internship supervisor for each student and determines a grade of pass or fail using input from the performance evaluation scale (attached) and subjective feedback from the site supervisor. In some cases, the Chair of HHP performs a site visit to observe students at their place of internship and to confirm adequate preparation in performing the duties of the internship.</p> <p>Seven HEP students undertook an internship over the Fall 2014, and Spring and Summer 2015 semesters. Supervisor performance evaluations revealed that 100% of HEP majors were deemed as good to exceptional on competencies related to this learning outcome. Specific to learning outcome #3, the internship supervisor performance evaluation rubric determined each intern’s capacity to:</p> <ul style="list-style-type: none"> • <i>Act as a resource person in health education</i> • <i>Demonstrate effective oral communication skills</i> • <i>Demonstrate effective written communication skills</i> • <i>Use ethical standards in the practice of health education</i> • <i>Demonstrate professional behavior in the workplace</i> <p>When disregarding “no observation” on the internship evaluation scale, supervisor evaluations rated interns as performing at 3 “good” or 4 “exceptional” in each of the above competencies 100% of the time. Clearly this indicates effective performance in the “real-world” for these learning outcomes.</p>
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<p>Alumni and Student Surveys (indirect) and Certification Results (direct)</p>	<p>A majority of responses indicate positive ratings of the program on the alumni survey and graduating student survey.</p> <p>Pass rate on certification exams.</p>	<p>Alumni (AS) and Graduating Student Surveys (GSS) were distributed to HEP students to determine satisfaction in several areas with the HEP program and bringing to attention areas for improvement.</p> <p>CHES certification results were also obtained by the HHP Chair in an annual report from CHES for the calendar year 2014.</p>	<p>There were 10 respondents to the Alumni Survey (AS) and 2 responses to the Graduating Student Survey (GSS) as distributed by the Office of Institutional Effectiveness. Several queries in each survey addressed learning outcome #3 here (health advocacy and communication). The surveys revealed that respondents felt good to excellent in their ability to:</p> <ul style="list-style-type: none"> • <i>Determine the most ethically appropriate response to a situation</i> (100% on the GSS [increasing from 90% in 2010-2011- the last time that this learning outcome was evaluated], 77.8% on the AS [decreasing from 83.3% in 2010-2011]) • <i>Understand the major ethical dilemmas in their field</i> (100% on GSS [remaining the same as 2010-2011] and 66.7 % on AS [decreasing from 83.3% in 2010-2011]) • <i>Develop a coherent written argument</i> (100% on GSS 100% [increasing from 72.7% in 2010-2011] and 77.8% on AS [increasing from 66.7% in 2010-2011]) <i>develop a coherent presentation</i> (100% on GSS [increasing from 80% in 2010-2011] and 77.8% on AS [increasing from 66.7 % in 2010-2011]). <p>During the period of April 2014 – October 2014, 10 HEP graduates took the CHES exam. Eight out of 10 (80% which is above the national average) students passed with averages in all of the seven competencies tested above the national average. These results further indicate the ability of HEP students to acquire competencies related to acting as a resource person and communicating and advocating for health education programs.</p>
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Interpretation of Results

Extent this learning outcome has been achieved by students (Use both direct and indirect measure results):

The chair is of the opinion that this learning outcome has been adequately achieved by all but one student in one assignment in the courses evaluated for this learning outcome (HPR 501, HPR 540 and HPR 536). Interpretation of results using several measures, including internship evaluations, course assignments, and student surveys, have revealed a demonstrated ability of HEP students to *advocate and communicate for health and health education*. Specifically, the HHP Department instills into the core HEP curriculum recommendations from NCHCE/CHES. Related to outcome #3 here, these competencies include demonstrating an ability to obtain health-related data about social and cultural environments, factors related to growth and development, and the needs and interests

of specific population. In addition, paramount to this learning outcome is an ability to maintain confidentiality in the dissemination of information (personal or other) as well as consideration of the impact that societal and cultural value systems have on health education programs. Taken collectively, the above measures address each of these competencies through assessment of current student work, solicitation of the perceptions of current and former students, and indirect and direct observation of students in the field. It should be noted that the HHP Department recently (within the past three years) undertook a self-study and program review of core course objectives related to the updated NCHEC/CHES competencies (discussed above). That self-study reinforced that core course learning objectives in the HEP program were adequately preparing students, through assignments, field experiences, and instructor provided information (via lectures and inquiry-based learning), to advocate and communicate for health and health education.

Student survey results indicate marked improvement for the 2014-2015 academic year when compared to the last period of evaluation for the GSS for this learning outcome (2010-2011) regarding students preparation to *determine the most ethically appropriate response to a situation* (100% on the GSS [increasing from 90% in 2010-2011], 77.8% on the AS [decreasing from 83.3% in 2010-2011]), *understand the major ethical dilemmas in their field* (100% on GSS [remaining the same as 2010-2011] and 66.7 % on AS [decreasing from 83.3% in 2010-2011]), *develop a coherent written argument* (100% on GSS 100% [increasing from 72.7% in 2010-2011] and 77.8% on AS [increasing from 66.7% in 2010-2011]) *develop a coherent presentation* (100% on GSS [increasing from 80% in 2010-2011] and 77.8% on AS [increasing from 66.7 % in 2010-2011]). For the AS results, to indices decreased in student perception since the last period of evaluation (*determine the most ethically appropriate response to a situation, understand the major ethical dilemmas in their field*) which illustrates room for improvement.

Program strengths and opportunities for improvement relative to assessment of outcome:

It is the chair's opinion that the 2014-2015 academic year continues to represent a building phase for the HHP Department and its HEP program. With the hiring of two new full-time faculty members in the fall of 2012 and 2013, the HEP program continues to be positively impacted in terms of student learning outcomes. Student morale will continue to improve as the new full-time faculty members assume leadership in several imperative core HEP classes, such as HPR 501, 502, 540 and 591 bringing new energy and current philosophies to classroom instruction. No doubt this will be reflected in future Graduating Student and Alumni Surveys where perceived inconsistencies in acquiring mastery of learning objectives related to these courses have previously been noted.

Nevertheless, HEP Alumni and Graduating Student Surveys from the 2014-2015 academic year revealed several interesting perceptions about the HEP program. Analysis of survey data revealed that most individuals felt relatively confident about their ability to respond ethically to situations for both graduating students and alumni alike but that students had less confidence in their ability to *determine*

the most ethically appropriate response to a situation and understand the major ethical dilemmas in their field on the Alumni survey when compared to the previous year of evaluation (2010-2011) and current GSS survey perceptions.

However, firm conclusions are difficult to ascertain with such a small and diverse response rate obtained from each of the surveys (e.g., there were 2 respondents to the GSS and 10 to the AS). Nevertheless, data from other direct and indirect measurements as described above revealed that this learning outcome had effectively been achieved by students.

The HHP Department will continue to incorporate the practice of advocating and communicating for health and health education programming as a primary objective within several stated learning outcomes. The Chair will continue to work with faculty regarding the importance of building student's abilities to develop both written and oral arguments.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

As described above, the HHP Department will continue to encourage students to advocate for health and health education through several key courses in the HEP major as well as through independent research opportunities and internship experiences. Full time faculty members are highly aware of the required competencies also being part of the seven areas of responsibility from the NCHEC CHES examination and the need to maintain pass rates above or on par with the national average. In addition, the Chair will solicit adjunct faculty in other courses for data collection related to each learning outcome in attempt to establish a "culture of assessment" in the department similar to the university Strategic Plan. This will hopefully continue to strengthen student's ability to advocate and communicate for health and health education. In turn, such a strategy may address the minor inconsistencies in student perceptions of the HEP program (as noted in survey results) thus potentially improving the academic reputation of both MU and the HHP Department. Faculty will be advised to monitor their courses for students who, for example, have issues that impede them in being successful in their learning, such as the student for whom sub-par written English language skills hindered a successful grade and product in HPR 536. Such students will be encouraged to seek peer and faculty review of draft work as well as utilize the CTL wherever feasible for graduate-level assistance.

Faculty will also be encouraged to continuously seek real-world application opportunities for HEP students to showcase their work and have direct experience in advocating for health in the local and national communities such as the Marymount Student Research Conference, through volunteerism and publication through recognized governing bodies (conference proceedings) and respected peer-reviewed health education and promotion journals. This year's outstanding accomplishments have been described earlier in this report regarding tangible outcomes from HPR 599 but are also worthy of mention here as they relate directly to this outcome



also. During the 14/15 academic year, 9 students were registered for HPR 599 (Research) and two of them conducted comprehensive research spanning two semesters that included full IRB review and approval. Considering there were 21 registered students in the program in the 14/15 academic year, this is a very impressive level of engagement (42% of total students in the HEP program) which is attributed to highly engaged faculty in the graduate program.

Of the students registered in HPR 599, 5 of them advocated for health education at the institutional level by presenting their research at the MU Student Research Conference and 6 submitted abstracts to national conferences on hot public health topics including Malaria and Ebola, 4 were accepted for presentation at a round table event with the American Public Health Association (APHA) in 2015. One student is preparing a manuscript to be submitted to a peer-reviewed journal in 2015. One HEP student also assisted and was engaged in the research of two other full time faculty members in the department which will be disseminated in 2016 at a national conference (American College of Sports Medicine Annual Conference in Boston, MA). This, alongside 100% pass rates in the internship experience and 80% pass rates in the national CHES licensure exam for the 14/15 academic year, provide strong evidence of the achievement of this learning outcome.



Appendices

#1 NCHEC CHES Exam Analysis Annual Report



Credentialing Excellence in Health Education

1541 Alta Drive, Suite
 Whitehall, PA 16052-5x
 Toll Free Phone: 888-624-324x
 Toll Free Fax: 800-813-0727
 website: www.nchecc.org

December 4, 2014

Dear Department Chair/Director,

The National Commission for Health Education Credentialing, Inc. (NCHEC) is pleased to announce that as of October 2014 it has over 11,000 active Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES). As a service to professional preparation programs, an Examination Analysis report is routinely sent to each institution. The analysis depicts the results of students from your institution for the CHES examination including your institution's average scores and the national average scores earned by all examinees for the April and October CHES exam in total score and also each of the Seven Areas of Responsibility of health education specialists.

If your institution's total score falls below the national average, NCHEC recommends use of "A Competency-Based Framework for Health Education Specialists-2010" this publication will help align your curriculum to the Seven Areas of Responsibility. This framework publication provides matrices that may be useful in identifying gaps in competence and necessary training within the Seven Areas of Responsibility. If interested this publication is available for purchase on the NCHEC website: <http://www.nchecc.org/news/quicklinks/pub/>.

We wish to thank you for your support of those individuals who seek to obtain the CHES certification. Earning this credential reflects a commitment to expanding goals in the health education profession.

If you have any questions, please contact me at (888) 624-3248 x12 and I will be happy to assist you.

Sincerely,

Tanya Cole
 Exam Coordinator





National Commission for Health Education Credentialing, Inc.

CHES Exam Analysis by Major

April 2014 - October 2014

This report has been prepared exclusively for:

Marymount University

	Assess Needs	Plan Programs	Implement Programs	Evaluate Programs	Administer Programs	Act as a Resource	Communicate/ Advocate	Total Score	Number Tested	Number Passed	Percent Passed
Cohort National Average Scores	12.00	14.71	24.95	14.55	12.29	16.04	7.56	102.11	2304	1586	68.84%
Institution Average Scores	11.80	15.90	26.90	15.90	13.40	16.50	8.40	108.80	10	8	80.00%
Average Scores by Major											
Health Promotion	10.00	17.00	29.00	13.00	15.00	14.00	8.00	106.00	1	1	100.00%
Health Promotion Management	12.00	15.78	26.67	16.22	13.22	16.78	8.44	109.11	9	7	77.78%

#2 Graduating Student Survey and Alumni Survey Results 2014/2015

2014-15 Graduating Student Survey - Evaluation of Preparation

NU : GR : Health Education and Promotio

	Responses	Percent Good or Excellent	Mean	Std Dev
Find a job in your field.	2	50.0	3.000	1.414
Succeed in a job in your field.	2	50.0	3.500	2.121
Attain a promotion within your existing employment situation.	2	0.0	3.000	0.000
Pursue more education in your field.	2	100.0	4.500	0.707
Conduct research to support a position.	2	50.0	4.000	1.414
Develop a coherent written argument.	2	100.0	4.500	0.707
Deliver a coherent oral presentation.	2	100.0	4.500	0.707
Use quantitative/qualitative techniques within your professional field.	2	100.0	4.500	0.707
Determine the most ethically appropriate response to a situation.	2	100.0	4.500	0.707
Understand the major ethical dilemmas in your field.	2	100.0	4.500	0.707
Work as part of a team.	2	100.0	4.500	0.707
Lead a team.	2	100.0	4.500	0.707
Manage time effectively.	2	100.0	4.000	0.000
Use technology effectively in a workplace environment.	2	100.0	4.500	0.707
Apply knowledge and skills to new situations.	2	100.0	4.500	0.707
Solve problems in your field using your knowledge and skills.	2	100.0	4.500	0.707
Find appropriate sources of information.	2	100.0	4.500	0.707
Evaluate the quality of information (e.g. scholarly articles, newspapers).	2	100.0	4.500	0.707

Responses on a 5 point scale: 1 (poor) to 5 (excellent)

2014-15 Graduating Student Survey - Faculty, Advisors, and Courses

NU : GR : Health Education and Promotio

	Responses	Percent Good or Excellent	Mean	Std Dev
Faculty members have a high level of expertise in their fields.	2	100.0	4.500	0.707
Faculty members are approachable.	2	100.0	4.500	0.707
Faculty members are available to address my needs outside of class.	2	100.0	4.500	0.707
Advisers are available at convenient times.	2	100.0	4.500	0.707
Advisers are helpful with selecting courses.	2	100.0	4.000	0.000
Advisers are knowledgeable about my degree requirements.	2	100.0	4.500	0.707

Advisers explored my career options with me.	2	100.0	4.500	0.707
Advisers discussed my future education options.	2	100.0	4.500	0.707
Classes in my major were generally available during semesters I need them.	0	--		
Classes in my major were offered at convenient times.	2	100.0	4.000	0.000
Classes in my major challenged me to apply my knowledge in new ways.	2	100.0	4.500	0.707
Classes in my major were academically challenging.	2	100.0	4.500	0.707
Elective courses were generally available during semesters I need them.	2	50.0	3.000	1.414
Elective courses were offered at convenient times.	2	100.0	4.000	0.000
Sufficient electives were offered to meet my needs.	2	50.0	3.500	0.707
Elective classes were academically challenging.	2	100.0	4.500	0.707
Classes in the liberal arts core were academically challenging.	0	--		

Responses on a 5 point scale: 1 (poor) to 5 (excellent)

2014-15 Graduating Student Survey - Evaluation of Development

NU : GR : Health Education and Promotio

	Responses	Percent Somewhat or To a Great Extent	Mean	Std Dev
Interest in lifelong learning	2	100.0	3.500	0.707
Awareness of global issues	2	100.0	3.500	0.707
Self-confidence	2	100.0	3.500	0.707
Openness to new experiences	2	100.0	3.500	0.707
Interest in cultures different from your own	2	100.0	3.500	0.707
Leadership skills	2	100.0	3.500	0.707

Responses on a 4 point scale: 1 (Not at all) to 4 (to a great extent)

2014-15 Graduating Student Survey - Internship

NU : GR : Health Education and Promotio

	Responses	Percent Yes
Education at MU include a internship, clinical, or student teaching experience	2	0.0
The internship, clinical, or student teaching experience allowed you to		
Explore career interests	0	--

Apply critical thinking	0	--
Improve oral and written communication	0	--
Improve understanding of responsibilities required in the profession	0	--
Network with professionals	0	--
Obtain employment at your internship site	0	--
Work with a team in an organizational setting	0	--
Get professional feedback on career skills and options	0	--
Develop a portfolio of work samples	0	--

Responses on a 2 point scale: 1 (yes) to 2 (no)

2014-15 Graduating Student Survey - Further Education

NU : GR : Health Education and Promotio

	Responses	Percent Yes or Maybe
Do you plan to continue your education formally after graduation?	2	100.0
If you are planning to return to school, when do you plan to return?		
Within the next year	0	--
Within two to three years	1	100.0
More than three years from now	0	--
Unsure about when	0	--
What degree do you plan to pursue?		
Master's	0	--
Doctorate	0	--
MD	0	--
JD	0	--
Other	1	100.0

Responses on a 3 point scale: 1 (yes) to 3 (no)

2014-15 Graduating Student Survey - Employment

NU : GR : Health Education and Promotio

	Responses	Percent Yes
Current employment status		
Employed full-time	2	100.0

Employed part-time	0	--
Not employed, but looking	0	--
Not employed, not looking	0	--
Current position related to your field of study at MU		
Not at all related	0	--
Somehow related	2	100.0
Directly related	0	--
If full-time employed, which sector best describes your job?		
Commercial or for-profit	1	50.0
Not-for-profit	1	50.0
Government	0	--
If full-time employed, Average salary		
Under \$10,000	0	--
\$10,000 to \$19,999	0	--
\$20,000-\$29,999	0	--
\$30,000-\$39,999	2	100.0
\$40,000-\$49,999	0	--
\$50,000-\$59,999	0	--
\$60,000-\$69,999	0	--
\$70,000-\$79,999	0	--
\$80,000-\$89,999	0	--
\$90,000-\$99,999	0	--
\$100,000 and above	0	--
What are your plans employment plans after graduation		
Obtain a full-time position	1	50.0
Obtain a part-time position	0	--
Continue in the same position	0	--
None	0	--
Other	0	--

Responses on a 2 point scale: 1 (yes) to 2 (no)

2014-15 Graduating Student Survey - Employment

Job Title	Employer	Location
Health Promotion Specialist	My Life Chiropractic	El Paso, TX
Program Coordinator - Health Promotion & Senior Health	Virginia Hospital Center	Arlington, VA

2014-15 Graduating Student Survey - Comments - Redacted

What are the strongest aspects of your MU education?	What aspects of your MU education need the most improvement?	If you have any other comments regarding your MU education, please provide them here.
Knowledgeable faculty	As a graduate from Health Promotion Management major, I found it is difficult to find a job in this field without science skills such as nutrition, diet, or health professional experiences. So, I would suggest a program to add nutrition certificate during the program or something that useful for job searching since health promotion is very broad and new to employers. I am now pursuing a nursing degree (second degree BSN) so that I believe it will help me with a better job and better income. And I believe N along with Health Promotion Program will be great match that help with career search in the future.	I like the program but as I mentioned earlier that it is better to add more strength in the program so that it will help student find a job easier.
The group work and the quick access to faculty.	Class planning - this would entail expanding the program, so marketing techniques to bring in more students.	

2014-2015 Marymount Alumni Survey Results - By Program

2007-08 Respondents: 4 Graduate
 2011-13 Respondents: 6 Male School of Health Professions
 Number of respondents 10 Health Education and Promotion

From your experience at MU, how would you rate each of following?	Percent Good or Excellent	Valid N
Overall experience	80.0%	10
Academic quality	80.0%	10
Major department or academic program	70.0%	10
Library and Learning services	70.0%	10
Academic advising	60.0%	10
Marymount's academic reputation	50.0%	10

For each of the following skills, please indicate how well you believe your education prepared you to:

Find a job in your field	55.6%	9
Attain a promotion within your existing employment situation	0.0%	0
Pursue more education in your field	44.4%	9
Find appropriate sources of information	66.7%	9
Evaluate the quality of information	66.7%	9
Conduct research to support a position	44.4%	9
Develop a coherent written argument	77.8%	9
Deliver a coherent presentation	77.8%	9
Use quantitative/qualitative techniques within your professional field	55.6%	9
Determine the most ethically appropriate response to a situation	77.8%	9
Understand major ethical dilemmas in your field	66.7%	9
Use technology effectively in a workplace environment	55.6%	9
Apply knowledge and skills to new situations	77.8%	9
Solve problems in your field	66.7%	9

*Based on a five-point scale: (5) excellent, (4) good, (3) adequate, (2) needs improvement, (1) poor.

Which of the following statements describes your start at MU? N = 10	Percent
MU is the first college or university I have attended	10.0%
I transferred into MU from a community college or four-year college or university	10.0%
I earned a degree from another college or university prior to enrolling at MU	80.0%

Relative to completing your degree, when did you find your first professional position? N = 9

Continued a position held while attending school	66.7%
Found a new position prior to graduation	11.1%
0-3 months	0.0%
4-6 months	11.1%
7-12 months	0.0%
More than 12 months	11.1%
Have not yet entered professional position since graduation	0.0%

How closely related was your college/specialization to this position? N = 9

Directly related	44.4%
Somewhat related	44.4%
Not related	11.1%

Which of the following best describes your current employment status? N = 9

Employed full-time	77.8%
Employed part-time	0.0%
Not employed, but seeking employment	11.1%
Not employed, and not looking	11.1%
Other	0.0%

What is your salary range? N = 7

under \$10,000	0.0%	\$60,000 to \$69,999	14.3%
\$10,000 to \$19,999	0.0%	\$70,000 to \$79,999	0.0%
\$20,000 to \$29,999	0.0%	\$80,000 to \$89,999	28.6%
\$30,000 to \$39,999	0.0%	\$90,000 to \$99,999	0.0%
\$40,000 to \$49,999	14.3%	\$100,000 and above	14.3%
\$50,000 to \$59,999	28.6%	Mean Salary**	\$70,714.3

**Mean salary based on midpoint of range indicated.

Have you pursued further education since completing your degree? N = 9

No	88.9%
Yes	11.1%

Number pursuing further degrees: N = 1

Associates	Doctoral
Bachelors	Professional
Masters	Other

#3 Health Education and Promotion Departmental Learning Outcomes Evaluation Rubric for 2014/2015

FOR USE WITH GRADUATE HEALTH PROMOTION MANAGEMENT MAJORS

Dear HHP Faculty Member-

As part of our ongoing Institutional Assessment, the HHP Department along with Marymount University has selected a number of student learning outcomes in order to demonstrate certain knowledge and skills within the HHP core curriculum. In order to assess the overall competencies of students, the attached rubric has been developed to determine student learning outcomes in three primary areas this year:

1. **Exhibit the knowledge and skills to function as competent graduate-level health educators.**
2. **Select, choose, and implement contemporary technology and non-technology-based equipment, industry tools/inventories, and/or other practical "hands-on" applications in health and wellness.**
3. **Advocate and communicate for health and health education.**

The faculty member is asked to **select one assignment** in your HPR _____ course, preferably a final paper or project or a typical assignment during the course of the semester which assimilates the learning objectives of the course, and evaluate each HHP student's knowledge and skill for the three learning outcomes above. If you feel that the assignment did not address a particular learning outcome, please circle NA (not applicable). Further, if the assignment did not inherently incorporate each competency for a particular learning outcome, please select NA and explain how the learning outcome was addressed in part. While these learning outcomes are broad in language, your task is to evaluate the student based on the particular assignment. Please refer to the following pages of this document for an explanation of how to evaluate competency for each of the learning outcomes specified in the rubric.

In addition, please attach the written assignment and copies of the assignment (if appropriate) in your report. Upon submission of materials to the chair, please withhold student names and code both the student's assignment and the evaluation form (e.g., you may specify that the student is #1 on both the evaluation form and assignment). Thank you for your assistance in this matter.

Respectfully,

Michelle Walters-Edwards (Ph.D.)
Chair, Health and Human Performance
mwalters@marymount.edu
Phone: 703-284-1597
Fax: 703-284-3819

The following is a description of the criteria to be used for the evaluation of student learning outcomes for the assignment, paper, or project. Please note that competency for each learning outcome is representative of a "3 or able" rating on the scale. The following represents the criteria for *graduate* students.

Learning Outcome 1: Graduate

Exhibit the knowledge and skills to function as competent graduate-level health educators.

Students have demonstrated competency for this learning outcome (3 or able) when:

1. There is an ability to distinguish between behaviors that foster and those that hinder well-being.
2. Inference is made on the needs for health education on the basis of obtained data.
3. There is involvement of community organizations, resource people and potential participants for support and assistance in program planning.
4. A logical scope and sequence plan for a health education program is developed.
5. Appropriate and measurable program objectives are formulated.
6. Educational programs are designed which are consistent with the specified program objectives.

A rating of 1 or unable for this learning outcome reflects that the student *did not*:

1. Investigate factors influencing health behaviors, identify behaviors that tend to promote or compromise health, and/or recognize the role of learning and affective experience in shaping patterns of health behavior.
2. Analyze needs assessment data or determine priority areas of need for health education.
3. Incorporate feasible ideas and recommendations from various organizations and/or individuals into the planning process.
4. Determine the range of health information requisite to a given program of instruction and/or organize the subject areas comprising the scope of a program in logical sequence.
5. Develop a framework of broadly stated, operational objectives relevant to proposed health education program.
6. Select a variety of strategies best suited to implementation of educational objectives in a given setting.

A rating of 2 or somewhat able for this learning outcome reflects that the student's assignment was between a rating of "1 or unable" and "3 or able".

A rating of 4 or very able for this learning outcome reflects superior achievement in each of the below descriptors. This rating should be reserved for the very best assignments and thus should demonstrate:

1. Exceptional ability in distinguishing between behaviors that foster and those that hinder well-being.
2. Inferences made on the needs for health education on the basis of obtained data and an acknowledgment of gap in the literature.

3. Significant involvement of community organizations, resource people and potential participants for support and assistance in program planning.
4. An innovative and logical scope and sequence plan for a health education programs.
5. Formulation of appropriate and measurable program objectives.
6. Consistency of educational programs with the specified program objectives.

Learning Outcome 2: Graduate

Select, choose and implement contemporary non technology-based equipment, industry tools/inventories, and/or other practical "hands-on" applications in health and wellness.

Students have demonstrated competency for this learning outcome (3 or able) when:

1. Competence is exhibited in carrying out planned educational programs.
2. Enabling objectives are inferred as needed to implement instructional programs in specified settings.
3. Methods and media best suited to implement program plans for specific learners are selected.
4. Plans are developed to monitor educational programs and assess achievement of programs objectives.
5. Criteria of effectiveness are incorporated into evaluation plans.
6. Inferences of the implications from program evaluation findings are used for future program planning.

A rating of **1 or unable** for this learning outcome reflects that the student *did not*:

1. Utilize data-collecting methods appropriate to the objectives.
2. Employ a wide range of educational methods and techniques.
3. Pretest learners to ascertain present abilities and knowledge relative to proposed program objectives.
4. Determine the availability of information, personnel, time and equipment needed to implement the program for a given audience.
5. Offer suggested revisions to program activities and objectives as necessitated by anticipated changes in learner needs.
6. Apply criteria of effectiveness to anticipated results of a program.
7. Recommend strategies for implementing results of evaluation.

A rating of **2 or somewhat able** for this learning outcome reflects that the student's assignment was between a rating of "1 or unable" and "3 or able".

A rating of **4 or very able** for this learning outcome reflects superior achievement in each of the below descriptors. This rating should be reserved for the very best assignments and thus should demonstrate:

1. Innovation in carrying out planned educational programs.
2. Enabling objectives are inferred as needed to implement instructional programs in specified settings.
3. Innovative methods and media in implementing program plans for specific learners.
4. Innovation in plans developed to monitor educational programs and assess achievement of programs objectives.
5. Criteria of effectiveness in evaluation plans.
6. Inferences of the implications from program evaluation findings for future program planning.

Learning Outcome 3: Graduate

Advocate and communicate for health and health education.

Students have demonstrated competency for this learning outcome (3 or able) when they:

1. Analyze and respond to current and future needs in health education.
2. Apply a variety of communication methods and techniques.
3. Promote the health education profession individually and collectively.
4. Influence health policy to promote health.
5. Respond to requests for health information.
6. Maintain anonymity in addressing individual health concerns.
7. Consider individual differences of human behavior, culture, and other societal influences when addressing health promotion needs and services.

A rating of **1 or unable** for this learning outcome reflects that the student *did not*:

1. Analyze and respond to current and future needs in health education.
2. Apply a variety of communication methods and techniques.
3. Promote the health education profession individually and collectively.
4. Influence health policy to promote health.
5. Respond to requests for health information.
6. Maintain anonymity or consider individual differences.
7. Consider individual differences of human behavior, culture, and other societal influences when addressing health promotion needs and services.

A rating of **2 or somewhat able** for this learning outcome reflects that the student's assignment was between a rating of "1 or unable" and "3 or able".

A rating of **4 or very able** for this learning outcome reflects superior achievement in each of the below descriptors. This rating should be reserved for the very best assignments and thus should demonstrate an exceptional ability to:

1. Analyze, respond to, *and predict* current and future needs in health education.
2. Apply a variety of *innovative* communication methods and techniques.
3. *Philosophically* promote the health education profession individually and collectively.
4. Propose health policy to promote health.
5. Respond to requests for health information.
6. Analyze and critique the literature for culturally sensitive initiatives in health promotion.

Instructor _____ Course _____

Student Code _____ Semester _____

Number of students enrolled in course _____

Evaluate each **undergraduate** student on the following 2 learning outcomes for the chosen assignment. If a student is deficient in a particular learning outcome, please briefly describe in which competency(ies) they were deficient. Again, if not all of the competencies were inherently addressed in the assignment for a particular learning outcome, select NA and comment on how the learning outcome was or was not achieved. Please use the bullet points within each LO to assist you in summarizing your response.

	Very Able	Able	Somewhat Able	Not Able	Not Applicable
<i>Graduate Learning Outcome</i>					
Exhibit the knowledge and skills to function as competent graduate-level health educators.	4	3	2	1	NA
Comment: 					
Select, choose, and implement contemporary non technology-based equipment, industry tools/inventories, and/or other practical "hands-on" applications in health and wellness.	4	3	2	1	NA
Comment:					
Advocate and communicate for health and health education.	4	3	2	1	NA
Comment:					



#4 Internship Evaluation Rubric

FINAL INTERNSHIP PERFORMANCE REVIEW

Marymount University
Health Promotion Management Program
2807 N. Glebe Road
Arlington, Virginia 22207
(703) 526-6876 fax: (703) 284-3819

Student Intern: _____ **Semester of Internship:** _____

Please rate the student’s achievement of competencies listed in column one of the evaluation form. On the bottom and back of this sheet, feel free to make comments about the student's strengths and areas needing improvement. **Due** _____

- 1 – generally poor performance in this area; considerable improvement needed
- 2 – generally adequate performance in this area; some improvement needed
- 3 – generally good performance in this area
- 4 – exceptional performance in this area
- N/O – no opportunity to observe this competency

Competency	1	2	3	4	N/O
Assesses individual and community needs for health education					
Plans effective health education programs					
Implements health education programs					
Evaluates the effectiveness of health education programs					
Coordinates provision of health education services					
Acts as a resource person in health education					



Demonstrates effective oral communication skills					
Demonstrates effective written communication skills					
Uses electronic technology in the practice of health education					
Administers health education programs					
Uses ethical standards in the practice of health education					
Demonstrates professional behavior in the workplace					

Supervisor's Signature: _____ **Date:** _____ Return to

Dr. Michael Nordvall by mail or fax: (703) 284-3819