

## STUDENT LEARNING ASSESSMENT REPORT

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**PROGRAM:** Health Education & Promotion (M.S.)

**SUBMITTED BY:** Jennifer L. Tripken, Department Chair and Assistant Professor, Department of Health and Human Performance

**DATE:** September 30, 2016

**BRIEFLY DESCRIBE WHERE AND HOW ARE DATA AND DOCUMENTS USED TO GENERATE THIS REPORT BEING STORED:** Documents are stored electronically and in hard copy at the desk of Dr. Jennifer Tripken, Malek School of Health Professions, Caruthers Hall, Room 2031, or in some cases with the instructor of the noted course.

### 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:** *(regardless of whether or not they are being assessed this year)*

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	2014-2015		2017-2018
Select, choose, and implement contemporary non technology-based equipment, industry tools/inventories, and/or other practical "hands-on" applications in health and wellness	2014-2015		2017-2018
Evaluate the rationality and sensitivity of values and ethics in the health and wellness field using critical thinking behaviors/skills	2015-2016	X	2018-2019
Evaluate various methods of technology in the classroom, in designing and evaluating health promotion programs, and/or in the clinical setting	2015-2016	X	2018-2019
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	2014-2015		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 six 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.

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.

Further, the program also underwent a name change in the Fall 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. Data from admissions has reflected an increase in applications to the program that might be correlated with the change in program name. The change in name also streamlined the process for students to qualify to sit for the Certified Health Education Specialist exam without exemption.



**CHES exam pass rates**

The last five 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
2015	8	7	88	65.5	Above the national average

Table 1. Pass rates for CHES exam Marymount University HEP students versus national average 2011-2015.

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 and 2015 results, whereby an 80% and 88% pass rate were observed; a significant improvement over the previous years (55.6%, 75%) and a trend that includes a high percentage of students taking the test each year. The chair will utilize the help of the full-time faculty and Graduate Assistants during the 2016/2017 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. In 2015, the competencies were revised and the curriculum will undergo an internal review to ensure that the new competencies are being addressed in the program. The department 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:** Planned improvements that were noted in the 2014/2015 annual assessment report pertained to both the departmental learning outcomes as well as the program review (2013). Hence, updates to both are listed below with appropriate outcome updates.

Planned improvements from the Spring 2013 Program Review report included:

Outcome	Planned Improvement	Update (indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation).
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

		<p>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.</p> <p>With the new “cohort” system in trial, the department hopes to create an informal system of pre-requisites that includes a recommended schedule of classes.</p>
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	<p>The HHP chair included this request in the 15/16 budget request, but this request was not granted. 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.</p> <p>Several times throughout the year, the department organizes a “meet and greet” and a “get to know your faculty” social gathering for graduate students to increase the level of interaction between students and their advisors.</p>
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 15/16 academic year 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 were accepted. Four graduate students traveled to the APHA annual conference, held in Chicago, IL in November 2015 to present their research. They were accompanied by a full time faculty member. These students then shared their experience of attending and presenting at a professional organization conference with

		other graduate students during a formal gathering to encourage other students to become involved.
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 have continued to take a two-pronged approach to this course (2 semesters with a faculty mentor). Three students completed HPR 599 during the 2015/16 academic year. 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).
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. HHP faculty maintain a channel of communication between the students and the chair to voice concerns or requests e.g. class scheduling and elective options. Two social event was held for HEP students in the fall of 2015 to allow for networking and informal communication, including alumni of the program. These events were very well received and another social gathering is planned for the 16/17 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) and two core courses be offered at the earlier time in the spring 2016 semester (HPR 520 and HPR 540).
7. Program name	Consider changing the program name to speak more clearly to the learning outcomes.	<p>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).</p> <p>The website for HEP needs to be continually updated with testimonials and internship information to strengthen the appeal of the program to prospective students. The website was revised this past year and has much more information that should make the program more attractive to potential students. This will be on ongoing project in the next year.</p> <p>The chair met with Graduate Admissions representatives in the 15/16 academic year to discuss better channels to promote the program and the chair provided a list of names to Graduate Admissions for alumni testimonials. HHP faculty discussed making a promotional webinar to on</p>

		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 2014-2015 academic period are as follows:

<b>Outcome</b>	<b>Planned Improvement</b>	<b>Update</b> <i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i>
Exhibit the knowledge and skills to function as competent graduate-level health educators	<p>Continue to promote HPR 599 (Research Project) as an alternate to the internship experience or as an elective</p> <p>Promote student engagement with professional organizations (APHA, SOPHE)</p> <p>Continued development of global classroom learning opportunities</p> <p>Explore future opportunities for distance learning (online) courses within the department</p>	<p>Three students completed HPR 599 during the 2015/16 academic year. 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), strengthen the career preparation, and enhance student-faculty interaction and collaboration.</p> <p>During the 15/16 academic year 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 were accepted. Four graduate students traveled to the APHA annual conference, held in Chicago, IL in November 2015 to present their research. They were accompanied by a full time faculty member. These students then shared their experience of attending and presenting at a professional organization conference with other graduate students during a formal gathering to encourage other students to become involved.</p> <p>For the second year in a row, a course within the department ran as a global study abroad. In June 2015, HPR 588 ran as a special topics</p>

		<p>course to study global health in Iceland. During May 2016, the HEP program collaborated with the HCM program to offer a service-learning course in Peru. Three students from the program participated in this course. A return trip to Iceland is planned for the upcoming year and future collaborations with other programs will be explored.</p> <p>During the summer 2016, HEP offered its first online course (HPR 510). This course enrolled 7 students. Additionally, HPR 591, a core course, was approved as a hybrid course.</p>
<p>Select, choose, and implement contemporary non technology-based equipment, industry tools/inventories, and/or other practical "hands-on" applications in health and wellness</p>	<p>Encourage students to enroll in lab-intensive elective courses (HPR 500 and HPR 560)</p> <p>Submit documents for HPR 591 to become a permanent course</p> <p>Promote HPR 599 (Research course) as an alternative to the internship experience</p>	<p>Neither of these courses ran during the 15/16 academic year. The department is currently in the preliminary trial of a cohort system and it is expected that these courses will run in the upcoming year.</p> <p>HPR 591 was successfully submitted as a permanent course in the department in the Spring 2016. This course integrates the application of both qualitative and quantitative methods and statistical software is used. Offering this course in the Spring 2017 should strengthen this learning outcome.</p> <p>As stated above, three students completed HPR 599 during the 2015/16 academic year. 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), strengthen the career preparation, and enhance student-faculty interaction and collaboration.</p>
<p>Advocate and communicate for health and health education</p>	<p>Continue to keep up-to-date with CHES competencies</p> <p>Encourage students to participate in research experiences</p>	<p>Two full time faculty members are CHES certified and actively maintain their certification through CEU's. Faculty are encouraged to incorporate the CHES competencies in their courses and promote CHES as an outcome for all graduating students, if their professional goals align with this certification. This past year, CHES updated their competencies and a review will take place this upcoming year to ensure the department courses are aligned with updated competencies.</p> <p>Five students in the graduate program presented at either a regional or national conference on their research project completed at MU. HPR 599 will continue to be promoted as an avenue not only to explore "real</p>

		world” applications to content, but as an option to advocate and communicate for health via professional conferences and publications.
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**Provide a response to last year’s University Assessment Committee review of the program’s learning assessment report:**

**Feedback:** I. Executive Summary: Meets the acceptable criteria. The detailed section on strengths, challenges and opportunities for improvement should help inform the programs plans for continuous improvement.

**Response:** The Chair will continue to focus on detailed sections on strengths, challenges, and opportunities for improvement within the program.

**Feedback:** II. Implemented Improvement’s from Previous Year: It is clear that the program is actively seeking continuous improvement through the implementation of a number of changes, including experimenting with a trial cohort and increased use of technology in communication with students and adjuncts.

**Response:** Thank you.

**Feedback:** III. Outcomes: The program appears to be a developmental level for the last two criteria of this category. Many of the outcomes attempt to assess multiple objectives in a single outcome. The wording of these may need revision and some additional outcomes (or replacement outcomes) may add value to the data collected.

Outcome 2 – It is unclear how “select” is different from “choose” but both are different than the ability to implement.

Outcome 4 – Is the focus on evaluating technological methods or in designing and evaluating programs?

Outcome 5 – Four different skills are included here, e.g. to plan, implement, administer and evaluate. It is unclear if these skills are required to be applied to 3 different deliverables, e.g. strategic plans, health interventions and health education programs. To accomplish all the objectives, this outcome may need to be split into multiple ones. Is the intent to focus on design?

Outcome 6 – Is the primary objective to critique research or to do needs assessment. In some cases, some of the variables mentioned in the outcomes might be better articulated in a rubric than the outcome itself. In most regards, the program meets the “acceptable” level criteria.

**Response:** A task of the department will be to review this feedback and make changes to the learning outcomes as needed.

**Feedback:** IV. Assessment Measures and Targets: The program uses multiple direct and indirect measures. Some of the targets of “majority” might was to be set at more demanding levels.

**Response:** The targets will be increased from majority levels. Current targets are that the majority of students will achieve at least a 3 or above on internship and able or above in other learning indices based on the chair generated learning proficiency report. The department will discuss and implement as necessary actual target percentages of students to achieve at least a 3 on specified measures in future assessments and/or ‘raise the bar’ on certain outcome expectations to enhance rigor in the curriculum.

**Feedback:** V. Analysis of Results and Implications: There is detail and thoughtful analysis for all outcomes and measures. There is reference in a several places in the report to “student morale.” The link between this opportunity for improvement and the analysis is not clear. If this issue arises from additional sources of unreported data, incorporating the data into the official measurements might be valuable to the program. There was substantial data from NCHC and the



Graduate Student Survey that was presented but not analyzed in depth. At this stage of maturity in the assessment process, a more micro analysis might be valuable to the program. This would be particularly true of the low scoring items for “good or excellent.” The program is commended for their sincere efforts to honestly analyze the available data to improve the program.

**Response:** A more micro analysis will be undertaken for graduating student surveys and NCHEC reports. Additionally, the department will explore more official measures to gauge student morale.

**Feedback:** VI. Use of Assessment to Improve Effectiveness: It is clear that the program is committed to continuous improvement.

**Response:** Thank you.

**Feedback:** Other Comments: The full NCHEC review in AY 15-16 should be useful in preparing this report. The UAC encourages programs to make use of reviews using accreditor standards in their internal reports. Discussions with the Assessment Director on how to avoid duplication of effort may be useful to the program. The phrase “in the opinion of the Chair” is used repeatedly in the report. The assessment process does, however, to be collegial and by consensus.

**Response:** The chair will work to ensure full participation of all faculty and adjuncts in the assessment process.

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**Outcomes Assessment 2015-2016**

**Learning Outcome 1:** Evaluate the rationality and sensitivity of values and ethics in the health and wellness field using critical thinking behaviors/skills

**Assessment Activity**

<p><b>Outcome Measures</b> <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i></p>	<p><b>Performance Standard</b> <i>Define and explain acceptable level of student performance.</i></p>	<p><b>Data Collection</b> <i>Discuss the data collected and student population</i></p>	<p><b>Analysis</b> <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i></p>
<p><b>Internship</b> 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 as appendix 4) and site evaluation as applicable for HEP majors</p>	<p>In <b>HPR 598, the internship course</b>, three learning objectives address this learning outcome which includes incorporating the practice of ethical standards in health education, practicing professional behavior in the workplace, and conducting and evaluating research related to health education. These objectives are a component of the National Commission for Health Education Credentialing (NCHEC) Certified Health Education Specialist (CHES) exam and have been incorporated into the internship experience as part of the supervisor’s evaluation of MU HHP/HEP interns. Seven students were evaluated over the course of a year and all students (100%) were very able (4 on the internship supervisor evaluation form used by the HHP Department) to achieve this learning outcome as determined by their respective supervisors.</p>
<p><b>Proficiency reports</b> (rubric) (direct)</p>	<p>A rating of “able” (3) on the proficiency report rubric</p>	<p>Rubrics (see appendix 3) were generated and used to determine proficiency on comprehensive assignments in targeted classes.</p>	<p>Students were evaluated for their performance related to this learning outcome in three classes: HPR 510 Global Health and Culture, HPR 540 Designing and Evaluating Health Promotion Programs, and HPR 580 Ethical Issues in Public Health. These courses were selected because of their direct link to this learning outcome and the plethora of assignments that were included in the course that address this outcome.</p> <p>In <b>HPR 510</b>, students (n=7) were assigned a final paper that included selecting a contemporary cultural health</p>

			<p>population facing a global health issue to research, critically analyze, and develop a theoretically-grounded, culturally-sensitive health program. This assignment addressed the learning outcome as it required students to explain key principles, concepts, and approaches in health education and promotion practice among cultures and subcultures worldwide, examine worldwide cultural beliefs, values, norms, and customs, develop the ability to use effective, culturally competent communication among different global populations, discuss innovative health initiatives to reduce health inequities and ethical concerns across the globe, taking cultural differences into account, and utilize a theoretical framework to develop a research-based, culturally sensitive health program for a specific transcultural population and global health issue. 86% (n=6) students were rated as a 3 or above (at least able) on this assignment. 86% (n=6) were also rated a 4 or above (very able). These students followed the instructions and completed the assignment with all required components in a highly proficient manner that reflected above and beyond work. Unfortunately, 1 student (14%) was rated a 1 or zero because they did not complete the assignment.</p> <p>In <b>HPR 540</b>, students (n=7) were assigned with developing a health promotion program. Part of this assignment included addressing the ethical aspect of the program and how they would ensure protection for participants. 100% of students achieved a rating of able (3) or better on this assignment, with all students addressing key aspects of this learning outcome, including maintaining confidentiality, informed consent, and safety. All student assignments demonstrated a high sensitivity to individual and community values, perceptions, and cultural differences. Of the 7 students, 6 students earned a score of 4 “very able”.</p>
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			<p>In <b>HPR 580</b>, students (n=3) were assigned with identifying an ethical issue in public health and developing a cogent argument for a position on the issue. This assignment called for students to explore the ethical issues surrounding a particular health issue and then choose and defend the position that was most ethical. 100% of students achieved a rating of able (3) or better on the proficiency rubric.</p>
<p><b>Alumni Surveys</b> (indirect) and <b>Certification Results</b> (direct)</p>	<p>Responses indicate positive ratings (good or excellent) of the program on the alumni survey and graduating student survey. Pass rate on certification exams.</p>	<p>Alumni surveys (see appendix 2) 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>Alumni survey results (n=11) revealed an overall high percentage of students indicating that they were good to excellent in their ability to <i>determine the most ethically appropriate response to a situation (72.7% of respondents)</i>, and <i>understand major ethical dilemmas in your field (81.8%)</i>. Compared to the last time this learning outcome was assessed, there were significant improvements. In 2011-12, only 50% of alumni rated their ability to determine the most ethically appropriate response to a situations as good to excellent. This score improved significantly to 72.7% for this assessment. Similarly, only 75% of alumni in 2011-12 stated good to excellent preparation in understanding major ethical dilemmas in the field. This year's assessment reports that number increased to 81.8%.</p> <p>The CHES exam is administered on two occasions during the year in April and October. From April 2015 to October 2015 (the next report will be April 2016 – October 2016), 7 from 8 students (88%) who took the CHES exam passed, with averages in the seven areas of responsibility being either above or in line with the national average score (appendix 1).</p>

### Interpretation of Results

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

**Internship Evaluation:** In **HPR 598, the internship course**, three learning objectives address this learning outcome which includes incorporating the practice of ethical standards in health education, practicing professional behavior in the workplace, and conducting and evaluating research related to health education. These objectives are a component of the National Commission for Health Education Credentialing (NCHEC) Certified Health Education Specialist (CHES) exam and have been incorporated into the internship experience as part of the supervisor's evaluation of MU HHP/HEP interns. Seven students were evaluated over the course of a year and all students (100%) were very able (4 on the internship supervisor evaluation form used by the HHP Department) to achieve this learning outcome as determined by their respective supervisors.

**Proficiency Reports:** Students were evaluated for their performance related to this learning outcome in three classes: HPR 510 Global Health and Culture, HPR 540 Designing and Evaluating Health Promotion Programs and in HPR 580 Ethical Issues in Public Health. These courses were selected because of their direct link to this learning outcome and the plethora of assignments that were included in the course that address this outcome.

In **HPR 510**, students (n=7) were assigned a final paper that included selecting a contemporary cultural health population facing a global health issue to research, critically analyze, and develop a theoretically-grounded, culturally-sensitive health program. This assignment addressed the learning outcome as it required students to explain key principles, concepts, and approaches in health education and promotion practice among cultures and subcultures worldwide, examine worldwide cultural beliefs, values, norms, and customs, develop the ability to use effective, culturally competent communication among different global populations, discuss innovative health initiatives to reduce health inequities and ethical concerns across the globe, taking cultural differences into account, and utilize a theoretical framework to develop a research-based, culturally sensitive health program for a specific transcultural population and global health issue. 86% (n=6) students were rated as a 3 or above (at least able) on this assignment. 86% (n=6) were also rated a 4 or above (very able). These students followed the instructions and completed the assignment with all required components in a highly proficient manner that reflected above and beyond work. Unfortunately, 1 student (14%) was rated a 1 or zero because they did not complete the assignment.

In **HPR 540**, students (n=7) were assigned with developing a health promotion program. Part of this assignment included addressing the ethical aspect of the program and how they would ensure protection for participants. 100% of students achieved a rating of able (3) or better on this assignment, with all students addressing key aspects of this learning outcome, including maintaining confidentiality, informed consent, and safety. All student assignments demonstrated a high sensitivity to individual and community values, perceptions, and cultural differences. Of the 7 students, 6 students (86%) earned a score of 4 "very able". These students demonstrated outstanding proficiency in communicating health needs and the impact of societal value systems on the health education programs were explored and predicted.

In **HPR 580**, students (n=3) were assigned with identifying an ethical issue in public health and developing a cogent argument for a position on the issue. This assignment called for students to explore the ethical issues surrounding a particular health issue and then choosing and defending the position that was most ethical. A high level of critical thinking was involved in this assignment and a thorough understanding of ethics was needed. In total, 100% of students achieved a rating of able (3) or better on the proficiency rubric. Of the three students, two (66.7%) achieved a rating of 4 "very able". These students included in their assignment a wide range of strategies for dealing with the health issue and demonstrated outstanding proficiency in communicating their position.



Alumni and Graduating Student Surveys and CHES pass rates: Alumni survey results (n=11) revealed an overall high percentage of students indicating that they were good to excellent in their ability to *determine the most ethically appropriate response to a situation (72.7% of respondents)*, and *understand major ethical dilemmas in your field (81.8%)*. The alumni survey for the HEP program revealed higher percentages for understanding the most ethically appropriate response to a situation when compared to the university as a whole, but was below the average for the other item under review, as presented in the following table:

Item	Alumni Survey for HEP	Alumni Student Survey for the University
Determine the most ethically appropriate response to a situation	72.7	76.8
Understand major ethical dilemmas in your field	81.8	73.2

Compared to the last time this learning outcome was assessed, there were significant improvements. In 2011-12, only 50% of alumni rated their ability to determine the most ethically appropriate response to a situations as good to excellent. This score improved significantly to 72.7% for this assessment. Similarly, only 75% of alumni in 2011-12 stated good to excellent preparation in understanding major ethical dilemmas in the field. This year’s assessment reports that number increased to 81.8%. Thus, the alumni survey results support the general consensus that course work in the HEP program sufficiently addressed in depth the components of ethical decision making.

The CHES exam is administered on two occasions during the year in April and October. From April 2015 to October 2015 (the next report will be April 2016 – October 2016), 7 from 8 students (88%) who took the CHES exam passed, with averages in the seven areas of responsibility being either above or in line with the national average score (appendix 1). The principles and practices of ethics are addressed in each area of competency ([www.nchec.org](http://www.nchec.org)). The results of our students CHES exam scores, both as a whole (above the national average) and on each competency area are promising and indicate a high level of knowledge and understanding of the values and ethics in health.

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

The alumni and graduating student surveys indicate that students from our program have a solid understanding of major ethical dilemmas in the field, but could use more instruction and guidance in determining the most ethically appropriate response to a situation. This information is helpful to the department as it highlights the area course instruction should emphasize. For the past two years, HPR 580 *Ethical Issues in Public Health*, has been offered as a temporary course. While ethics is an underlying concept in all HEP courses, having a dedicated course that addressed ethical issues and the most appropriate responses might strengthen graduating students’ ability in this area.

Analysis of student assignments revealed a high level of proficiency in addressing this learning outcome. Students are exposed to a range of important health issues and a primary learning outcome of most courses includes the practice of ethical standards to health education programming. Several faculty in the department have participated in the Ethics I Seminar, held yearly over the summer, which has served to strengthen the curriculum. Faculty who have taken this seminar will continue to reflect upon and share their assignments and coursework with the rest of the department to encourage assignments that stimulate critical thinking and problem solving abilities thereby exhibiting in students the skills of fair-mindedness and thoughtful analysis (e.g., case studies).



The culminating internship experience for the HEP program demonstrates student proficiency in this learning outcome, as 100% of students were rated as a 4 or above (very able). This evidence supports the efforts made to integrate ethics throughout the curriculum.

The results from the 2015 CHES exam revealed that students graduating from the program are competent in all seven areas of responsibility as outlined by the governing body, NCHEC. The above national average pass rate for the past two years is a strength of the program and indicates that the curriculum is addressing all areas necessary of professional health educators, including ethics. The review of the new competencies put forth by NCHEC will further analyze how the curriculum addresses the KSA's of health educators and provide useful feedback for program improvements.

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

Based on this assessment of the learning outcome, the Chair will encourage faculty to continue to incorporate inquiry guided learning assignments/projects pertaining to the moral and ethical conduct considerations of health education programming and client-practitioner interactions. While the majority of faculty are already taking this approach, it is imperative to reflect upon current assignment to align with the learning outcome and current CHES guidelines. In addition, the faculty who have taken the Ethics I Seminar will be asked to share their experiences and outcomes, including how they incorporate ethics into their coursework.

Coursework will continue to be analyzed for inclusion and development of this learning outcome in all core classes, from the introductory courses to the culminating internship experience. A planned curricular change to the program will be to make HPR 580 *Ethical Issues in Public Health* a permanent course that will be offered yearly. While this course currently stands as an elective, the faculty will reflect upon its role in the program and consider adding it as a core course, based upon student evaluations and CHES competencies. Several students in the program have also elected to take HPR 599, the independent research study course. This course can be used as an elective in the program or as a substitute for the internship experience. With its increasing popularity among students over the past two years (n=10), this course offers an opportunity to apply the concepts learned in core courses to a real world issue. Developing a more formalized approach to this course, that incorporates an emphasis on ethical concepts, might strengthen students ability to respond to ethically challenging situations, an area that needs improvement. Faculty will also explore other courses in which this aspect might be addressed more fully in the curriculum.

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**Learning Outcome 2:** Evaluate various methods of technology in the classroom, in designing and evaluating health promotion programs, and/or in the clinical setting

**Assessment Activity**

<p><b>Outcome Measures</b> <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i></p>	<p><b>Performance Standard</b> <i>Define and explain acceptable level of student performance.</i></p>	<p><b>Data Collection</b> <i>Discuss the data collected and student population</i></p>	<p><b>Analysis</b> <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i></p>
<p><b>Internship</b> 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 as appendix 4) and site evaluation as applicable for HEP majors</p>	<p>Two learning objectives in particular within the HEP internship address this learning outcome which includes: 1) Selects, chooses, and implements contemporary and non-technology- based equipment, industry tools/inventories, and/or other practical “hands-on” applications in health and wellness, and 2) Administers and manages health education. These objectives are a component of the National Commission for Health Education Credentialing (NCHEC) Certified Health Education Specialist (CHES) exam and have been incorporated into the internship experience as part of the supervisor’s evaluation of MU HHP/HEP interns. Out of the seven student interns during this time period, all (100%) were able or very able to achieve this leaning outcome as determined by their respective supervisors.</p>
<p><b>Proficiency reports</b> (rubric) (direct)</p>	<p>A rating of “able” (3) on the proficiency report rubric</p>	<p>Rubrics (see appendix 3) were generated and used to determine proficiency on comprehensive assignments in targeted classes.</p>	<p>Students were evaluated for their performance related to this learning outcome in three classes: HPR 502 Introduction to Public Health and Preventive Medicine, HPR 510 Global Health and Culture, and HPR 540 Designing and Evaluating Health Promotion Programs. These courses were selected due to their inherent learning objectives of utilizing technology to research and deliver educational health information to an appropriate audience with evidence-based research to support the rationale for the chosen topic/population.</p>

			<p>In <b>HPR 502</b>, students (n=9) were assigned with developing an oral presentation that included technology to support an evidence-based recommendation for a health program targeting a specific health issue and population. Eight (8) students were rated as a 3 “able” or above. One (1) student did not show up for the presentation and thus was not rated. Disregarding the no observation, 100% of students who presented, achieved proficiency in this outcome.</p> <p>In <b>HPR 510</b>, students (n=7) were assigned a final presentation that included selecting a contemporary cultural health population facing a global health issue to research, critically analyze, and develop a theoretically-grounded, culturally-sensitive health program. This presentation required that students make a PowerPoint and include an audio and video component. This assignment addressed the learning outcome as it required students to explain key principles, concepts, and approaches in health education and promotion practice among cultures and subcultures worldwide, examine worldwide cultural beliefs, values, norms, and customs, develop the ability to use effective, culturally competent communication among different global populations, discuss innovative health initiatives to reduce health inequities and ethical concerns across the globe, taking cultural differences into account, and utilize a theoretical framework to develop a research-based, culturally sensitive health program for a specific transcultural population and global health issue. 86% (n=6) students were rated as a 3 or above (at least able) on this assignment. 86% (n=6) were also rated a 4 or above (very able). These students followed the instructions and completed the assignment with all required components in a highly proficient manner that reflected above and beyond work. Unfortunately, 1 student (14%) was rated a 1 or zero because they did not complete the assignment.</p>
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			<p>In <b>HPR 540</b>, students (n=7) were assigned with developing a health promotion program. Part of the assignment was to present this program to a “mock board of stakeholders”. Technology was an essential piece of this assignment, not only in terms of how they would use technology in their program, but in how they presented the material to the intended audience. The instructor required drafts to reflect on the progress of the project periodically during the semester and found that this really helped students with areas in critical need of improvement. 100% of students demonstrated proficiency in this task, with 3 of the 7 students demonstrating a rating of 4 “very able”.</p>
<p><b>Alumni Surveys</b> (indirect) and <b>Certification Results</b> (direct)</p>	<p>Responses indicating positive ratings (good or excellent) of the program on the alumni survey and graduating student survey. Pass rate on certification exams.</p>	<p>Alumni surveys (see appendix 2) 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>Alumni survey results (n=11) revealed an overall low percentage of students indicating that they were good to excellent in their ability to <i>use technology effectively in a workplace environment (45.5%)</i>.</p> <p>The CHES exam is administered on two occasions during the year in April and October. From April 2015 to October 2015 (the next report will be April 2016 – October 2016), 7 from 8 students (88%) who took the CHES exam passed, with averages in the seven areas of responsibility being either above or in line with the national average score (appendix 1).</p>

**Interpretation of Results**

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

Internship Evaluation: Two learning objectives in particular within the HEP internship address this learning outcome which includes: 1) Selects, chooses, and implements contemporary and non-technology- based equipment, industry tools/inventories, and/or other practical “hands-on” applications in health and wellness, and 2) Administers and manages health education. These objectives are a component of the National Commission for Health Education Credentialing (NCHEC) Certified Health Education Specialist (CHES) exam and have been incorporated into the internship experience as part of the supervisor’s



evaluation of MU HHP/HEP interns. Out of the seven student interns during this time period, all (100%) were able or very able to achieve this leaning outcome as determined by their respective supervisors.

Proficiency Reports: Students were evaluated for their performance related to this learning outcome in three classes: HPR 502 Introduction to Public Health and Preventive Medicine, HPR 510 Global Health and Culture, and HPR 540 Designing and Evaluating Health Promotion Programs. These courses were selected due to their inherent learning objectives of utilizing technology to research and deliver educational health information to an appropriate audience with evidence-based research to support the rationale for the chosen topic/population.

In **HPR 502**, students (n=9) were assigned with developing an oral presentation that included technology to support an evidence-based recommendation for a health program targeting a specific health issue and population. Eight (8) students were rated as a 3 “able” or above. This included using PowerPoint and other presentation technology (Prezi, Google Slides) proficiently and selecting effective educational resources materials. One (1) student did not show up for the presentation and thus was not rated. Disregarding the no observation, 100% of students who presented, achieved proficiency in this outcome.

In **HPR 510**, students (n=7) were assigned a final presentation that included selecting a contemporary cultural health population facing a global health issue to research, critically analyze, and develop a theoretically-grounded, culturally-sensitive health program. This presentation required that students make a PowerPoint and include an audio and video component. This assignment addressed the learning outcome as it required students to explain key principles, concepts, and approaches in health education and promotion practice among cultures and subcultures worldwide, examine worldwide cultural beliefs, values, norms, and customs, develop the ability to use effective, culturally competent communication among different global populations, discuss innovative health initiatives to reduce health inequities and ethical concerns across the globe, taking cultural differences into account, and utilize a theoretical framework to develop a research-based, culturally sensitive health program for a specific transcultural population and global health issue. 86% (n=6) students were rated as a 3 or above (at least able) on this assignment. 86% (n=6) were also rated a 4 or above (very able). These students followed the instructions and completed the assignment with all required components in a highly proficient manner that reflected above and beyond work. Unfortunately, 1 student (14%) was rated a 1 or zero because they did not complete the assignment.

In **HPR 540**, students (n=7) were assigned with developing a health promotion program. Part of the assignment was to present this program to a “mock board of stakeholders”. Technology was an essential piece of this assignment, not only in terms of how they would use technology in their program, but in how they presented the material to the intended audience. The instructor required drafts to reflect on the progress of the project periodically during the semester and found that this really helped students with areas in critical need of improvement. 100% of students demonstrated proficiency in this task, with 3 of the 7 students demonstrating a rating of 4 “very able”. Students were successfully able to use technology (PowerPoint and other presentation software) in a proficient manner and demonstrated the appropriate use of software applications (apps, etc.) when designing their program.

Alumni and Graduating Student Surveys and CHES pass rates: Alumni survey results (n=11) revealed an overall low percentage of students indicating that they were good to excellent in their ability to *use technology effectively in a workplace environment (45.5%)*. The alumni survey for health sciences revealed a lower percentage for the item related to this learning outcome when compared to the university as a whole, as presented in the following table:

Item	Alumni Survey for Health Sciences	Alumni Student Survey for the University
Use technology effectively in a workplace environment	45.5	66.3

Although the alumni surveys indicated below average ability to use technology in the workplace environment, the CHES exam scores indicate a solid competency in this area. Technology is interwoven in the seven competencies of the CHES and the above national average scores on this exam indicate that graduating students do have competency in this area.

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

Analysis of student assignments in the program reveal a high level of proficiency in the use of technology in the classroom and in health education programming. The use of technology in the field ranges from presentation tools to analytical equipment and software to most efficiently develop health education programs. Several competencies associated with the CHES certification address the use of technology and it is imperative the curriculum continue to integrate its use in meaningful ways in the program. Two full-time faculty in the department are CHES certified and understand the competencies required for the future health education specialist graduating from the program. In addition, several adjunct faculty are CHES. While the evaluations of the internship experience indicate that students in the program are proficient in their use of technology, the alumni and graduating student surveys indicate that students need more instruction and guidance in the use of technology in the workplace. This point will be addressed below.

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

Confidence in the use and application of appropriate technology in the workplace is an integral part of preparing a competent health professional. As more and more health care providers move toward digital electronic health record keeping and using technology as a means to communicate and deliver health information, it is imperative that graduating students develop competency in this area and this learning outcome should be closely monitored and emphasized by the faculty whenever appropriate.

The use of social media is a growing medium for the dissemination of health information. The program will continue to prepare its faculty in the use of technology of the classroom and in the professional setting via attendance at seminars such as Teaching Toolbox and Teaching with Technology offered by the Center for Teaching and Learning. Faculty will also be encouraged to attend professional organization conferences and webinars that address technology in the field.

To strengthen graduating and alumni students perception of their confidence in using technology in the workplace, the department will take several steps, including reviewing the HEP curriculum and identifying the courses in which technology can be more fully integrated. In addition, gaining insight into why alumni and graduating students feel this area could be improved would provide important information to strengthen the program. Focus groups of current and graduating students are one way to increase our understanding of how to best strengthen this learning outcome.

Additionally, a review of the curriculum will be undertaken in the 2016/17 academic year to ensure alignment with the new competencies of the CHES ([www.nchec.org](http://www.nchec.org)). This review should add insight into the expected technological competencies of a CHES and provide suggestions for improving the integration of such technology in the curriculum. Although our pass rates were high on the CHES exam for the past two years (above national average), there is certainly an opportunity to further extrapolate why alumni students have a low perception of confidence in using technology.