

**STUDENT LEARNING ASSESSMENT PROGRAM
SUMMARY FORM AY 2004-2005**

Degree and Program Name: B.S. in Health Studies

Submitted By: HST Assessment Committee

PART ONE:

| What are the learning objectives? | How, where, and when are they assessed? | What are the expectations? | What are the results? | Committee/person responsible? How are results shared? |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Students will demonstrate the ability to compile an organized, professional level portfolio | Portfolios are submitted the semester prior to internship and Student Teaching and are reviewed using a rubric. [Rubric attached]. | The student will achieve a score of 3 or greater on a rubric scale of 4 in all components of portfolio or resubmit until expectations are reached. | 22% failed to score 3 or greater in one or more components of the portfolio. After revising and resubmitting, 100% scored 3 or above on all components | All faculty in the department participate in the review process. Results are presented by the Assessment committee and discussed with faculty at a faculty meeting. |
| | | | | |

| What are the learning objectives? | How, where, and when are they assessed? | What are the expectations? | What are the results? | Committee/person responsible? How are results shared? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>2. The student will demonstrate proficiency in all seven professional Responsibilities of the national standards for an entry level health professional (Responsibilities attached)</p> | <p>A. Portfolios are submitted the semester prior to internship and are reviewed using a rubric. [Rubric attached].</p> | <p>A. The student will achieve a score of 3 or greater on a rubric scale of 4 in the “Professional Competencies” component of the Portfolio.</p> | <p>A. 99% met or exceeded expectations. Less than 1% did not meet. After revising and resubmitting, 100% scored 3 or above in the “Professional Competencies” component of the Portfolio.</p> | <p>A. All faculty in the department participate in the review process. Results are presented by the Assessment committee and discussed with faculty meeting at a faculty meeting.</p> |
| | <p>B. Graduating seniors participate in an “Exit Interview” with the chair after completing a self- assessment of their perceived competency in the professional Responsibilities. [“Exit Interview” attached]</p> | <p>B. The student will “Strongly Agree” or “Agree” with the “Exit Interview” statements</p> | <p>B. ___% met expectations.</p> | <p>B. Department Chair conducts the Interviews and shares results with all faculty at a faculty meeting.</p> |
| | <p>C. Students are required to complete a “Competencies & Task Form” on which they identify the Responsibilities that will be addressed during the internship experience. [Competencies & Task Form attached].</p> | <p>C. All of the student interns will be involved with at least one activity during their internship experience that addresses at least one of the Responsibilities.</p> | <p>C. 100% of the student interns identified an activity in which they were involved during their internship experience that addressed at least one of the Responsibilities.</p> | <p>C. Intern Coordinator approves the “Competencies & Task Form” and shares results with the Assessment Committee in the Spring semester each year.</p> |

| What are the learning objectives? | How, where, and when are they assessed? | What are the expectations? | What are the results? | Committee/person responsible? How are results shared? |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Student will, clearly and with documentation, demonstrate both oral and written communication skills | Portfolios are submitted the semester prior to internship and Student Teaching and are reviewed using a rubric. [Rubric attached]. | The student will achieve a score of 3 or greater on a rubric scale of 4 in “Communication” component of the portfolio. | 10% failed to score 3 or greater in the “Communication” component of the portfolio. After revising and resubmitting, 100% scored 3 or above in “Communication” component. | All faculty in the department participate in the review process. Results are presented by the Assessment committee and discussed with faculty meeting at a faculty meeting. |

PART TWO

Describe what your program’s assessment accomplishments since your last report was submitted. Discuss ways in which you have responded to the CASA Director’s comments on last year’s report or simply describe what assessment work was initiated, continued, or completed.

Since our past report, one of our faculty completed a sabbatical leave during which she completed a review of the Health Studies curriculum. The review process involved a completion of a matrix that matched specific course assignments to the competencies and sub-competencies of the professional Responsibilities. Curriculum strengths and issues were identified in the report as well as opportunities for growth. [See attached “Review” and “Matrix Summary”].

In response to the CASA Director’s comments on last year’s reports, we have included copies of the some of the assessments and measurements we use that were not included last year. We also added the “Exit Interview” and the “Competencies and Task Form” as a way to measure one of the learning objectives that was not include in previous assessment plans.

We are continuing to streamline the portfolio review process and are working on revisions of the rubric based upon faculty feedback.

PART THREE

Summarize changes and improvements in **curriculum, instruction, and learning** that have resulted from the implementation of your assessment program. How have you used the data? What have you learned? In light of what you have learned through your assessment efforts this year and in past years, what are your plans for the future?

HST 3700 was redesigned into a Community Health Behavior Methods course to proceed for more coverage of the professional responsibilities and create more continuity between this new Methods course and HST 4250: Program Planning. Work is in progress to redesign HST 3196: Public Health Statistics and HST 3199: Microcomputer Applications in order to better meet the needs of the students and curriculum.



RESPONSIBILITIES & COMPETENCIES FOR THE ENTRY-LEVEL HEALTH EDUCATOR

RESPONSIBILITY I: Assessing Individual and Community Needs for Health Education

Competency A. Obtain health related data about social and cultural environments, growth, and development factors, needs, and interests.

Competency B. Distinguish between behaviors that foster and those that hinder well being.

Competency C. Infer needs for health education on the basis of obtained data.

RESPONSIBILITY II: Planning Effective Health Education Programs

Competency A. Recruit community organizations, resource people, and potential participants for support and assistance in program planning.

Competency B. Develop a logical scope and sequence plan for a health education program.

Competency C. Formulate appropriate and measurable program objectives.

Competency D. Design educational programs consistent with specified program objectives.

RESPONSIBILITY III: Implementing Health Education Programs

Competency A. Exhibit competence in carrying out planned educational programs.

Competency B. Infer enabling objectives as needed to implement instructional programs in specified settings.

Competency C. Select methods and media best suited to implement program plans for specific learners.

Competency D. Monitor educational programs, adjusting objectives and activities as necessary.

RESPONSIBILITY IV: Evaluating the Effectiveness of Health Education Programs

Competency A. Develop plans to assess achievement of program objectives.

Competency B. Carry out evaluation plans.

Competency C. Interpret results of program evaluation.

Competency D. Infer implications from findings for future program planning.

RESPONSIBILITY V: Coordinating Provision of Health Education Services

Competency A. Develop a plan for coordinating health education services.

Competency B. Facilitate cooperation between and among levels of program personnel.

Competency C. Formulate practical modes of collaboration among the health agencies and organizations.

Competency D. Organize in-service training programs for teachers, volunteers, and other interested personnel.

RESPONSIBILITY VI: Acting as a resource person in Health Education

Competency A. Utilize computerized health information retrieval systems effectively.

Competency B. Establish effective consultation relationships with those requesting assistance in solving health-related problems.

Competency C. Interpret and respond to requests for health information.

Competency D. Select effective educational resource materials for dissemination.

RESPONSIBILITY VII: Communicating Health Needs, Resources, Concerns, Resources

Competency A. Interpret concepts, purposes, and theories of health education.

Competency B. Predict the impact of societal value on health education programs.

Competency C. Select a variety of communication methods and techniques in providing health information.

Competency D. Foster communication between health care and providers and consumers.

**National Commission for Health Education Credentialing, Inc. (1990). A framework for the development of competency-based curricula for entry-level health educators. NY: NCHCEC.*

A complete listing of the Responsibilities, Competencies, and Sub-competencies can be viewed at: <http://www.nchec.org/aboutnchec/rc.htm>

Student Portfolio Evaluation Rubric

Name of Student: _____ Date: _____

Name of Evaluator: _____

Signature of Evaluator: _____

- **Table of Contents:**

- 4 Comprehensive; very organized; very neatly done; very easy to follow
- 3 Complete; organized; neat and easy to follow
- 2 Limited; minimally organized, difficult to follow
- 1 No Table of Contents included

- **Approval Form**

- 4 All information provided; accurately completed, neatly done
- 3 Most information provided; appropriately completed
- 2 Some information provided; incomplete
- 1 No Approval Form included

- **Resume**

- 4 Professional appearance; comprehensive; very well-organized
- 3 Professional appearance; organized; adequate information provided
- 2 Appearance lacking in professionalism; limited organization; minimal information
- 1 No Resume included

- **Personal Philosophy Statement:**

- 4 Statement well organized, very clear, & concise; generous support provided; points/ideas well developed.
- 3 Statement organized & clear; appropriate support provided; points/ideas effectively developed.
- 2 Statement confusing with limited support; ideas/points minimally developed.
- 1 No statements provided.

- **Professional Competencies:**

- 4 All Responsibilities are represented with generous, well-organized documentation
- 3 Most Responsibilities are represented and effectively documented
- 2 Some Responsibilities are represented with limited documentation
- 1 No Responsibilities are represented

- **Communication Skills:**

- 4 Both oral and written communications skills are clearly represented and generously well-documented
- 3 Both oral and written communications skills are represented and well-documented
- 2 Oral OR written skills communications skills are represented and documented
- 1 Neither oral nor written skills communications skills are represented

- **Professional Involvement:**

- 4 Both participation and involvement in professionally-related activities and professional organizations are clearly represented and generously well documented
- 3 Both participation and involvement in professionally-related activities and professional organizations are represented and documented
- 2 Participation and involvement in professionally-related activities OR professional organizations are represented and documented
- 1 Neither participation nor involvement in professionally-related activities and professional organizations are documented

Total Points: _____/28

___ **Acceptable**

___ **Not Acceptable**

___ **Needs Revision (Check if *any* section has 2 or below and provide specific comments/recommendations below)**

Exit Interview

EASTERN ILLINOIS UNIVERSITY
COLLEGE OF EDUCATION AND PROFESSIONAL STUDIES
DEPARTMENT OF HEALTH STUDIES

EXIT INTERVIEW

It is requested that all Health Studies graduating seniors participate in an exit interview with the chair of the Department of Health Studies during the final semester. The exit interview is designed to gather information about the Health Studies major and your opinions about the program. As part of the interview process, we ask that you complete the information below. Your responses will be confidential. Please return the completed form to the Department of Health Studies by _____.

Today's Date: _____ Semester of Graduation: _____

Name: _____ SS#: _____

Major: Teacher Certification _____ Community Health_ Minor

(s): _____

Permanent Address where you may be contacted after graduation:

Home Phone:

Please help us improve our program by answering some questions about your experiences as a Health Studies major. Base your responses on how well the Health Studies program prepared you to perform the tasks listed in the statements below. Use the following scale:

Strongly **Strongly**
Agree **Agree** **Undecided** **Disagree** **Disagree**
5 4 3 2 1 21

SA A U D SD

I learned how to use or develop data-gathering instruments (questionnaires, surveys, etc.) to gather information about the needs of a specific target group.

5 4 3 2

]

2. I can identify factors (knowledge, attitudes, values, beliefs) that

influence health-related behaviors.

SA A U D SD

3. I feel I am able to use information gathered from surveys or questionnaires for the purpose of developing a program, class, or lesson to address the health needs of a particular group.
1 5 4 3 2
4. I was required to write a justification or rationale to communicate the need for, or importance of, a health education program, lesson, or class.
1 5 4 3 2
5. I had practice using planning methods or timetables (PERT charts, timelines, curriculum plans) in developing health education programs, lessons, or classes 5 4 3 2 1
6. The Health Studies program provided me with the necessary skills to develop goals and write measurable objectives for designing health education programs, lessons, or classes.
1 5 4 3 2
7. I feel confident in selecting educational methods, strategies, activities, or interventions appropriate for designing a variety of health education programs, lessons, or classes.
1 5 4 3 2
8. I had the opportunity to use instructional equipment and other instructional media such as overhead projectors, videos, etc. 5 4 3 2 1
9. I understand how to assess learners' knowledge, skills, and attitudes by pretesting.
1 5 4 3 2
10. I can select methods and media best suited for specific learners such as children, the elderly, and special needs populations.

5 4 3 2

1

11. I understand the importance of monitoring and evaluating the progress of learners or participants in programs or lessons in order to update and revise objectives to meet the needs of the audience.
5 4 3 2 1

12. Classes in the Health Education program exposed me to evaluation methods and techniques that are available and could be used to evaluate programs, lessons, or classes.

5 4 3 2

1

SA A U D SD

13. I was exposed to basic statistical methods for the purpose of analyzing data collected.

5

14. I received specific experiences and practice in designing instruments (i.e test) or methods (i.e. surveys) for the purpose of evaluating the effectiveness of health education programs, classes, or lessons. 5

15. I am able to present evaluation findings and results in the form of graphs and charts so others can easily understand it. 5

16. I can describe ways to improve activities, methods, interventions, and strategies based upon evaluation results for future programs, lessons, or classes.

5

17. I can use data gathered to identify gaps between health status/problems and availability of health services to address those problems.

5

18. I have been exposed to information concerning communication issues that are likely to arise in situations dealing with health education.

5

19. I am aware of the ways and need for the Health Educator to organize and facilitate meetings to bring together health agencies and organizations for the purpose of promoting mutual health interests. 5

20. I can plan and implement in-service training programs for teachers, volunteers, and other personnel.

5

21. I know how to access and use computerized data-bases in the library to gather health information. 5
22. I understand the concept of consulting (providing assistance to those requesting help) for health educators. 5
23. I can effectively respond to requests for health information and make appropriate referrals when necessary. 5

SA A U D SD

24. I can select and evaluate effective health education resource materials.
25. Course work taken in the Health Studies program adequately covered the history, theories, and philosophy of the health education discipline.
26. I was exposed to controversial issues in the health field and had opportunities in classes to give my opinions and views on the issues.
27. I was required to present information verbally and in written form during my classes and can identify the best communication techniques for given situations.
28. I can interpret information from health care providers and convey it in easily understood terms for consumers.

Thank you for responding. Please return this survey to the Department of Health Studies office in Lantz 164. Please schedule an Exit Interview (about 15 minutes) at that time or by calling 581-5761.

COMPETENCIES AND TASK FORM

Intern Name: _____

Using the attached **Seven Responsibilities for Entry Level Health Educators** as identified by the National Commission For Health Education Credentialing, Inc., identify at least one or more **competencies** that will be addressed during the internship experience. List one or more tasks, activities, or projects that could be used to achieve the competency.

RESPONSIBILITY I: Assessing Individual and Community Needs for Health Education

Competency:

Task/Activity/Project:

RESPONSIBILITY II: Planning Effective Health Education Programs

Competency:

Task/Activity/Project

RESPONSIBILITY III: Implementing Health Education Programs

Competency:

Task/Activity/Project

RESPONSIBILITY IV: Evaluating the Effectiveness of Health Education Programs

Competency:

Task/Activity/Project

RESPONSIBILITY V: Coordinating Provision of Health Education Services

Competency:

Task/Activity/Project

RESPONSIBILITY VI: Acting as a resource person in Health Education

Competency:

Task/Activity/Project

RESPONSIBILITY VII: Communicating Health Needs, Resources, Concerns,
Resources

Competency:

Task/Activity/Project

Sabbatical Report – Fall 2004

Review of Health Studies Curriculum

During my sabbatical leave of Fall 2004, my primary task was to complete a review of the Health Studies curriculum, with special emphasis on the Community Health track. The purpose of this review was to re-examine the alignment of our core curriculum with the Seven Responsibilities of the Entry Level Health Educator in order to identify areas where either improvement was needed, or opportunities for growth existed. All courses in the core curriculum (with the exception of HST 3700) were reviewed by the relevant instructors, as well as HST 2900, HST 4800, and HST 3500. These last three courses are among the most commonly taken of the major electives.

HST 3700 was omitted from the review because the results of this review drove the redesign of that course, which was the second task of the sabbatical.

A number of strengths emerged from the analysis. They included:

1. Excellent coverage of Responsibility I: Assessing Individual and Community Needs for Health Education. This material is covered in multiple courses, with many of the courses requiring some type of assignment centered on the various competencies and sub-competencies.
2. HST 4250: Program Planning. This course has a strong practical base and covers many of the competencies which address practical level planning and implementation of health education.
3. HST 3199: This course is also covering a significant number of competencies and sub-competencies with assignments of a practical nature.
4. 3196: is evolving and has the analytical base we need.

There were some issues which needed to be addressed.

The main issue was that we have relied on the internship to cover many things, but had few procedures in place to ensure that it provided those experiences for our students.

What has emerged is a picture which provides numerous opportunities for growth for our department:

1. We are continuing to infuse more practical application into our courses.
2. We are also exploring the possibility of including more experiential learning in our courses. We have been discussing the feasibility of including some type of service learning component in some courses, or adding a community service requirement.
3. Dr. Phillips is in the process of revising the protocols around the internship to make the process clearer for both students and host sites. The results of this analysis have provided specific recommendations for her, and she is rewriting these protocols to establish baseline minima so that students are certain to have certain key practical experiences that there is no other way to provide for them in our curriculum.

4. I have redesigned HST 3700 into a Community Health Behavior Methods course. This covers a number of the competencies which are focused on, for lack of a better term, target audience analysis, and the related programmatic implementation choices that stem from knowing one's audience. I have attached a copy of the syllabus for this course – I am beta testing it this semester, and will make a few more revisions this summer, mostly in the area of implementation rather than substantive content changes.

Furthermore, Dr. Phillips and I are working together to create more continuity between the new Methods course and HST 4250: Program Planning. As the new course is fully implemented, students should enter her course better prepared to do the background research necessary to program planning and design. Over time, this will allow Dr. Phillips to concentrate more on the design and implementation stage of the process during her course.

5. We need an undergraduate Introduction to Research Methods course (or possibly a two-semester sequence) which would include basic research design as it applies in the community health setting, as well as a strong analytical component concerning evaluation of existing tools and published research. Our students are not very well trained to be analytical when we get them, so we need to build that into our curriculum. They are not good judges of available information and sources, and don't understand how to judge the quality of the research they read, or how to find it, either, for that matter.

The faculty has decided to redesign HST 3196: Public Health Statistics and call it Community Health Research Methods. The focus of this course will be on teaching students to read and understand research publications, including a basic understanding of research design and statistical methods. This course would also be renumbered to a 2000-level course, to emphasize its positioning in the core curriculum. Mr. Hunter and I plan to have a revised course outline ready to be tested fall 2005.

At some point in the future, if resources allow, we would possibly add Community Health Research Methods II at the 3000 level. There is more than enough content to justify a second course, and the 3000 level course would have good continuity with what is happening in HST 3700 and HST 4250.

6. We are also revising HST 3199: Microcomputer Applications. The title itself is antiquated, and the faculty are in agreement that the skills developed in that course are more elementary than a 3000 level course requires, and also need to be introduced to students earlier in the curriculum. Ms. Michelle Drake is currently refining the course content, and we plan to renumber it into the 2000 range.

Other Curriculum Issues:

A few other curriculum issues emerged as a result of this analysis. Several years ago, a systematic review of the entire curriculum was instituted, but never completed because of time constraints while we were involved in the SABPAC approval process. We are planning to reinstitute that review, probably beginning with HST 2270: Introduction to Community Health. We also are examining the possibility of creating a course in Health Counseling. Mr. David Hunter is interested in developing a course, and has the professional experience to teach it. He is currently preparing a final draft of a course outline, and is selecting possible texts.

We also decided to examine the possibility of submitting a course or courses for inclusion in the General Education Curriculum in Fall 2005. One area that emerged as a result of my review and research was that of Health Citizenship. I am pleased to report that Dr. Richard Cavanaugh elected to take on this task, and we have a fully developed proposal for HST 2200G: Health Citizenship. We currently are planning to have it reviewed by a couple departments who may be perceived as having overlap (because of the citizenship issue), and plan to send it to College Curriculum before the end of the semester.

Additionally, Dr. Susan Woods was planning to redesign HST 2600: International Health and I suggested she write it up as a 3000 level General Education course. She is in the process of doing so and will teach the revised course (Global Health Issues) in fall 2005.