

## **Health Education Program Program Changes**

In the past two years, changes in the program based on the aforementioned assessment plan include the following:

- Attained re-approval of the Community Health Education sequence through the SOPHE/AAHE Baccalaureate Program Approval process (SABPAC).
- Revised HSC 297: Modern Health Problems into two, three credit hour courses – HSC 293: Principles of Human Disease and HSC 294: Diseases of the Human Body.
- Changed the student teaching experience in School Health Education from a 10 week experience into a full semester, 15 week experience.
- Altered the format of HSC 395: Media and Materials in Health Education and HSC 396: Health Education Program Planning and Evaluation to allow for regular work days in the computer lab.
- Enhanced the use of distance learning technology by moving assignments in HSC 292 on-line.
- Developed a distance learning version of the general education course HSC 208: Dynamics of U.S. Contemporary Health Issues.
- Standardized and enforced the minimum 360 clock hours for professional practice in community health education.
- Added student self-assessments regarding substance use experiences in HSC 390: Drugs and Society, with applications for the development of professional roles as health educators.

### Curricular/objective consistency and currency

The current health education curriculum is consistent with the program objective and up-to-date with current professional standards and expectations. The school health education sequence is accredited by NCATE/American Association for Health Education and the community health education sequence is approved by a joint professional organization (SABPAC).

### Structure of degree to prepare students for career (inc. culminating experience)

The curriculum is aligned with the professionally defined responsibilities and competencies which define the professional skills needed to enter the profession. A skill-building curriculum includes courses in health education strategies (HSC 290), community health (HSC 292) and health behavior (HSC 296) for all students. The school health education sequence includes skill-building courses in coordinated school health (HSC 387) and curriculum and evaluation design (HSC 391). The community health education sequence includes skill-building courses in health data analysis (HSC 204), needs assessment (HSC 286), media and

materials (HSC 395) and program planning (HSC 396). All of these classes are complemented by content courses such as HSC 293, HSC 294, and HSC 390.

The culminating experiences in the health education degree are HSC 398.02: Professional Practice in Health Education for community health education and STT 399.35: Student Teaching in Health Education for school health education. These culminating experiences offer students opportunities to apply skills and abilities under the supervision of experienced health educators.

Curricular reinforcement of student outcomes appropriate to general education

The faculty in the Program have adopted an instructional philosophy of “learning by doing.” In the 200 level courses, students acquire the knowledge and the skills required to perform health information functions and tasks. In the 300 level courses, the students are required to apply these knowledge and skills to solve problems. Here is a list of examples:

*Writing Skills:*

Technical and expository writing is infused into several courses. For example, in HSC 290 students prepare several lesson plans, in HSC 296 students write theoretical analyses of health behavior, and in HSC 396 students write a detailed grant proposal.

According to the Department of Health Sciences Senior Survey (1999-2005) 97% of all responding students rated the program “very effective” or “effective” in preparing their writing skills.

In the Department of Health Sciences Survey of 1<sup>st</sup> year Alumni (1999-2004), 98% of alumni rated the program “very effective” or “effective” in preparing their writing skills.

*Valuing Diversity:*

Diversity is inherently linked to health and social issues and is therefore a part of professional preparation courses in the program. Some projects have an explicit focus on diversity and reducing health disparities. For the past two years the program has included a service learning experience in HSC 292. Students complete a 30 hour service project in a community agency. Examples of agencies collaborating on this project include:

- American Cancer Society
- American Red Cross
- Baby Fold
- BroMenn Regional Medical Center
- Catholic Charities

Child Care Resource & Referral Network  
Children’s Discovery Museum  
Children’s Foundation  
Community Cancer Center  
East Central Illinois Agency on Aging  
Ecology Action Center  
Evergreen Place  
Heartland Head Start  
Heritage Manor  
Illinois State University Student Health Promotion  
Livingston County Health Department  
MADD  
McLean County Health Department  
OSF Center for Healthy Lifestyles  
Planned Parenthood of East Central Illinois  
YWCA

*Computer/Technology Skills:*

All health education students are required to use and develop a variety of computer skills in their professional preparation courses. School health education students also must complete the Instructional Technology Passport System through the College of Education. Community health education students also complete two courses with intensive computer training included, HSC 204 and HSC 395.

According to the Department of Health Sciences Senior Survey (1999-2005), 96% of all responding graduating seniors were satisfied or very satisfied with their computer and technology skills preparation.

*Problem Solving Skills:*

Problem solving skills apply to all of the examples above. The students are provided basic knowledge and skills in all of the above areas. The students are given problems and assignments that require them to apply the skills and knowledge they acquire in prerequisite courses. The problems and assignments are structured to insure that there is no single approach or solution. Each problem and assignment can be addressed from a number of perspectives. The path the students choose to resolve the problem or complete the assignment must be their own. They are required to justify their approach.

According to the university Department of Health Sciences Senior Survey (1999-2005), 98% of all responding graduating seniors were satisfied or very satisfied with their problem solving skills preparation.