

Student Learning Outcomes
Bachelor in Health Education
Department of Health Sciences
College of Applied Science and Technology

Upon successful completion of the program, a graduate of the Bachelor's in Health Education will be able to demonstrate the ability to:

1. Assess individual and community needs for health education.
2. Plan effective health education programs.
3. Implement health education programs.
4. Evaluate the effectiveness of health education programs.
5. Coordinate provision of health education services.
6. Act as a resource person in health education.
7. Communicate health and health education needs, concerns, and resources.

Health Education Program Program Assessment Plan

Assessment procedures

The Health Education Program utilizes a variety of assessment approaches including the Department of Health Sciences assessment program, professional accreditations, program faculty meetings, strategic planning, various professional practice & student teaching assessments, Certified Health Education Specialist Exam Pass Rates, advisory meetings, and faculty evaluations.

Table 1: Summary of HE Program Assessment Activities

| Evaluation Programs | Responsible Authority | Evaluators | Evaluation Techniques | Frequency |
|------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|------------------|
| HSC Assessment Program | Department Chairperson | Students Graduates Employers | Survey Questionnaires | Annually |
| Program Accreditation | Program faculty | NCATE (school health) & SABPAC (community health) | Accreditation | Every five years |
| Program Faculty Meeting | Program Faculty | Faculty | Open Discussion | Weekly |
| Strategic Planning | Program Faculty | Faculty | Planning | Annually |
| Professional Practice & Student Teaching Assessments | PP & ST supervisors | Cooperating supervisors Cooperating teachers Students | Performance & program evaluations | Every semester |
| CHES Examination | National Commission for Health Education Credentialing, Inc. | American health Information Management Association | Professional Certification Examination | Semi-Annually |
| Advisory meetings | HE Program Director | Employers Graduates Students | Discussions Surveys | Occasionally |
| Faculty Evaluations | Department Chairperson | Students | Performance evaluations | Every Semester |

What follows are more details on each of these assessment processes and how they have informed and affected practice within the program.

Department of Health Sciences (HSC) Assessment Program

In 1996, the Department of Health Sciences (HSC) Assessment Program was created to implement uniform department-wide quality management program. The department chairperson formed the HSC Assessment Committee, a multidisciplinary committee with faculty representatives from each of the five programs in the Health Sciences Department. The goal of the HSC Assessment Committee was to develop assessment tools to capture feedback from groups with a vested interest in the program graduate performance. Targeted groups included students, graduates, employers, and the institution itself.

In 1998, the Program began using the assessment tools to collect program performance data. The data is collected annually and includes data from:

- Graduating Seniors
- 1st Year Graduates
- 5th Year Graduates
- Employers

Where appropriate the results of this evaluation program will be presented to illustrate students and alumni evaluation of the Program.

Program faculty and the department chairperson review the program performance data regularly. Additionally, intradepartmental comparative analyses of each program's assessment data are performed at the departmental chair level to identify opportunities for improvement across the five programs in the department.

Professional Accreditations

Accreditations by professional organizations are a stringent review of the program's merit. The school health education sequence within the health education major is accredited through the university's participation in NCATE. Our SPA is the American Association for Health Education (AAHE). The community health education sequence is approved through a process defined and operated by two professional organizations, the Society for Public Health Education and AAHE.

Both sequences successfully completed the accreditation/approval process since the last IBHE review. As part of the ongoing NCATE review the school health education sequence received notice from AAHE of being in compliance with guidelines on April 16, 2003. No weaknesses were noted by the reviewers. The community health education sequence was granted Full Approval, a five year designation, on February 20, 2001.

It is significant that our program is accredited in both school and community health education as it is the only such program in the State of Illinois and one of only eight in the nation.

Program Faculty Meetings

The Program faculty meets weekly to discuss ongoing Program management and curricular issues. Issues are identified and recommendations are presented for modification or correction. Most of the issues discussed in these meetings are addressed at the Program level.

Strategic Planning

Each year the program faculty reviews our programmatic vision, mission and goal statements and selects and prioritizes objectives for the coming year(s) into discernable action items. As with typical strategic planning, we consider the strengths and weaknesses of our own program and the opportunities and threats external to the program.

Professional Practice & Student Teaching Assessments

Every student who graduates with a degree in Health Education completes either a 9-12 credit hour professional practice (community health) or 9 credit hours of student teaching (school health). As part of this experience students are assessed in a variety of ways and they assess their preparation for PP/ST, the university supervisor, site supervisor and practice site.

The program faculty review the student evaluation results from these professional practice experience on a regular basis. Faculty identify areas and trends where student performance is unsatisfactory or has potential for improvement. The faculty reviews provide an ongoing opportunity to evaluate the current curricular content through student performance in the “real world.” It also provides the faculty with the opportunity to develop new instructional strategies to improve student performance.

Certified Health Education Specialist (CHES) Examination

The CHES is a voluntary, personal certification exam for which graduates of the Health Education Program are prepared and eligible to take. Traditionally it has been perceived within the discipline as more relevant to the work of community health educators than school health educators and in fact, very few school health people take this exam. Those graduates of the Health Education Program who choose to take the exam are successful – equal to or superior to the national average. Pass rates serve as one indicator for how well prepared graduates are on the professionally defined responsibilities and competencies.

HE Advisory Committee

During the past several years the program has hosted advisory committee meetings on an ad hoc basis. As part of the curriculum revision since the last program review meetings were held with a panel of alumni and another with students. We have also solicited feedback from alumni during state professional association meetings.

This is an area of our assessment program that could be improved. We could more proactively involve an advisory in the ongoing assessment of the program.

Faculty Evaluations

The program faculty are evaluated on through student and peer/self-assessment.

Student Evaluations

Students complete faculty evaluations at the completion of every course. An individual who is not associated with the course administers the evaluations to the students. This assessment process is “blind” to promote student honesty on the evaluation. Individual faculty data are compared to aggregate faculty data from other departmental faculty. From these data, faculty identify opportunities for improvement in their individual courses and instructional approaches. Faculty respond to potential areas for improvement in their annual DFSC documents.

Peer /self-assessment Evaluations

Annually, each faculty member is required to develop a self-assessment document or portfolio for review by the department chairperson and the Department Faculty Status Committee. Areas of evaluations include scholarship, teaching and service activities. Student evaluations of faculty instruction and any professional activity evaluations are included in the faculty portfolio. These evaluations can have an impact on the faculty member’s retention, salary, promotion and tenure status.

Health Education Program Program Changes

Several of these assessments lead to the curriculum revision enacted in 2000. Highlights of the revision included:

- Aligning the curriculum with the new general education program at Illinois State University
- Formalizing sequences in school health education and community health education
- Adding HSC 387: Programs in school health to the school health education sequence
- Increasing the professional practice experience in the community health education sequence from 5-9 credit hours to 9-12 credit hours
- Expanding the number and types of electives accessible to students

Curricular/objective consistency and currency

The current HE 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).

The last major program revision was in conducted during the 1999-2000 academic year and implemented in Fall, 2000. The changes in the curriculum are summarized in Table 2. Specific changes in the curriculum are underlined.

Table 2: Curriculum changes

| Old Catalog Copy | New/Current Catalog Copy |
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| <p>Major in Health Education</p> <ul style="list-style-type: none"> • <u>61 hours (School Health Education) or 55 hours (Community Health) required.</u> • <u>Required core courses (30hrs): BSC 181, 182; FCS 106; HSC 190, 290, 292, 296, 297, 390; SOC 123.</u> <p><u>Health Education majors must also complete either A or B from the following:</u></p> <p><u>A. Teacher Certification requirements (9hrs):</u></p> <p>Part of entitlement program leading to certification: secondary (6-12 grade).</p> <ul style="list-style-type: none"> • <u>Required courses (6 hrs): HSC 288; HPR 180.</u> • <u>Elective (3 hrs): 1 course selected from: HSC 155; HPR 113; PSY 112, 232.</u> • <u>Students must complete an education minor, the Professional Education requirements (22 hrs) and the General Education requirements as described in the Teacher Education requirements section of this Undergraduate Catalog.</u> • <u>A 2.50 major and minor GPA required for admission to Teacher Education and for student teaching.</u> • NOTE: This major does not meet middle-level endorsement requirements for the State of Illinois. See advisor for information on this endorsement. <p><u>B. Community Health Education program requirements (25 hrs):</u></p> <ul style="list-style-type: none"> • <u>Required courses (19 hrs): COM 110; HSC 204, 286, 395, 396, 398.02.</u> | <p>Major in Health Education</p> <ul style="list-style-type: none"> • <u>53 total hours (School Health Education) or 54 total hours (Community Health Education) required.</u> • <u>21 hours of required core courses including: HSC 190, 290, 292, 296, 297, 390; SOC 123.</u> <p><u>Health Education majors must also complete either the School Health Education Sequence or the Community Health Education Sequence.</u></p> <p><u>School Health Education Sequence:</u></p> <p>This sequence is part of the program leading to a 6-12 secondary certificate.</p> <ul style="list-style-type: none"> • <u>Required courses (6 hrs): HSC 387, 391.</u> • <u>Elective (3 hrs): 1 course selected from: FCS 102; HPR 113; HSC 394; PSY 112, 232, 305; SOC 210, 212, 262, 264, 341.</u> • <u>Students must also complete an education minor, the Professional Education requirements (23 hrs) and the General Education requirements as described in the Teacher Education requirements section of this Undergraduate Catalog.</u> • <u>A 2.50 major and minor GPA required for admission to Teacher Education and for student teaching.</u> • NOTE: This major does not meet middle-level endorsement requirements for the State of Illinois. See advisor for information on this endorsement. |

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| <ul style="list-style-type: none"> • Electives (<u>6 hrs</u>) chosen in consultation with an advisor from the following: <u>BTE/FCS 330; BSC 170, FCS 102; HPR 104, 113, HSC 115, 394; PSY 232, SOC 212.</u> • 2.5 major GPA prior to the semester of enrollment in HSC 398.02. | <p><u>Community Health Education Sequence:</u></p> <ul style="list-style-type: none"> • Required courses (<u>24 hrs</u>): <u>BSC 145; HSC 204, 286, 395, 396, 398.02.</u> • Electives (<u>9 hrs</u>) chosen in consultation with an advisor from the following: <u>FCS 102; HPR 113; HSC 394; PSY 112, 232, 305; SOC 210, 212, 262, 264, 341.</u> • 2.5 major GPA prior to the semester of enrollment in HSC 398.02. |
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Structure of degree to prepare students for career (inc. culminating experience)

The curriculum is aligned with the professionally defined responsibilities and competencies and these are the technical skills needed to enter the profession. These competencies are integrated into courses such as:

HSC 190: The historical and philosophical perspectives of the development of Health Education. A comparison of the major concepts and theories of health and characteristics of health education programs in schools and communities.

This course helps students develop an understanding of the philosophy of health education which is integral to guiding their practice.

HSC 286: Needs Assessment in Health Education - Emphasis on procedures which identify Health Education priorities of populations in various settings. Examination of health needs of select populations.

An essential skill of health educators is the ability to analyze health problems and involve members of the community in the needs assessment process.

HSC 290: Strategies in Health Education - Examination of the educational process, methods, strategies, and techniques in Health Education, communication techniques and current resources.

Implementing health education is the focus of this program. An understanding of teaching and learning, especially on controversial and sensitive health issues, is at the heart of health education.

HSC 292: Community/Public Health - Introduction to community public health at local, state, and national levels. Includes emphasis on community health problems, institutions and resources.

Students in school and community settings need to understand how communities are organized to address health problems and how agencies function. This course, along with HSC 190 and HSC 290 feature service learning and clinical experiences that help to bring concepts to life.

HSC 296: Concepts in Health Education - An examination of health determinants, major theories, and models of health behavior. Application to Health Education programming will be emphasized.

A true distinction of health educators is their ability to use health behavior theory and models to design health education. Doing so distinguishes health educators among all other health-related disciplines.

HSC 396: Health Education Program Planning and Evaluation - Theory and application of health education planning and promotion.

Grant writing is increasingly important to health education programs. While few students will have significant grant writing responsibilities as entry-level health educators, many will be in positions that are grant funded. And as they advance in the profession they will be expected to participate in grants. The planning process in this course is based on grant writing.

HSC 398.02: Professional Practice in Health Education/STT 399.35: Student Teaching in Health Education – These culminating experiences in community and school health respectively offer student rich 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 analysis of health behavior, and in HSC 396 students write a detailed grant proposal.

According to the Department of Health Sciences Senior Survey (2003) 100% of all responding students rated the program as “very effective” or “effective” in preparing their writing skills.

In the Department of Health Sciences Survey of 1st year Alumni (2000), 95% of alumni rated the program as “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. In the Spring of 2002, the program hosted our second annual Scholar in Health Education. Dr. Stephen Thomas, the Hallen Professor of Community Health and Social Justice and Director of the Center for Minority Health at the University of Pittsburgh School of Public Health, provided students and the public with valuable insights into minority health issues. Additionally, the program has begun integrating service learning experiences – especially in HSC 292 where student now

complete a 40 hour service project in a community agency. The agencies currently collaborating on this project include:

American Red Cross
BroMenn Regional Medical Center
Catholic Charities
Child Care Resource & Referral
Children's Foundation
Community Cancer Center
Ecology Action Center
Heartland Head Start
Heritage Manor
Illinois State University Student Health Promotion
MADD
McLean County Health Department
Project Oz
The Baby Fold
Youth Impact
YWCA

Assessment data on the effect of service learning will be available in the next year.

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 university Department of Health Sciences Senior Survey (2003), 100% 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 the examples above. The students are provided basic knowledge and skills in all the above areas. The students are given problems and assignments that require them to apply the skills and knowledge they acquired 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 (2003), 95% of all responding graduating seniors were satisfied or very satisfied with their problem solving skills preparation.