

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

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

1. Assess individual and community needs for health education
2. Plan health education strategies, interventions, and programs
3. Implement health education strategies, interventions, and programs
4. Conduct evaluation and research related to health education
5. Administer health education strategies, interventions, and programs
6. Serve as a health education resource person
7. Communicate and advocate for health and health education

**Health Education Program Assessment Plan**

Assessment procedures

The Health Education Program utilizes a variety of assessment approaches that are summarized in Table 1.

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 a more 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 performance of program graduates. 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
- 1<sup>st</sup> Year Graduates
- 5<sup>th</sup> Year Graduates
- Employers

Program faculty and the department chairperson review the program performance data regularly. Additionally, inter-program 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/Approval*

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 National Council for Accreditation of Teacher Education (NCATE). The Health Education Professional Association for NCATE 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 (SABPAC).

Both sequences are fully accredited/approved by these governing bodies. As part of the ongoing NCATE/AAHE 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 Re-approval, a five year designation, effective until, March 31, 2012.

It is significant that our program is accredited in both school and community health education as it is one of two such programs in the State of Illinois and one of a limited number in the nation.

### *Program Review*

At Illinois State University, primary responsibility for quality of academic programs resides with faculty; review of existing academic programs resides with the Academic Planning Committee, an external committee of the Academic Senate. Program Review is carried out in a manner compatible with institutional academic planning mechanisms and guidelines established by the Illinois Board of Higher Education (IBHE). Academic program review is both a critical and constructive process with two essential elements:

- documentation of learning outcomes, and
- identification of actions for program improvement.

### *Program Faculty Meetings*

The program faculty meets weekly/bi-weekly to discuss ongoing program management and curricular issues. Issues are identified and recommendations are presented for modification or correction.

### *Strategic Planning*

Each year the program faculty 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 9-12 credit hours of student teaching (school health). For these experiences, one credit hour is earned by successful completion of 40 clock hours. As part of this experience students are assessed in a variety of ways and students assess the university supervisor, site supervisor and practice site.

The program faculty review the student evaluation results from these professional practice experiences 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 practice settings. It also provides the faculty with the opportunity to develop new instructional strategies to improve student performance. Additionally, group meetings are held with students on or about the mid-point of their professional practice/student teaching experience. This provides another opportunity for faculty to gather feedback on how well students think they are prepared for the practicum experience.

### *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 at a rate equal to the national average. Pass rates serve as one indicator for how well-prepared graduates are on the professionally defined responsibilities and competencies. The exam covers each of the seven student learning outcomes previously identified in this report.

### *HE Advisory Meetings*

During the past several years the program has occasionally hosted advisory committee meetings on an ad hoc basis. An advisory committee meeting every year – alternating between community health and school health – is being implemented beginning in the summer of 2007.

## *Faculty Evaluations*

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

### Student Evaluations

Students complete faculty evaluations at the completion of every course. The IDEA evaluation system is utilized by all units in the College of Applied Science and Technology. 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 and to all other faculty in the IDEA database. 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 Department Faculty Status Committee documents.

### Peer /Self Evaluations

Annually, each faculty member is required to develop a self-assessment document or portfolio for review by the department chairperson and, for tenure-track faculty, the Department Faculty Status Committee. Areas of evaluations include scholarship, teaching and service activities.

Teaching peer assessments are required of pre-tenure and non-tenure track faculty each year. All of these evaluations are part of the faculty member’s retention, salary, tenure and promotion status.

**Table 1: Summary of HE Program Assessment Activities**

<b>Evaluation Programs</b>	<b>Responsible Authority</b>	<b>Evaluators</b>	<b>Evaluation Techniques</b>	<b>Frequency</b>
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 Review	Provost's Office	Administration and Faculty	Program Review	Every seven 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.	Faculty	Professional certification examination	Semi-Annually
Advisory meetings	Program Faculty	Employers, Graduates, Students	Discussions Surveys	Occasionally
Faculty Evaluations	Department Chairperson	Students, Department Chairperson, &/or other faculty	Performance evaluations	Every Semester

## **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.