

Community Health Program Assessment

Department/Program:
PEHR/Community Health

Community Health Program Mission:

The Mission of the Community Health Program is to provide student colleagues with a challenging and rewarding educational experience and to prepare them, through the principles and practices of Health Education, to effectively and compassionately address health issues of the 21st century.

The U.S. Department of Labor Bureau of Labor Statistics (BLS) defines health educators (SOC 21-1091.00) as those who promote, maintain, and improve individual and community health by assisting individuals and communities to adopt healthy behaviors, collect and analyze data to identify community needs prior to planning, implementing, monitoring, and evaluating programs designed to encourage healthy lifestyles, policies, and environments. They may also serve as a resource to assist individuals, other professionals, or the community, and may administer fiscal resources for health education programs.

The Community Health major prepares students to perform all seven of the health education responsibilities and the 29 competencies and 82 sub-competencies specifically identified as entry-level by the National Center for Health Education Credentialing, Inc. As a result of completing the Community Health major, students are able to apply for an examination to become a Certified Health Education Specialist (CHES) through the national credentialing agency.

The goals of the Community Health major reflect the responsibilities of the most recent Competency Update Project, published in 2006.

Goals/Student Learning Outcomes Assessed:

Assess Individual and Community Needs for Health Education

Plan Health Education Strategies, Interventions, and Programs

Implement Health Education Strategies, Interventions, and Programs

Conduct evaluation and research related to health education

Administer health education strategies, interventions, and programs

Serve as a health education resource person

Communicate and advocate for health and health education

Outcome Assessment Activities	Results	Program Improvements Made on the Basis of Assessment Results
<ul style="list-style-type: none"> <li data-bbox="168 300 568 562">• We administer a CHES-proxy examination (75 questions) during Spring quarter of the Senior year. Our objective: 80% of the students will achieve a score of 70 or higher. <li data-bbox="168 1150 519 1302">• National CHES exam (Voluntarily taken after graduation by 5-8 students/year) 	<p data-bbox="604 300 1016 1102">Based on the 2007-2009 cycle, our objective was met. 2007: 97% scored >70 (69-92) Average: 79 2008: 82% scored >70 (63-88) Average: 79 2009: 95% scored >70 (65-93) Average: 81 There are 4-5 questions that a majority of students consistently miss. These questions indicate the need to reinforce information/terminology related to community analysis vs needs assessment, cost of data collection strategies, formative and process evaluation, epidemiology, percentage of contributing factors to premature death.</p> <p data-bbox="604 1150 1016 1453">Based on 2007-2009 cycle: 100% pass (114.7 WWU total score vs. 103.3 national score in 2007; 120.75 vs. 105.12 in 2008; 121.0 vs. 105.72 in 2009) National pass rate for each year: 76.73% in 2007; 79.18% in 2008; and 77% in 2009).</p>	<p data-bbox="1039 300 1455 949">These questions tend to mirror the national CHES examination questions. In some cases these are not clearly written and pose what appears to be more than one equally valid answer. We did not believe that we needed to make changes to the curriculum as much as reinforce certain terminology. As is, there will be a new national examination with new competencies, plus knowledge questions, implemented in 2011. This will result in a major revision of our CHES proxy examination.</p> <p data-bbox="1039 1150 1455 1764">Except for Program Evaluation & Program Implementation in 2007, for each of the 7 major responsibilities as subsets of the total score (see goals above), WWU exceeded the national sub-scores. In 2008, we implemented HLED 465: Program Evaluation and Research Design for the first time. Scores have subsequently increased to higher than the national average in both program evaluation and implementation.</p>

<ul style="list-style-type: none"> • Senior exit surveys are administered at the end of the full-time internship and prior to graduation. This survey includes examples of goal attainment; strengths of the major; and recommendations to improve the program. 	<p>Based on the 2007-2009 cycle, students provided examples of Major goal achievement through classroom projects and/or through their internship experience. We pay particular attention to their suggestions for improvements.</p> <p>For example, move HLED 447: Community Health and HLED 450: Methods and Materials in Health Education to earlier in the major and include more on web design, In Design, Publisher, and Photoshop; more grant writing direction; more actual survey and evaluation; change HLED 435: Worksite Wellness Programs due to similarities to Program Planning; hire additional faculty; more on global health, epidemiology, policy, and interviewing for jobs; Math 240 as a pre-req for HLED 420: Epi/Biostats; better communication between professors, their assignments, deadlines, and overlap; writing the grant proposal in Spring based on Program Plan of Winter; among others.</p>	<p>Since 2007, the Community Health faculty has grown from 2 to 3 full-time faculty and we have added three new classes to the major: HLED 420: Epidemiology and Biostatistics; HLED 432: Organization & Administration of Health Programs; and HLED 465: Program Planning & Research Design in Health Education. These were implemented to address the recommendations of the National Task Force on Accreditation of Undergraduate Programs and the likelihood that the Council on Education for Public Health (CEPH) will be the accrediting body. By adding faculty and courses, we were able to address many of the student suggestions.</p> <ul style="list-style-type: none"> • We now offer HLED 447 and 450 in the Junior year. • We have included webpage design and video development in HLED 450. • We have changed the grant assignment to match the program plan and assign it as an individual vs group project. • We have dropped HLED 435 as a required class. It will be changed to a KIN class next year. • We have reinstated Math 240 as a pre-requisite to HLED 420. • Through course readings and discussion in HLED 407 and 460, more emphasis has been given to global health issues. In addition,
---	---	---

CHES Self-Assessment of Perceived Competence in 79-82 skills is administered in the majors' first 400 level course in Winter of their Junior year. Students take this a second time prior to graduation, near the completion of their internship. Skill level is rated from 1 indicating not competent to 4 indicating very competent.

Based on the 2007 assessment, which included 79 sub-competencies, students, at the completion of the major, reported being competent to very competent on all skills. In 2007, the skills with the lowest mean score included the following: Incorporate feasible ideas and recommendations into the planning process (3.3); Develop subordinate measurable objectives as needed for instruction (3.4); Utilize instructional resources that meet a variety of in-service training needs (3.3); Access principal online and other data-based health information resources (3.2); Analyze parameters of effective consultative relationships (3.4)

In 2008, majors reported being competent to very competent in all 82 skills. Those with the lowest mean score included

students are encouraged to take Sociology classes related to global health to fulfill electives.

- We review senior exit surveys during Fall quarter and note students' comments about strengths of the major as well as suggestions for improvements.
- We discuss syllabi and assignments, looking for overlap or absence of content or assignments related to competency achievement.

We feel confident in the students' ability to succeed as health educators and that work experience will help them feel more confident in several of these skills. However, we have implemented several changes in class assignments. The students design, conduct, and evaluate a research study in HLED 465. They participate in problem-based case studies in HLED 420. They participate in more professional/personal growth planning in HLED 407 and 432, including written assignments, job interview skills, and portfolio development prior to the internship. Inviting community health professionals to discuss in-service trainings and consultative relationships is a strategy we plan to employ to enhance students' feeling of competency in these skills.

<ul style="list-style-type: none"> • Alumni Survey. We conducted an alumni survey for graduates from the 2004-2007 classes. 	<p>the following: Implement appropriate measures to assess capacity for improving health status (3.2); Select a data system commensurate with program needs (3.1); Analyze parameters of effective consultative relationships (3.2); Facilitate collaborative training efforts among health agencies and organizations (3.2); and Develop a personal plan for professional growth (3.3).</p> <p>In 2009, majors reported being competent to very competent in 52 of the skills. Those with the lowest mean score included the following: Develop plan for promoting collaborative efforts among health agencies and organizations with mutual interest (3.1); Develop methods to evaluate factors that influence shifts in health status (2.9); Develop valid and reliable evaluation instruments (2.8); Analyze evaluation data (3.0); Apply networking skills to develop and maintain consultative relationships (3.0).</p> <p>We emailed 66 graduates: 89% responded. Of those, 78% worked in health-related positions, both in health education and clinical settings. Students identified their academic degree and training, internship, and perseverance as the most important factors to their hire. Organization, interpersonal, computer, and serving as a health resource were key work skills.</p>	<p>Graduates who responded to this survey felt very prepared for their health education or health-related careers. Comments or insights did not alert us to make any major changes to our program of study or rigor of the major.</p>
---	---	---

