



ILLINOIS STATE UNIVERSITY

**Department of Health Sciences
Health Promotion and Education Program
Community Health Promotion Sequence**

**Self- Study
Council on Education for
Public Health Accreditation**

Standalone Baccalaureate Program

September 2019

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List of Abbreviations

| | |
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| ASPT | The (Faculty) Appointment, Salary, Promotion, and Tenure |
| CAST | College of Applied Science and Technology Organizational Chart |
| CHP | Community Health Promotion |
| CHES | Certified Health Education Specialist |
| CTLT | Center for Teaching, Learning, and Technology |
| CV | Curriculum Vitae |
| DFSC | Department Faculty Status Committee |
| EH | Environmental Health |
| ERF | Electronic Resource File |
| FTE | Full Time Equivalent |
| HPE | Health Promotion and Education |
| HPW | Health Promotion and Wellness |
| HSC | Health Sciences |
| ICHWC | International Consortium for Health & Wellness Coaching |
| ISU | Illinois State University |
| MCHES | Master Certified Health Education Specialist |
| MPH | Master in Public Health |
| NCHEC | National Commission for Health Education Credentialing |
| PD | Program Director |
| SBP | Stand Alone Baccalaureate Program |

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Introduction

1. A description of the institutional environment, which includes the following:

a) year institution was established and its type (e.g., private, public, land-grant, etc.)

Illinois State University is a public university that was established in 1857.

b) number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral, and professional preparation degrees)

Illinois State University offers a diverse selection of undergraduate academic programs, including those spanning a number of academic disciplines. There are six colleges at Illinois State University housing over 160 bachelor's degree programs, 90 master's, and 14 doctoral degree programs.

c) number of university faculty, staff, and students

Illinois State University is home to 20,784 students, 1,290 Faculty, and an additional 2,364 staff.

d) brief statement of distinguishing university facts and characteristics

Illinois State University's vision is to be increasingly recognized as a national leader for educating high-achieving, motivated students who seek an individualized and transformative experience at an institution that offers premier undergraduate and graduate programs, generates high-quality research, scholarship, and creative activities, supports student learning and development and serves the region, state, nation, and world through its commitments to meaningful civic engagement.

According to the U.S. News & World Report rankings, Illinois State is 98th among public universities across the United States. Washington Monthly placed Illinois State at 66th out of all national universities, and 15th in the "Best Bang for the Buck in the Midwest" category.

(<https://www.usnews.com/best-colleges/illinois-state-university-1692>). Illinois State students complete their degrees on time. ISU's retention rate remains among the highest in the nation at 81 percent, and our high graduation rate (71 percent) is above the national average. Illinois State remains a first-choice institution. We have a strong enrollment of more than 20,000 students, while maintaining academic quality and small class sizes. Illinois State provides accessible opportunity and increasingly reflects the nation's changing demographics. Nearly one-quarter of our student population comes from underrepresented groups. Illinois State was named once again a Great College to Work for by *The Chronicle of Higher Education*—the only four-year, public university in Illinois on the list.

e) names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college, or other organizational unit at the university responds (list may be placed in the electronic resource file)

Illinois State University is accredited by the Higher Learning Commission. The last review was in 2014-2015 resulted in an accreditation term of 10 years.

More information can be found at:

<https://www.hlcommission.org/component/directory/?Action=ShowBasic&Itemid=&instid=1099>

In addition, various programs within Illinois State University are accredited. A full list of accredited programs can be found at: <https://illinoisstate.edu/about/accreditation/program/>

f) brief history and evolution of the standalone baccalaureate public health program (e.g., date founded, educational focus, rationale for offering public health education in unit, etc.)

The Health Promotion and Education program originated within the physical education program in the late 1960's. During the early 1970's Dr. Ann Nolte came to Illinois State University to establish a formal curriculum in health education. The program became part of the Department of Health Sciences in the early 1980's. The Department of Health Sciences includes programs in medical laboratory science, environmental health, health information management, safety, and health promotion and education.

The Health Promotion and Education (HPE) program offers a bachelor's degree in health promotion and education with sequences in school health education and community health promotion (CHP). The school health education sequence is not part of this accreditation. The HPE program has gone through some changes since the 1980's to assure it is meeting the needs of students and addressing growing trends in the field. One of more substantive changes in the last 15 years was to align the program with the National Commission for Health Education Credentialing (NCHEC) seven areas of responsibilities for health educators.

The goals of the Health Promotion and Education Program at Illinois State are to:

- Provide the premier undergraduate health promotion and education program in Illinois and one that is recognized nationally for its excellence and innovation;
- Create proficiency among undergraduate health promotion and education students in the professionally-defined responsibilities and competencies of entry-level health educators;
- Provide graduate education meeting needs of selected health education professionals;
- Involve all students in the practice of health promotion and education that complements and enhances their professional development;
- Provide educational opportunities for all students designed to increase their capacity for investigating multi-dimensional health problems, critical thinking, synthesis of health education knowledge, and the application of these abilities in their chosen professional setting;
- Provide an academic atmosphere that nurtures intellectual and personal growth;
- Provide co-curricular activities that augment the formal education of students, maximize their involvement, and recognize their achievement;
- Create transformational opportunities for students designed to help them move from novice to professional, unreflective thinking to reasoned judgment, passive interest to passionate commitment, and vague concern to clear purpose;
- Conduct research and scholarly work recognized and disseminated at the highest levels of the profession;
- Generate external funding to support research and scholarly work;
- Involve students in research and scholarly work in developmentally appropriate ways;
- Provide leadership in professional service that complements the educational and scholarship goals of the program;
- Seek unique opportunities for faculty collaboration in achieving the educational and scholarship goals of the program;
- Assess and strengthen the health promotion and education program on a continual basis;
- Promote sensitivity and understanding of diverse cultural health needs and expectations;
- Support academic freedom and diversity among the faculty by supporting the unique strengths and interests of each individual.

In 2017, the title of the program was changed from Health Education to Health Promotion and Education and the sequences within the major were named “School Health Education” and “Community Health Promotion.” The change in the name more accurately reflects the breadth of opportunities, internships, jobs, and graduate programs students pursue. Health Promotion encompasses ecological and educational efforts to enhance human health. Graduates work across three major domains:

- 1) population-level performing functions such as assessing community health needs, delivering health communication programs, and advocating for health promoting policies;
- 2) group-level focused on designing and implementing health education programs as well as social support services, and;
- 3) individual-level providing health and wellness coaching and patient education. The program is designed to provide students with entry-level knowledge and skill across these domains thereby enabling them to be broadly qualified for employment or graduate study in various health promotion and health education settings.

2. Organizational charts that clearly depict the following related to the program:

- a) the program’s internal organization, including the reporting lines to the designated leader**

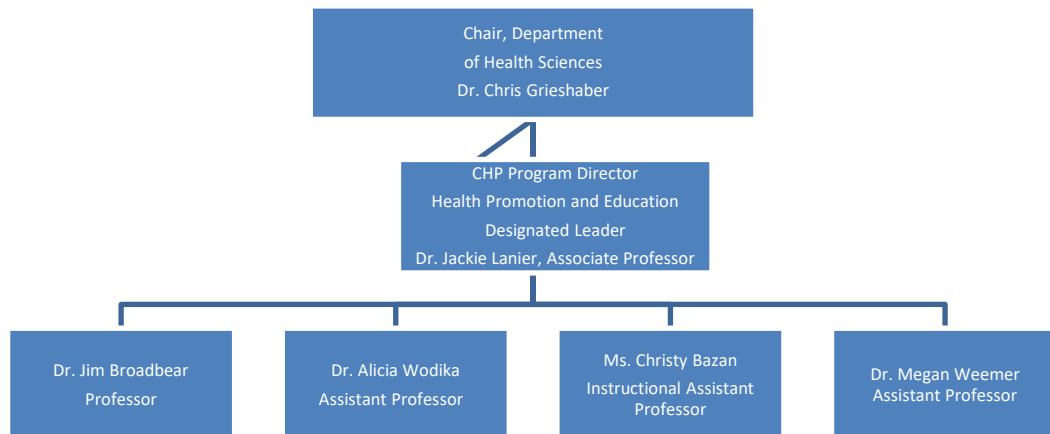


Figure 1.1 – Program’s Internal Organization

- b) The relationship between the program and other institutional components, including departments, schools, colleges, and other relevant units. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program

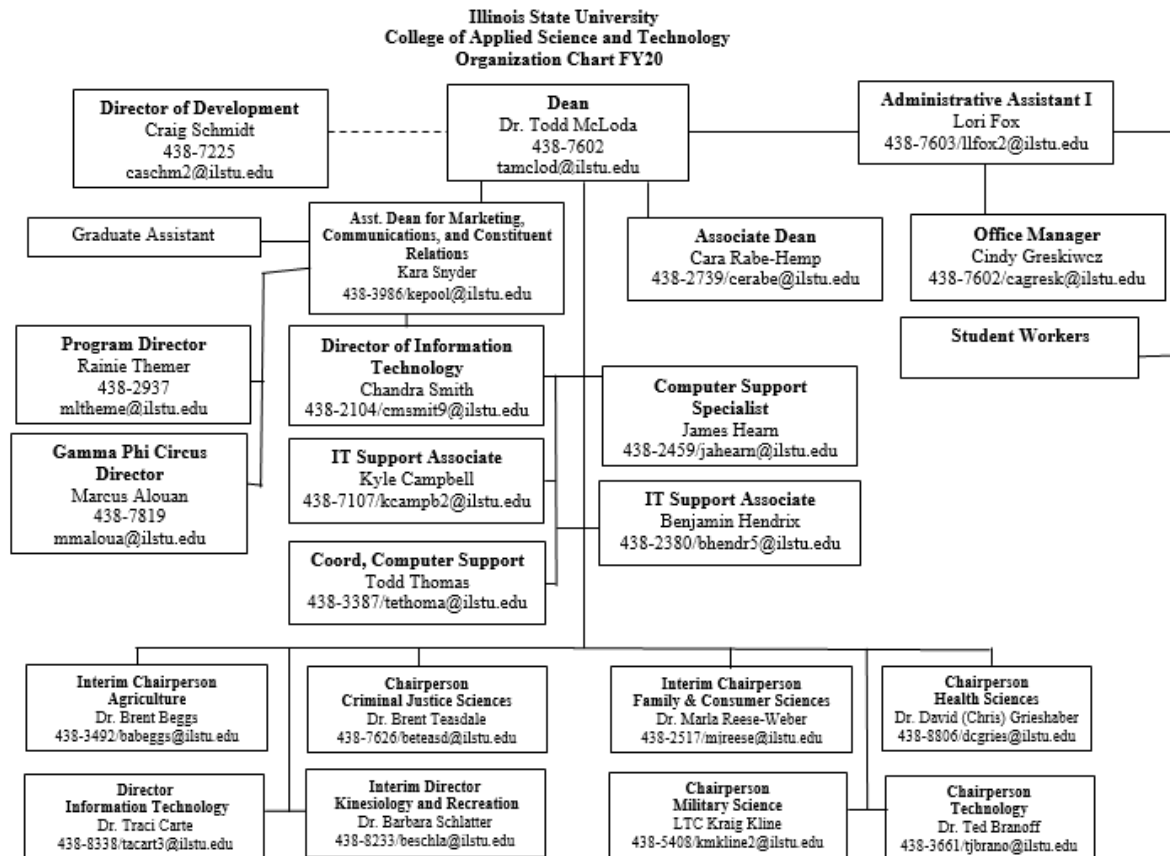


Figure 1.2 – College of Applied Science and Technology Organizational Chart.

- c) the lines of authority from the program's designated leader to the institution's chief executive officer (president, chancellor, etc.), including all intermediate levels

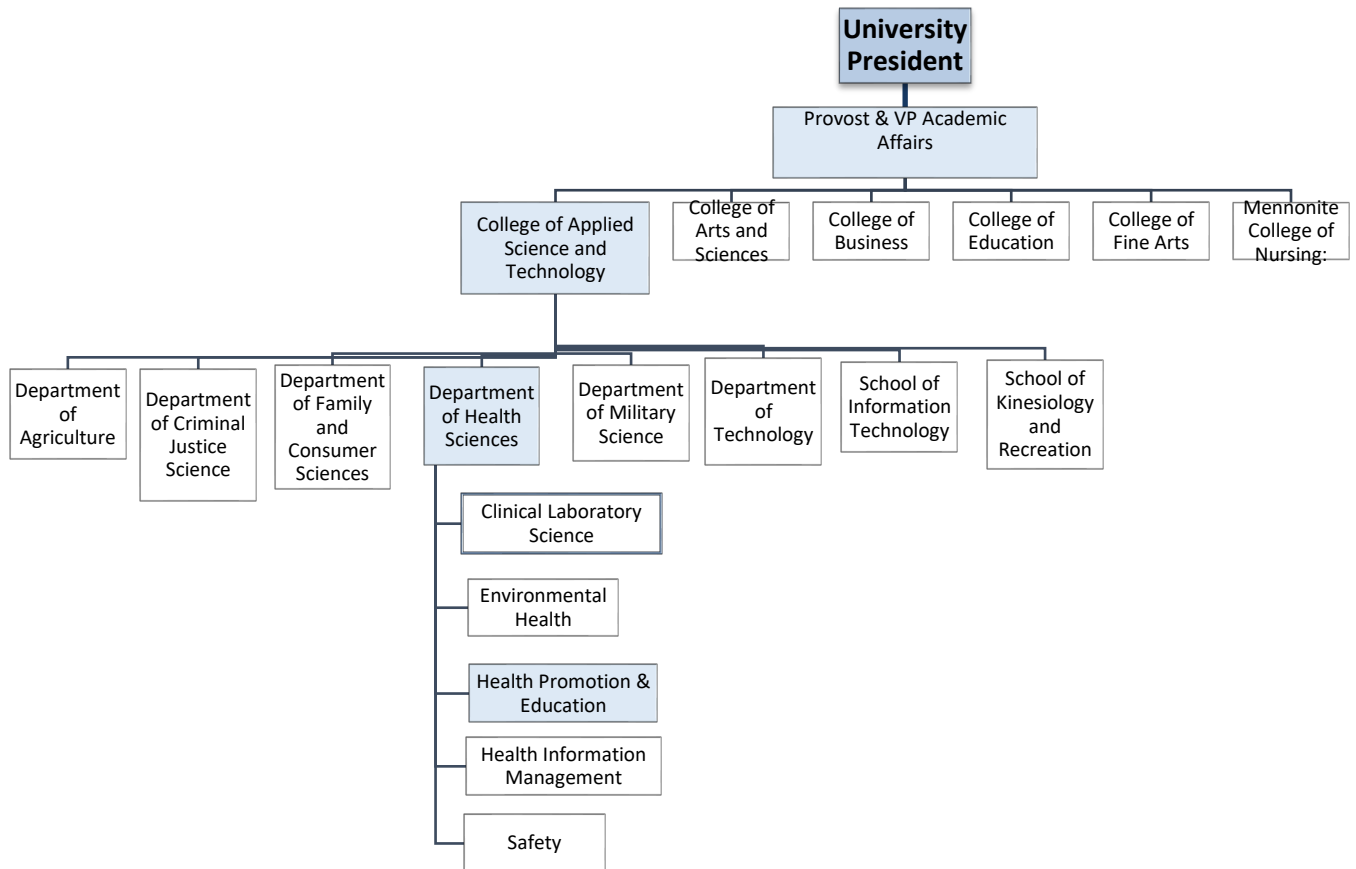


Figure 1.3 - Organizational Chart Showing the Health Promotion and Education Program's Position within the University

3. **The program's mission statement; the mission statements for the department, college, school, or other organizational unit(s) that house the program; the mission statement for the institution. The program's (major's) mission statement must be specific to the program (major) and must be used to guide its activities. This programmatic (major) mission statement will also be used to guide the accreditation review.**

University

We at Illinois State University work as a diverse community of scholars with a commitment to fostering a small-college atmosphere with large-university opportunities. We promote the highest academic standards in our teaching, scholarship, public service and the connections we build among them. We devote all of our resources and energies to creating the most supportive and productive community possible to serve the citizens of Illinois and beyond.

College of Applied Science and Technology

Through applied learning, we prepare and empower students who will make lasting, positive contributions to their profession and the world. We leverage and celebrate the breadth of programs within the College of Applied Science and Technology that build upon a strong general education foundation.

Health Sciences

We will work every day to elevate the student experience and inspire future health leaders through learning, research and service that is collaborative, innovative and ultimately, transformative.

Health Promotion and Education Program

The Health Promotion and Education Program at Illinois State University is a student-centered program committed to providing the highest quality undergraduate professional preparation in the state. The central mission of the Program is to prepare committed professionals with knowledge, skills, abilities, and disposition necessary to support and enable the way people think, feel and behave regarding their own health and that of their communities. The Program recognizes that teaching and scholarly productivity are mutually supportive activities. Therefore, although developing student potential through superior teaching is the first priority of the Program, another major aspect of our mission is to advance disciplinary knowledge by actively pursuing research and scholarly work on a variety of health education issues. The Program is also committed to providing leadership and service to local, state and national professional organizations as well as the Illinois State University community.

4. **An instructional matrix presenting the program's degree offerings. The matrix should include degree, major, and any concentrations or sub-specialties within the major. Present data in the format of Template Intro-1. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.**

Template Intro-1

| Instructional Matrix – Degrees and Concentrations | | | |
|---|---------------|---------------------|-----------------------|
| Degrees | | Campus based | Distance based |
| <i>Concentration</i> | <i>Degree</i> | | |
| Health Promotion and Education - Community Health Promotion Sequence | BS | X | |

A. Leadership, Management, and Governance

A1. Administration and Governance

The program, through its leaders and/or faculty, demonstrates autonomy that is sufficient to affirm the program's ability to fulfill its mission and goals and to conform to the conditions for accreditation. Autonomy refers to the program's ability, within the institutional context, to make decisions related to the following:

- allocation of program resources
- implementation of personnel policies and procedures
- development and implementation of academic policies and procedures
- development and implementation of curricula
- admission to the major

In addition to program-level autonomy, the program's faculty have clearly defined rights and responsibilities, including formal opportunities for input in decisions affecting the following:

- curriculum design, including program-specific degree requirements
- student assessment
- program evaluation

Faculty have input in resource allocation to the extent possible, within the context of the institution and existing program administration.

- 1) A description of how each of the following functions (items a-n) is accomplished for the program in the format of Template A1-1. Template A1-1 requires the program to indicate who has responsibility for each process and where program faculty have roles in the process. The template also requires the program to cite the relevant supporting document(s) and page(s) (e.g., Faculty Handbook, pp. 12-25; College By-Laws, p. 5).

Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online.

Template A1-1 summarizes the key functions in the HPE program, responsible parties, brief description of process (es), and links to relevant program/institutional policies.

| TEMPLATE A1-1 | | | |
|---|--|--|--|
| Function | Responsible Party or Parties | Brief Summary/Description of Process(es) | Relevant Program or Institutional Policies (cite supporting document(s) and page(s) including hyperlinks) |
| a. determining the amount of resources (financial, personnel and other) that will be allocated to the program | The Department of Health Sciences (HSC) Chairperson; Dean of College of Applied Sciences (CAST) | Administrative and University decisions are made regarding resources and disbursement to Colleges. Deans and Directors allocate funding accordingly and Department Chairs work with allocation disbursement with in the HPE program and with input and recommendations from the HPE faculty. | Health Sciences By-Laws (ERF-A1) |

| | | | |
|---|--|--|--|
| | The Health Promotion and Education (HPE) Faculty | | |
| b. distributing resources (financial, personnel, and other) | HSC Chairperson; HPE Faculty; Dean of CAST | Administrative and University decisions are made regarding resources and disbursement to Colleges. Deans and Directors allocate funding accordingly and Department Chairs work with allocation disbursement with input and recommendations from the HPE faculty | Health Sciences By-Laws (ERF-A1) |
| c. hiring faculty who teach program courses | HSC Chairperson; Search Committees; HPE Faculty; Dean of CAST | Search committees formed by the Department Chair work to bring qualified candidates to campus. All HPE faculty sit on search committees for HPE candidates. Search committees screen applicants, conduct phone interviews, lead on-site interviews, determine strengths and weaknesses of candidates, and make recommendations for hiring. These recommendations are considered by the Department Chair, and College Dean who ultimately has hiring authority. | Faculty Hiring Procedure https://policy.illinoisstate.edu/employee/3-3-2.shtml Faculty Handbook 2018-2019 https://provost.illinoisstate.edu/downloads/FacultyHandbook%202018-2019.pdf |
| d. determining teaching assignments for program courses | HSC Chairperson; HPE Faculty; Department Advisor, Program Director | The HPE Program Director works with faculty to determine teaching schedules and make recommendations to the Chair. The Departmental Advisor submits the schedule to the University once approved by the Department Chairperson. | HSC By-Laws (ERF-A1) Faculty Handbook 2018-2019 https://provost.illinoisstate.edu/downloads/FacultyHandbook%202018-2019.pdf |
| e. evaluating the performance of individuals teaching program courses | HSC Chairperson; Department Faculty Status Committee (DFSC); HPE Faculty | Peer and Chairperson evaluations of individual faculty occur annually; IDEA Student Ratings of Instruction are collected from students for each course taught within the department; these evaluations are student assessments of instructors. HPE faculty submit self-reflections, teaching philosophies, and professional development activities, with artifacts related to teaching annually to DFSC. | Faculty Handbook 2018-2019 https://provost.illinoisstate.edu/downloads/FacultyHandbook%202018-2019.pdf HSC DFSC policies and procedures (ERF-A1) |
| f. promoting and/or granting tenure, if applicable, to faculty teaching program courses | HSC Chairperson DFSC; CAST Faculty Status Committee; Dean of CAST; Provost | The (Faculty) Appointment, Salary, Promotion, and Tenure (or ASPT) system at Illinois State University prescribes policies and procedures related to probationary and tenured faculty members at the University. HSC and Program Faculty are active members of the DFCS. | University Policy for Tenure and Promotion https://provost.illinoisstate.edu/resources/tenure-promo/ HSC DFSC policies and procedures (ERF-A1) |

| | | | |
|---|---|--|--|
| g. re-appointing or terminating program faculty hired by contract, if applicable | HSC Chairperson; HPE Faculty; DFSC | The (Faculty) Appointment, Salary, Promotion, and Tenure (or ASPT) system at Illinois State University prescribes policies and procedures related to probationary and tenured faculty members at the University. HSC and Program Faculty are active members of the DFCS. | Faculty Handbook 2018-2019 https://provost.illinoisstate.edu/downloads/FacultyHandbook%202018-2019.pdf |
| h. hiring personnel to advise program students | HSC Chairperson; Dean of CAST; Provost; HPE Faculty | University process that begins at the Department level and moves up through to the Provost Office for a final decision. Program faculty sit in on a search committee related to any program hires. | Administrative/Professional Hiring Procedure https://policy.illinoisstate.edu/employee/3-4-3.shtml |
| i. evaluating the performance of individuals advising program students | HSC Chairperson; HSC Advisor; DFSC; HPE Faculty | A yearly performance review by the Department Chair evaluates the advisor's goals and progress in meeting those goals. The advisor continually self-evaluates utilizing rates of difficulty on graduation audits, genuine unsolicited student feedback (both positive feedback and complaints), and observed student growth on the measures outlined in the unit's advising syllabus. Per DFSC, program faculty are reviewed annually on teaching that includes mentoring students outside of courses. | Evaluation of Administrative Professionals https://hr.illinoisstate.edu/managers/evaluating/evaluation/ HSC DFSC policies and procedures (ERF-A1) |
| j. developing the program's academic policies governing matters such as academic standing and award of degree | HPE Faculty; HSC Chairperson; University Registrar | HPE faculty work with the Department chair to make degree requirements for program. University Registrar's office maintains students' Academic Records including: awarding of transfer and exam credit, awarding of degrees & certification. | Graduation Requirements https://policy.illinoisstate.edu/students/2-1-9.shtml |
| k. designing the curriculum, including defining the requirements for the major | HPE Faculty; HSC Chairperson; Department & College; University Curriculum Committees | Collaborative effort amongst program faculty, Department Chair, community partners, advisory boards, accrediting units, and as industry standards evolve are all used when making decisions about curriculum to continually meet the needs of students. | University Curriculum Committee https://ucc.illinoisstate.edu/policies/ |
| l. developing and reviewing plans for assessing student learning | HPE Faculty; HSC Chairperson; Provost | Collaborative effort amongst program faculty, Department Chair, community partners, advisory boards, accrediting units, and as industry standards evolve are all used when making decisions about curriculum to continually meet the needs of students and assess student learning. The office of the provost requires a review of the program every five years. | Program Review Requirements https://provost.illinoisstate.edu/planning/program/ HPE Program Review 2018 (ERF-A1) |

| | | | |
|--|--|---|--|
| m. developing and implementing plans for measuring the program's effectiveness | HPE Faculty; HSC Chairperson; Provost | Collaborative effort amongst program faculty, Department Chair, community partners, advisory boards, accrediting units, and as industry standards evolve are all used when making decisions about program effectiveness to continually meet the needs of students and the profession. The office of the provost requires a review of the program every five years | Program Review Requirements https://provost.illinoisstate.edu/planning/program/ HPE Program Review 2018 (ERF-A1) |
| n. developing and implementing program-specific recruitment, advertising and admissions practices and strategies | The University Admissions Office; HSC Recruitment and Retention Committee; HPE Faculty | <p>The University Admissions office oversees the recruitment of students and admissions criteria into ISU.</p> <p>The Department Recruitment/Retention Committee regularly reviews recruitment and retention efforts identifying possible improvements. HPE Faculty are part of this Committee.</p> <p>HPE Faculty attend open houses for potential students and meet with potential students when on campus for visits.</p> <p>The HPE Faculty work with the Department Advisor to set admission criteria for the program. The HPE Faculty reviews its retention efforts regularly at faculty meetings and identifies opportunities to retain students and keep them engaged in program.</p> | <p>Office of Admissions https://illinoisstate.edu/admissions/</p> <p>Department Recruitment/Retention Committee Meeting Notes (ERF-A1)</p> |

A2. Faculty Engagement

Faculty (including **full-time and part-time faculty**) regularly interact and are engaged in ways that benefit the instructional program (e.g., instructional workshops, curriculum committee).

Required documentation:

- 1) **A description detailing the interactions and engagement among faculty (*full-time and part-time faculty*) that benefit the instructional program (e.g., instructional workshops, curriculum committee). (self-study document)**

Faculty (including full-time and part-time faculty) regularly interact and are engaged in ways that benefit the instructional program including:

- Monthly faculty meetings for all HPE faculty include discussions about courses, retention, happenings in the field, student related opportunities such as scholarships, alumni outreach, and student related concerns.
- Regular department meetings for all Department of Health Sciences Faculty happen 2-3 times per semester. Meetings often include discussions about University, College, Department, and/or Program updates and concerns.
- Educational workshops offered by the Center for Teaching, Learning and Technology (CTLT) at ISU are attended by faculty on a regular basis. All faculty attend their annual conference held in January showcasing best practices in the fields of teach and scholarship of teaching and learning. CTLT's mission is: We support educators in their pursuit of excellence and innovation in teaching, student learning, and the effective use of technology.
- Faculty Search committees are held as needed and when vacancies arise. Search committees often include faculty from various Health Sciences programs to provide a diverse perspective rather than just program faculty.
- Department and College level curriculum committees have members from the HPE program. These committees often meet several times a month to review new or updated curriculum proposals.
- Local, State, and National Professional Conferences provide the faculty opportunities to learning new ideas from the field and for teaching, to present their scholarly work, and to network with other health education and public health professionals.

- 2) **Supporting documentation (e.g., minutes, attendee lists) that demonstrates regular engagement and interactions among faculty are located in the electronic resource file.**

- **ERF – A2**

- Center for Teaching, Learning and Technology (CTLT) Symposium 2019
- HPE Program Meetings – Agenda and Notes (5)
- HPE Work Plan FY 19
- HSC Committee Assignments
- HSC Faculty Meetings Notes (4)
- HPE (PD)Program Director Meeting Notes (4)

B. Curriculum

B1. Public Health Curriculum

The requirements for the HPE program, community health promotion concentration provide instruction in the following domains (listed below). The curriculum addresses these domains through a combination of learning experiences throughout the requirements for concentration coursework.

- 1) A list of all required coursework and components for the program's degree(s), including the total number of credits required for degree completion in the format of a one-page summary. Provide hyperlinks to relevant documents if they are available online, or include in the resource file electronic copies of any documents that are not available online. (self-study document)

The **required coursework** for the community health promotion sequence are included below. A total of 120 minimum credit hours are required for degree completion, of which 42 minimum senior college hours are needed. A direct link to the Undergraduate Catalog, Health Promotion and Education, Community Health Promotion sequence can be found starting on page 125 here:

<https://illinoisstate.edu/downloads/catalog/undergrad.pdf>

Graduation Requirements

120 minimum total credit hours needed for degree completion

42 minimum senior college hours needed.

Health Promotion and Education Major, Community Health Promotion Sequence (60 credit hours; each course 3 credit hours; Major Courses)

- HSC 204A01 Health Data Analysis: Health Education
- HSC 207 Mind/Body Health
- HSC 258A02 Epidemiology for Public Health
- HSC 286 Needs Assessment in Health Education
- HSC 290A01 Strategies in Health Education: Community Health
- HSC 292 Community Public Health
- HSC 293 Principles of Human Disease
- HSC 294 Diseases of the Human Body
- HSC 296 Health Behavior & Theory
- HSC 305 Public Health Leadership
- HSC 395 Health Communication & Social Marketing
- HSC 396 Health Education Program Planning & Evaluation
- HSC 398A02 Professional Practice: Internship in Health Education
- BSC 145 Human Biology

Take four (12 credit hours) additional Community Health Promotion electives from the list below:

- FCS 102 Nutrition in the Life Span
- HSC 105 Medical Terminology
- HSC 156 Environmental Health In the 21st Century
- HSC 170 Safety and Society
- HSC 270 Global Contexts
- HSC 298A04 Practicum in Community Health Promotion
- HSC 387 Programs in School Health
- HSC 390 Drugs in Society
- HSC 394 Health Aspects of Aging
- SOC 123 Human Sexuality

General Education (39-43 credit hours)

- Communication and Composition (2 courses required)
 - COM 110 Communication as Critical Inquiry
 - ENG 101 or ENG 101A10 Composition as Critical Inquiry
- Mathematics (1 course required)
- Natural Science/Natural Science Alternatives (2 courses required)
- United States Traditions (1 course required)
- Fine Arts (1 course/3 credit hours required)
- Humanities (1 course required)
- Language in the Humanities (1 course required)
- Quantitative Reasoning (1 course required)
- Science, Math, & Technology (1 course required)
- Social Sciences (1 course required)

- 2) A matrix, in the format of Template B1-1, that indicates the experience(s) that ensure that students are exposed to each of the domains indicated in this criterion. (self-study document)**

Template B1-1 illustrates the experience(s) that ensure that students are exposed to each of the domains indicated in this criterion.

TEMPLATE B1-1

A matrix that indicates the experience(s) that ensure that students are exposed to each of the domains indicated in Criterion B1. Template L requires the program to identify the experiences that introduce and reinforce each domain. Please note that a topic within a domain may be introduced and/or covered in more than one course. (Criterion B1)

| | | |
|------------|---------------------|---|
| Key | I-Introduced | <i>It is a topic on the Topical Outline of Course Content on the official Course Outline, but is not a major subject heading, and/or</i> <i>It is a concept that is assessed on exams, quizzes, or other forms of assessment, but not in a substantive manner, and/or</i> <i>It is a concept that is introduced during a class session meeting/s, but is not covered in a substantive manner</i> |
| | C-Covered | <i>It is a major subject heading in the Topical Outline of Course Content on the official Course Outline, and/or</i> <i>It is, or is closely related to, a Student Learning Outcome as listed on the official Course Outline, and/or</i> <i>It is a concept that is the subject of a single class or multiple class sessions, and/or</i> <i>It is a concept that is a feature of a major project, paper, or other form of assessment in the course, and/or</i> <i>It is a concept that is assessed in a substantive manner on exams, quizzes, or other forms of assessment.</i> |

| PUBLIC HEALTH DOMAINS | Course Name and Number | | | | | | | | | | | | | |
|-----------------------|--------------------------|---|----------------------------|---|---|---|-----------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|---|--|--|
| | BSC 145 Human Biology | HSC204 .A01 Health Data Analysis: Health Education | HSC207 Mind/Body Health | HSC 258.A01 Epidemiology For Public Health | HSC 286 Needs Assessment in Health Education | HSC290 .A01 Strategies in Health Education: Community Health | HSC292 Community Public Health | HSC293 Principles of Human Disease | HSC 294 Disease of the Human Body | HSC296 Health Behavior and Theory | HSC305 Public Health Leadership | HSC395 Health Communication and Social Marketing | HSC396 Health Education Program Planning and Evaluation | |

| 1. Concepts and applications of basic statistics: Identify and apply the principles of basic statistics | | | | | | | | | | | | | |
|--|------------|----------------|------------|----------------|------------|----------------|------------|------------|------------|------------|------------|------------|------------|
| | BSC 145 | HSC 204.A01 | HSC 207 | HSC 258.A02 | HSC 286 | HSC 290.A01 | HSC 292 | HSC 293 | HSC 294 | HSC 296 | HSC 305 | HSC 395 | HSC 396 |
| 1.1 Concepts of basic statistics | | C | | I | I | | | I | I | | | | C |
| 1.2 Applications of basic statistics | | C | | C | C | | | | | | | | |

| 2. Foundations of biological and life sciences: Address the foundations of biological and life sciences and the concepts of health and disease | | | | | | | | | | | | | |
|---|------------|----------------|------------|----------------|------------|----------------|------------|------------|------------|------------|------------|------------|------------|
| | BSC 145 | HSC 204.A01 | HSC 207 | HSC 258.A02 | HSC 286 | HSC 290.A01 | HSC 292 | HSC 293 | HSC 294 | HSC 296 | HSC 305 | HSC 395 | HSC 396 |
| 2.1 Foundations of biological sciences | C | | | | | | | I | I | | | | |
| 2.2 Foundations of life sciences | C | | I | | | | | I | I | | | | |
| 2.3 Concepts of health and disease | C | | C | C | | | | C | C | | | | |

| 3. Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society | | | | | | | | | | | | | |
|--|------------|----------------|------------|----------------|------------|----------------|------------|------------|------------|------------|------------|------------|------------|
| | BSC 145 | HSC 204.A01 | HSC 207 | HSC 258.A02 | HSC 286 | HSC 290.A01 | HSC 292 | HSC 293 | HSC 294 | HSC 296 | HSC 305 | HSC 395 | HSC 396 |
| 3.1Public Health History | | | | I | | | C | | | | | | |
| 3.2Public Health Philosophy | | | | I | I | | C | | | | C | | |
| 3.3Core PH Values | | | | I | I | | C | | | | | | |
| 3.4Core PH Concepts | | | | I | I | | C | | | | | | C |
| 3.5Global Functions of Public Health | | | | I | | | C | | | | | | |
| 3.6Societal Functions of Public Health | | | | I | | | C | | | | C | | |

| 4. Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice | | | | | | | | | | | | | |
|--|------------|----------------|------------|----------------|------------|----------------|------------|------------|------------|------------|------------|------------|------------|
| | BSC 145 | HSC 204.A01 | HSC 207 | HSC 258.A02 | HSC 286 | HSC 290.A01 | HSC 292 | HSC 293 | HSC 294 | HSC 296 | HSC 305 | HSC 395 | HSC 396 |
| 4.1Basic Concepts of Data Collection | | I | | C | C | | I | | I | | | | C |
| 4.2Basic Methods of Data Collection | | I | | C | C | | I | | I | | | | |
| 4.3Basic Tools of Data Collection | | I | | C | C | | | | I | | | | |
| 4.4Data Usage | | C | | C | C | | | | | | | | C |
| 4.5Data Analysis | | C | | C | C | | | | | | | | |
| 4.6Evidence-based Approaches | | I | C | C | C | C | I | | | C | | | C |

| 5. Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations | | | | | | | | | | | | | |
|---|------------|----------------|------------|----------------|------------|----------------|------------|------------|------------|------------|------------|------------|------------|
| | BSC 145 | HSC 204.A01 | HSC 207 | HSC 258.A02 | HSC 286 | HSC 290.A01 | HSC 292 | HSC 293 | HSC 294 | HSC 296 | HSC 305 | HSC 395 | HSC 396 |
| 5.1 Population Health Concepts | | | | C | I | | I | | | | C | | C |
| 5.2 Introduction to Processes and Approaches to Identify Needs and Concerns of Populations | | | | C | C | I | I | | | | | | C |
| 5.3 Introduction to Approaches and Interventions to Address Needs and Concerns of Populations | | | | I | C | | I | | | | C | | C |

| 6. Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course | | | | | | | | | | | | | |
|---|------------|----------------|------------|----------------|------------|----------------|------------|------------|------------|------------|------------|------------|------------|
| | BSC 145 | HSC 204.A01 | HSC 207 | HSC 258.A02 | HSC 286 | HSC 290.A01 | HSC 292 | HSC 293 | HSC 294 | HSC 296 | HSC 305 | HSC 395 | HSC 396 |
| 6.1 Science of Human Health and Disease | I | | I | | | | | C | C | | | | |
| 6.2 Health Promotion | I | | C | | | | C | C | C | I | | C | |
| 6.3 Health Protection | I | | | C | | | C | C | C | | | C | |

| 7. Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities | | | | | | | | | | | | | |
|---|------------|----------------|------------|----------------|------------|----------------|------------|------------|------------|------------|------------|------------|------------|
| | BSC 145 | HSC 204.A01 | HSC 207 | HSC 258.A02 | HSC 286 | HSC 290.A01 | HSC 292 | HSC 293 | HSC 294 | HSC 296 | HSC 305 | HSC 395 | HSC 396 |
| 7.1Socio-economic Impacts on Human Health and Health Disparities | | | | I | | | C | | | C | | | |
| 7.2Behavioral Factors Impacts on Human Health and Health Disparities | | | C | | | | I | | | C | | | |
| 7.3Biological Factors Impacts on Human Health and Health Disparities | | | C | I | | | | C | C | | | | |
| 7.4Environmental Factors Impacts on Human Health and Health Disparities | | | | I | | | C | | | C | | | |

| 8. Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation | | | | | | | | | | | | | |
|--|------------|----------------|------------|----------------|------------|----------------|------------|------------|------------|------------|------------|------------|------------|
| | BSC 145 | HSC 204.A01 | HSC 207 | HSC 258.A02 | HSC 286 | HSC 290.A01 | HSC 292 | HSC 293 | HSC 294 | HSC 296 | HSC 305 | HSC 395 | HSC 396 |
| 8.1Introduction to Planning Concepts and Features | | | | | I | C | | | | | I | | C |
| 8.2Introduction to Assessment Concepts and Features | | | | | C | I | I | | I | | | | |
| 8.3Introduction to Evaluation Concepts and Features | | | | | I | | I | | | | I | | C |

| 9. Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries | | | | | | | | | | | | | |
|--|------------|----------------|------------|----------------|------------|----------------|------------|------------|------------|------------|------------|------------|------------|
| | BSC 145 | HSC 204.A01 | HSC 207 | HSC 258.A02 | HSC 286 | HSC 290.A01 | HSC 292 | HSC 293 | HSC 294 | HSC 296 | HSC 305 | HSC 395 | HSC 396 |
| 9.1 Characteristics and Structures of the U.S. Health System | | | | I | | | I | | | | C | | |
| 9.2 Comparative Health Systems | | | | | | | I | | | | C | | |

| 10. Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government | | | | | | | | | | | | | |
|--|------------|----------------|------------|----------------|------------|----------------|------------|------------|------------|------------|------------|------------|------------|
| | BSC 145 | HSC 204.A01 | HSC 207 | HSC 258.A02 | HSC 286 | HSC 290.A01 | HSC 292 | HSC 293 | HSC 294 | HSC 296 | HSC 305 | HSC 395 | HSC 396 |
| 10.1 Legal dimensions of health care and public health policy | | | | | | | I | | | | C | | |
| 10.2 Ethical dimensions of health care and public health policy | | | | | | | I | | | | C | | |
| 10.3 Economical dimensions of health care and public health policy | | | | | | | I | | | | C | | |
| 10.4 Regulatory dimensions of health care and public health policy | | | | | | | I | | | | C | | |
| 10.5 Governmental Agency Roles in health care and public health policy | | | | | | | C | | | | C | | |

11. Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology

| | BSC 145 | HSC 204.A01 | HSC 207 | HSC 258.A02 | HSC 286 | HSC 290.A01 | HSC 292 | HSC 293 | HSC 294 | HSC 296 | HSC 305 | HSC 395 | HSC 396 |
|-----------------------------------|------------|----------------|------------|----------------|------------|----------------|------------|------------|------------|------------|------------|------------|------------|
| 11.1 Technical writing | | | | I | C | | | | | | | C | C |
| 11.2 Professional writing | | | | I | C | | | | | | | C | C |
| 11.3 Use of Mass Media | | | | | | | | I | I | I | | C | |
| 11.4 Use of Electronic Technology | | | | | I | | | I | | | | C | |

3) Syllabi for all courses required for the major. Syllabi must contain sufficient detail to allow reviewers to understand the content of each course and any assessment activities. Syllabi must contain sufficient detail to allow reviewers to verify the courses' alignment with the elements presented throughout Criterion B, including assessment of student learning outcomes, public health domains, public health competencies, etc. If the syllabus does not contain sufficient information to support Criterion B, the program should append supplemental information to the syllabus, such as handouts with detailed instructions for required papers, assignments, etc. (electronic resource file)

- **ERF-B1:**

- HPE Syllabi (The most recent) syllabus from each major course listed can be found in the electronic resource file).
- Objectives for HPE Courses- CEPH and NCHEC

4) Include examples of student work that relate to assessment of each of the public health domains. (electronic resource file)

- **ERF-B1:** Examples of Student Work from Major Courses

B2. Competencies

- 1) **A list of the program's foundational competencies including, at a minimum, the two competencies defined by CEPH. (self-study document)**
 1. Communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences
 2. Locate, use, evaluate, and synthesize public health information
- 2) **A list of the program's concentration competencies, including the relevant competencies addressing the areas of responsibility for credential eligibility, if applicable. (self-study document)**

In addition to covering the public health competencies outlined above, the program is focused on the professionally-defined responsibilities and competencies of entry-level health educators. Student learning outcomes by end of the program for an entry level Health Promotion and Education graduate are based on the National Commission for Health Education Credentialing (NCHEC) 7 Areas of Responsibility and Competencies listed below (www.nche.org):

| NCHEC Areas of Responsibility & Competencies |
|---|
| I. Assess Needs, Resources and Capacity for Health Education/Promotion |
| 1.1 Plan assessment process for health education/promotion |
| 1.3 Collect primary data to determine needs |
| 1.4 Analyze relationships among behavioral, environmental and other factors that influence health |
| 1.5 Examine factors that influence the process by which people learn ⁺ |
| 1.6 Examine factors that enhance or impede the process of health education/promotion ⁺ |
| 1.7 Determine needs for health education/promotion based on assessment findings |
| II. Plan Health Education/Promotion |
| 2.1 Involve priority populations, partners and other stakeholders in the planning process |
| 2.2 Develop goals and objectives |
| 2.3 Select or design strategies/interventions |
| 2.4 Develop a plan for the delivery of health education/promotion |
| 2.5 Address factors that influence implementation of health education/promotion |
| III. Implement Health Education/Promotion |
| 3.1 Coordinate logistics necessary to implement plan |
| 3.3 Implement health education/promotion plan |
| 3.4 Monitor implementation of health education/promotion |

| |
|---|
| IV. Conduct Evaluation and Research Related to Health Education/Promotion |
| 4.1 Develop evaluation plan for health education/promotion |
| 4.2 Develop a research plan for health education/promotion |
| 4.3 Select, adapt and/or create instruments to collect data* |
| 4.4 Collect and manage data |
| 4.5 Analyze data |
| 4.6 Interpret results |
| 4.7 Apply findings |
| V. Administer and Manage Health Education/Promotion |
| 5.3 Manage relationships with partners and other stakeholders |
| 5.4 Gain acceptance and support for health education/promotion programs |
| 5.5 Demonstrate leadership |
| 5.6 Manage human resources for health education/promotion programs |
| VI. Serve as a Health Education/Promotion Resource Person |
| 6.3 Provide advice and consultation on health education/promotion issues |
| VII. Communicate, Promote, and Advocate for Health Education/Promotion, and The Profession |
| 7.2 Engage in advocacy for health and health education/promotion |
| 7.3 Influence policy and/or systems change to promote health and health education |
| 7.4 Promote the health education profession |

3) A matrix, in the format of Template B2-1, that indicates the assessment activity for each of the competencies defined in documentation requests 1 and 2, above. The template requires the program to identify the required course and the specific assessment and/or evidence within the class for each competency. If the program offers more than one concentration, multiple matrices may be required. (self-study document)

Template B2-1 indicates the assessment activity for each of the competencies defined in documentation requests 1 and 2, above.

| Competency | | Course number(s) and name(s)* | Assessment Activity |
|---|--------------------------------------|--|--|
| Public Health Communication | | | |
| Communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences. | Written Communication | HSC 258A02 Epidemiology for Public Health HSC 396 Health Education Program Planning & Evaluation | Research Paper Infographic Program Plan/Grant Development |
| | Oral Communication | HSC 286 Needs Assessment in Health Education HSC 290A01 Strategies in Health Education: Community Health | Presentation to stakeholders Presentation of lessons |
| | Communicate with diverse audiences | HSC 292 Community Public Health HSC 305 Public Health Leadership | Work with Community based agency on service learning Community Based Leadership Project |
| | Communicate through variety of media | HSC 293 Principles of Human Disease HSC 294 Diseases of the Human Body HSC 395 Health Communication & Social Marketing | Factsheet Infographic or Health Brochure Newsletter, flyer, social media development |

Template B2-1 Continued

| Public Health Information Literacy | | | |
|---|-------------------------------|--|--|
| Locate, use, evaluate, and synthesize public health information | Locate Health Information | HSC 258A02 Epidemiology for Public Health HSC 396 Health Education Program Planning & Evaluation | Research Paper Infographic Program Plan/Grant Development |
| | Use Health Information | HSC 293 Principles of Human Disease HSC 294 Diseases of the Human Body HSC 395 Health Communication & Social Marketing | Factsheets Bulletin Board, infographic, or health brochure Newsletter, flyer, social media development |
| | Evaluate Health Information | HSC 204 Health Data Analysis | Evaluation of health data |
| | Synthesize Health Information | HSC 286 Needs Assessment in Health Education | Research Paper Presentation to stakeholders |
| | | | |

Template B2-1 Continued

| NCHEC Areas of Responsibility & Competencies | Course number(s) and name(s)* | Assessment Activity |
|--|---|--|
| I. Assess Needs, Resources and Capacity for Health Education/Promotion | HSC 286 Needs Assessment in Health Education | Final Paper Final Presentation |
| II. Plan Health Education/Promotion | HSC 396 Health Education Program Planning & Evaluation | Final Paper |
| III. Implement Health Education/Promotion | HSC 290A01 Strategies in Health Education: Community Health | Lesson Plans and Presentations |
| | HSC 207 Mind, Body, Health | Presentations |
| IV. Conduct Evaluation and Research Related to Health Education/Promotion | HSC 204 Health Data Analysis | Data Analysis Assignments |
| | HSC 258A02 Epidemiology for Public Health | Final Paper |
| V. Administer and Manage Health Education/Promotion | HSC 305 Public Health Leadership | Leadership Project Plan |
| | HSC 296 Health Behavior & Theory | Wellness Coaching Analysis |
| VI. Serve as a Health Education/Promotion Resource Person | HSC 293 Principles of Human Disease | Fact Sheet |
| | HSC 294 Diseases of the Human Body | Bulletin Board, infographic, health brochure |
| VII. Communicate, Promote, and Advocate for Health, Health Education/Promotion, and the Profession | HSC 292 Community Public Health | Final Presentation |
| | HSC 305 Public Health Leadership | Leadership Project, Health Policy Analysis |

3) Include the most recent syllabus from each course listed in Template B2-1, or written guidelines, such as handbook, for any required elements listed in Template B2-1 that do not have a syllabus. (electronic resource file)

- **ERF-B1:** HPE Syllabi from all Major Courses

B3. Cross-Cutting Concepts and Experiences

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and life-long learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:

- 1) **A brief narrative description, in the format of Template B3-1, of the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion B3. (self-study document)**

Template B3-1 illustrates the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion B3.

TEMPLATE B3-1

| Concept | Manner in which the curriculum and co-curricular experiences expose students to the concepts |
|--|---|
| 1. Advocacy for protection and promotion of the public's health at all levels of society | HSC 292 Community Public Health– Health advocacy assignment where students have been able to engage in real advocacy with the American Heart Association or if that was not available to choose an issue to advocate for in a mock community panel. HSC 305 Public Health Leadership– Health advocacy for an issue of their choosing- create a petition and relevant social media posts; most recently students advocated for Tobacco 21 in the local community. |
| 2. Community dynamics | HSC 292 Community Public Health– 1) A community-based service-learning project exposes students to real public health partners to learn about the public health system. 2) A public meeting or event analysis – students must attend several public health related meetings or events and write a reflection on their experiences. HSC 286 Needs Assessment in Health Education– A community-based research and/or assessment project with community partners to conduct real world research to understand community needs and resources. HSC 305 Public Health Leadership– A public health leadership project, in which students select an issue such as homelessness and develop and implement a project to address the issue, such as coat drive for homeless shelter. |
| 3. Critical thinking and creativity | HSC 258.02 Epidemiology for Public Health– Students conduct an epidemiologic analysis of a selected health issue in the form of research paper. HSC 286 Needs Assessment in Health Education – Students critically analyze health data from a research/assessment project and propose relevant interventions in a final paper. HSC 290A01 Strategies in Health Education: Community Health – The development and implementation of lesson plan. |
| 4. Cultural contexts in which public health professionals work | HSC 286 Needs Assessment in Health Education – A community-based research and/or assessment project with community partners to conduct real world research to understand community needs and resources. |

| | |
|---|---|
| | <p>HSC 292 Community Public Health – A community-based service-learning project exposes students to public health partners to learn about the public health system. Guest speakers talk about their role in the public health system.</p> <p>HSC 396 Health Education Program Planning & Evaluation – The mock grant project encourages students to develop culturally competent programs where they are cognizant of the community's needs and what it means to develop a program guided by the input of the community. Students also read and discuss articles focusing on what it means to go into a community as an outsider and how that impacts implementation and program sustainability.</p> |
| 5. Ethical decision making as related to self and society | <p>HSC 296 Health Behavior & Theory- Students complete assignments to get a better sense of how individuals make decisions and how these decisions affect health behavior.</p> <p>HSC 305 Public Health Leadership – Students complete public health leadership assessments to get a better sense of self, values, and ethics and then develop their leadership philosophies.</p> |
| 6. Independent work and a personal work ethic | <p>HSC 395 Health Communication and Social Marketing- Independent development of health promotion and health education materials.</p> <p>HSC 396 Health Education Program Planning & Evaluation – Students work independently on their grant project for the duration of the semester. They have deadlines for their drafts and plan accordingly to revise their drafts based on feedback from the instructor and their peers.</p> <p>HSC 398A02 Professional Practice: Internship in Health Education – Students are engaged in a professional setting through this course to develop professional and personal skills related to health education and public health.</p> |
| 7. Networking | <p>HSC 286 Needs Assessment in Health Education- Through community-based assessment work - students are exposed to a variety of professionals in the field through interviews.</p> <p>HSC 292 Community Public Health – Students are encouraged to engage with speakers who come into the course (i.e. District 87 School Nutrition Director and Wellness Coordinator; McLean County Health Department Health Promotion Specialists) and network to learn about opportunities for volunteering, shadowing, and internships.</p> <p>HSC 398A02 Professional Practice: Internship in Health Education - Internship in Health Education – Through this experience students are able to engage in networking at their professional practice site.</p> |
| 8. Organizational dynamics | <p>HSC 305 Public Health Leadership – Students conduct interviews with organizational leaders to get a sense of organizational dynamics and what successful leaders of organizations do well.</p> <p>HSC 398A02 Professional Practice: Internship in Health Education – Students complete a paper outlining an organization's mission, services, budget, and staff.</p> |
| 9. Professionalism | <p>HSC 396 Health Education Program Planning & Evaluation – Students must interview a key individual for their needs assessment for the grant project. Students must demonstrate professionalism and ethics as they are representing the course, department, and university.</p> |

| | |
|-----------------------------|---|
| | HSC 398A02 Professional Practice: Internship in Health Education – 9-12 week full time culminating experience at a community health organization. |
| 10. Research methods | <p>HSC 258A02 Epidemiology for Public Health – Students conduct an extensive literature review for an epidemiologic analysis of a selected health issue. Students complete written assignments to critically appraise the research design, methods, and data of various sources.</p> <p>HSC 286 Needs Assessment in Health Education - A community-based research and/or assessment project with community partners to conduct real world research to understand community needs and resources. Methods include literature review, interviews, surveys, and observations.</p> |
| 11. Systems thinking | <p>HSC 286 Needs Assessment in Health Education – Students complete a research project/assessment and must utilize systems thinking to interpret the results and suggest appropriate evidence-based recommendations at various levels.</p> <p>HSC 305 Public Health Leadership – Students complete a leadership project where systems thinking is applied and then work to implement an appropriate solution.</p> |
| 12. Teamwork and leadership | <p>HSC 286 Needs Assessment in Health Education– Students complete team-based research/assessment project and take the lead to work with a community partner.</p> <p>HSC 305 Public Health Leadership – Students complete a leadership project of their choosing and work to implement an appropriate solution.</p> <p>HSC 293 Principals of Human Disease - Students work in teams to develop health promotion materials such as bulletin boards.</p> |

B4. Cumulative and Experiential Activities

Students have opportunities to integrate, synthesize, and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative, and scholarly or applied experience or inquiry project that serves as a capstone to the educational experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers, or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

- 1) A matrix, in the format of Template B4-1, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize, and apply knowledge as indicated in this criterion. (self-study document)

Template B4-1 identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize, and apply knowledge as indicated in this criterion. These experiences include, service-learning projects, senior seminars, portfolio projects, research papers, and professional practice. The program encourages exposure to local-level public health professionals and/or agencies that engage in public health practice.

TEMPLATE B4-1

| Cumulative and/or Experiential Activity (internships, research papers, service-learning projects, etc.) | Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge. |
|---|--|
| Service-learning projects; community based | HSC 292 Community Public Health – Community-based service-learning project includes partnering students with community partner to learn about public health core principals and apply them while providing service to the organization. HSC 305 Public Health Leadership - Community based leadership project includes having students select a community-based issue to develop plan and implement with community partner. |
| Wellness coaching experience | HSC 296 Health Behavior & Theory - Wellness Coaching Project – develop and implement wellness coaching plan. |
| Research papers | HSC 258.A02 Epidemiology for Public Health - Epidemiological Analysis of selected health issues in form of research paper allows student the opportunity to research a health issue and analyze results and synthesize them into a final deliverable a research paper. HSC 286 Needs Assessment in Health Education - Research/assessment project that culminates with a research paper where they collect, integrate, and analyze primary and secondary data with community partner. |
| Real work assessment with community partners; research paper | HSC 286 Needs Assessment in Health Education - Community based research/assessment with a community-based organization where they integrate, synthesize and apply knowledge through a research paper, presentations, and the option to do a poster presentation at ISU undergraduate research symposium or other professional conference. |
| Leadership project; community based | HSC 305 Public Health Leadership - Community based leadership project includes having students select a community-based issue to develop plan and implement with community partner. |
| Portfolio projects | HSC 395 Health Communications and Social Marketing - A professional portfolio that allows students to integrate, synthesize and apply knowledge that includes a resume, examples of their course work, and other relevant experiences and accolades such as scholarships, awards, and service in organizations. |

| | |
|--|--|
| Senior seminar; grant development; final paper | HSC 396 Program Planning and Evaluation - A program plan/grant that includes all the relevant pieces including rationale, theory, goals and objectives, project implementation plan, evaluation plan, and budget. Student synthesize learning from all major courses to develop this program plan/grant. |
| Professional Practice; community based | HSC 398.02 Professional Practice in Health Education - A professional practice with a health education/public health/community health organization for minimum of 360 hours over the course of their final semester. |

2) A brief description of the means through which the program implements the cumulative experience and field exposure requirements. (self-study document)

Students have opportunities to integrate, synthesize, and apply knowledge through cumulative and experiential activities. Examples of these experiences include opportunity to present research at the ISU Undergraduate Research Symposium, research projects, grant writing, and portfolio projects that include the development of social media, infographics, bulletin boards, and flyers. All students complete a cumulative, integrative, and applied experience that serves as a capstone to the educational experience through at minimum of a 9-week full time professional practice experience. The program facilitates exposure to local-level public health professionals and/or agencies that engage in public health practice through guest lectures, and partnerships with community-based organizations for assessment, research, projects, and service-learning,

3) Handbooks, websites, forms, and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online. (electronic resource file)

- **ERF-B1:** Professional Practice Handbook

4) Samples of student work that relate to the cumulative and experiential activities. The program must include samples from at least 10% of the number of degrees granted in the most recent year OR five samples, whichever is greater. (electronic resource file)

- **ERF-B1:** Examples of Student Work from Major Courses

C. Evaluation of Program Effectiveness

C1. Summary Data on Student Competency Attainment

The program collects and analyzes aggregate data on student competency attainment, using the competencies defined in Criterion B2 as a framework. Data collection allows the program to track trends in student learning and adjust curricula and assessment activities as needed.

1) **A brief summary of the results of data collected on student competency attainment listed in Criterion B2 for the last three years. (self-study document)**

The Health Promotion and Education Assessment plan outlines the assessment activities of the program. Specifically, for student competencies (in addition to course level preparation and assessments), we utilize professional practice assessments and CHES exam pass rates.

At the end of professional practice, site supervisors complete an assessment of the student's performance which is sent electronically using Qualtrics. Students also complete a self-assessment utilizing the same instrument.

Professional Practice Self Assessments and Site Supervisor Assessments for 2018 and 2019 can be found in the **ERF-C1**. The site supervisor and self-assessments have been a standard of practice in the HPE program for over 15 years. In 2018, a new system (Qualtrics) for gathering this data was utilized for easier data collection, analysis, and corresponds to the data provided here. However, data from previous years for comparison can be found in the ERF-C1.

Site Supervisor Assessment for years 2018 & 2019

The majority of Site-Supervisors felt students had demonstrated meeting or exceeding entry-level health education responsibilities and skills:

| Areas of Responsibility | Met or Exceeded |
|--|------------------------|
| Assessing Needs, Assets and Capacity for Health Education | 100% |
| Planning Health Education | 97% |
| Implementing Health Education | 100% |
| Conducting Evaluation and Research Related to Health Education | 98% |
| Administering and Managing Health Education | 100% |
| Serving as a Health Education Resource Person | 97% |
| Communicating and Advocating for Health and Health Education | 98% |

Student Self-Assessment for years 2018 & 2019

The majority of students felt they had demonstrated meeting or exceeding entry-level health education responsibilities and skills:

| Areas of Responsibility | Met or Exceeded |
|--|------------------------|
| Assessing Needs, Assets and Capacity for Health Education | 96% |
| Planning Health Education | 100% |
| Implementing Health Education | 96% |
| Conducting Evaluation and Research Related to Health Education | 100% |
| Administering and Managing Health Education | 92% |
| Serving as a Health Education Resource Person | 100% |
| Communicating and Advocating for Health and Health Education | 98% |

CHES Exam Pass Rates – 2016-2019 (Source - NCHEC)

| Year | Number of Students who took Exam | Percent of Students who passed |
|-------------|---|---|
| 2019 | 11 | 81% |
| 2018 | 6 | 17% |
| 2017 | 9 | 23% |
| 2016 | 13 | 70% |

- 2) Evidence and documentation of the program's regular review of data related to student attainment of the competencies defined in Criterion B2. Evidence may include reports, committee meeting minutes, or other sources. For each piece of evidence provided, list the relevant document(s) and page(s) (e.g., Faculty meeting minutes, May 12, 2012, pp. 3-4). (electronic resource file).

ERC-C-1

- Health Promotion and Education Assessment Plan
- HPE Program Meeting Minutes May 2019
- HPE Program Review, pages 23-25
- Professional Practice, self-assessment, (2018-2019)
- Professional Practice, site supervisor assessment (2018-2019)
- Professional Practice, self-assessment, (2015-2017)
- Professional Practice, site supervisor assessment (2015-2017)
- Senior surveys, 2018 and 2019

- 3) A description of the ways in which the program uses data to make improvements and at least three examples of recent changes based on data. (self-study document)

The program reviews program data annually at the end of the Spring semester and looks for potential improvement areas. In the last few years several areas for improvement have been identified and those include:

| Identified Areas for Improvement | Ways to Address Needs for Improvement |
|--|--|
| Small number of graduates who take the CHES exam | Instituted more CHES prep in HSC 396. Changed timing of CHES scholarship offered to cover costs of CHES exam and implemented CHES review starting in Spring 2019. Identified from NCHCEC data |
| Need for more healthy policy and systems thinking in the curriculum, as well as personal and professional leadership development | Implementation of Public Health Leadership (HSC 305) course into the core curriculum in 2016. Identified from site supervisor, student self-assessments, and senior surveys |
| Interest in Global Health and global health opportunities | Development of Global Health (HSC 206) course to serve as an elective. Course has been approved by University Curriculum Committee and will be offered Spring 2020. Global Contexts course (HSC 270) implemented through HSC Department initiative to give students short-term study abroad experience and improve global dexterity. Started in Spring 2017. Identified from senior surveys. |

| | |
|--|--|
| | |
| Additional professional development opportunities for students | <p>Expanded curricular and co-curricular opportunities for students to become certified (e.g. CHES review added in Spring 2019, CPR, first aid to be offered on regular basis, mental health first aid added for Fall 2019)</p> <p>Wellness Coaching minor added in 2018.</p> <p>Career Center presentations added to HSC 305 in Fall 2019</p> <p>Mock job interviews now to be completed prior to professional practice, started Fall 2018.</p> <p>Identified from site supervisor, student self-assessments, and senior surveys.</p> |
| Additional opportunities for research and evaluation | <p>Implemented more promotion and opportunities for Undergraduate Research Assistant.</p> <p>Integration of opportunity for students to present work from HSC286 at ISU Undergraduate Research Symposium.</p> <p>Identified from site supervisor, student self-assessments, and senior surveys.</p> |

C2. Graduation Rates

The program demonstrates that at least 70% of students for whom data are available graduate within six years or the maximum time to graduation as defined by the institution, whichever is longer.

For the purpose of calculating graduation rates, the program should only include students who have declared the major and have earned **at least 75 credit hours**.

If the program cannot demonstrate that it meets this threshold, the program must 1) document that its rates are comparable to similar baccalaureate programs in the home unit (typically a school or college) and 2) provide a detailed analysis of factors contributing to the reduced rate and a specific plan for future improvement that is based on this analysis.

The program defines a plan, including data sources and methodologies, for collecting this information. The program identifies limitations and continually works to address data limitations and improve data accuracy. The program does not rely exclusively on institution- or unit-collected data, unless those data are sufficiently detailed and descriptive.

Required documentation:

1) Graduation rates in the form of Template C2-1. (self-study document)

| Template C2-1- Students in Health Promotion and Education; Community Health Promotion Degree, by Cohorts Entering Between 2014-15 and 2018-19 | | | | | | |
|---|--|-----------|-----------|-------------|-----------|-----------|
| | Cohort of Students | 2014-2015 | 2015-2016 | 2016 - 2017 | 2017-2018 | 2018-2019 |
| 2014- 2015 | # Students entered | 42 | | | | |
| | # Students withdrew, dropped, etc. | 1 | | | | |
| | # Students graduated | ---- | | | | |
| | Cumulative graduation rate | ---- | | | | |
| 2015-2016 | # Students continuing at beginning of this school year (or # entering for newest cohort) | 41 | 27 | | | |
| | # Students withdrew, dropped, etc. | 0 | 1 | | | |
| | # Students graduated | 41 | --- | | | |
| | Cumulative graduation rate | 97.6% | ----- | | | |

| | Cohort of Students | 2014-2015 | 2015-2016 | 2016 - 2017 | 2017-2018 | 2018-2019 |
|-----------|--|-----------|-----------|-------------|-----------|-----------|
| 2016-2017 | # Students continuing at beginning of this school year (or # entering for newest cohort) | --- | 26 | 28 | | |
| | # Students withdrew, dropped, etc. | -- | | 2 | | |
| | # Students graduated | --- | 26 | -- | | |
| | Cumulative graduation rate | ---- | 96% | --- | | |
| 2017-2018 | # Students continuing at beginning of this school year (or # entering for newest cohort) | ---- | ----- | 26 | 30 | |
| | # Students withdrew, dropped, etc. | ----- | ----- | ---- | 2 | |
| | # Students graduated | ----- | ----- | 26 | ---- | |
| | Cumulative graduation rate | | | 93% | --- | |
| 2018-2019 | # Students continuing at beginning of this school year (or # entering for newest cohort) | ----- | ----- | ----- | 28 | 30 |
| | # Students withdrew, dropped, etc. | ----- | ----- | ----- | 0 | 0 |
| | # Students graduated | ----- | ----- | ----- | 28 | |
| | Cumulative graduation rate | ----- | ----- | ----- | 93% | |

*Cohorts are determined by start of major core courses, typically in the junior year.

2) A brief narrative description of how the program collects and analyzes data to calculate its graduation rates. (self-study document)

Through the COGNOS data management system, dates in which students entered the program, withdrawals, and graduates are tracked. The graduation rates for the program are calculated based on the number of students in each cohort who graduate within 5 years. Students start to take major core classes in their junior year, and this is when we start tracking them. We follow the cohort for the remaining 2-3 years it takes to complete the major.

3) If applicable, a discussion of limitations of the current data on graduation rates that are based on data collection or data analysis methods. (self-study document)

The system is functions well to keep track of current data related to student enrollment and graduation.

4) If applicable, a description of plans to improve the accuracy of graduation rate data. (self-study document)

No plans for improvement are scheduled to the current system at this time.

5) If data do not indicate that 70% or more of students graduate within the maximum allowable time AND this shortfall is not solely attributable to concerns with data collection methods, evidence that the program's rates are comparable to similar baccalaureate programs in the same institution. (self-study document)

All of our students graduate within the maximum allowable time.

6) If data do not indicate that 70% or more of students graduate within the maximum allowable time AND this shortfall is not solely attributable to concerns with data collection methods, a detailed analysis of factors contributing to the reduced rate and a specific plan for future improvement that is based on this analysis. (self-study document)

Not applicable.

C3. Post-Graduation Outcomes

The program demonstrates that at least 80% of graduates from the major have secured employment or enrolled in further education within one year of graduation. This rate is calculated based on the number of students for whom outcomes are known.

If the program cannot demonstrate that it meets this threshold, the program must 1) document that its rates are comparable to similar baccalaureate programs in the home unit (typically a school or college) and 2) provide a detailed analysis of factors contributing to the reduced rate and a specific plan for future improvement that is based on this analysis.

The program collects and analyzes data on the types of employment and further education graduates pursue.

The program defines a plan, including data sources and methodologies, for collecting information on post- graduation outcomes. Data collection methods for graduates' destinations are sufficient to ensure that data are available for at least 30% of graduates each year.

The program identifies limitations and continually works to improve data accuracy. Multiple methods, both quantitative and qualitative, may be required, and multiple data collection points may be required. The program does not rely exclusively on institution- or unit-collected data, unless those data are sufficiently detailed and descriptive.

Required documentation:

- 1) Job placement and further education rates for the last three classes of students who would have been expected to report destinations at one-year post-graduation. Present information in the format of Template C3-1. (self-study document)

| TEMPLATE C3-1 | | | |
|--|--|------------------|------------------|
| Destination of Graduates by Employment Type | Job Placement/Further Education Rate by Graduating Class | | |
| | Year 1 (2016) | Year 2 (2017) | Year 3 (2018) |
| Employed | 22 | 13 | 14 |
| Continuing education/training (not employed) | 6 | 2 | 1 |
| Actively seeking employment | 2 | 1 | 2 |
| Not seeking employment (not employed and not continuing education/training, by choice) | 0 | 1 | 0 |
| Unknown | 11 | 9 | 9 |
| Total | 41 | 26 | 26 |

2) Qualitative and/or quantitative information on the types of employment and further education graduates pursue. (self-study document)

Our graduates work in jobs that carry many job titles. The following descriptions provided examples about the types of places health educators work and some typical job tasks:

- **College or University Campus**
Working on a college/university campus, health educators are part of a team working to create an environment in which students feel empowered to make healthy choices and create a caring community. They identify needs; advocate and do community organizing; teach whole courses or individual classes; develop mass media campaigns; and train peer educators, counselors, and/or advocates. They address issues related to disease prevention; consumer, environmental, emotional, sexual health; first aid, safety and disaster preparedness; substance abuse prevention; human growth and development; and nutrition and eating issues. They may manage grants and conduct research.
- **Companies**
Health educators working in companies perform or coordinate employee counseling as well as education services, employee health risk appraisals, and health screenings. They design, promote, lead and/or evaluate programs about weight control, hypertension, nutrition, substance abuse prevention, physical fitness, stress management and smoking cessation; develop educational materials; and write grants for money to support these projects. They help companies meet occupational health and safety regulations, work with the media, and identify community health resources for employees.
- **Health Care Settings**
In health care settings health educators educate patients about medical procedures, operations, services and therapeutic regimens, create activities and incentives to encourage use of services by high risk patients; conduct staff training and consult with other health care providers about behavioral, cultural or social barriers to health; promote self-care; develop activities to improve patient participation on clinical processes; educate individuals to protect, promote or maintain their health and reduce risky behaviors; make appropriate community-based referrals, and write grants.
- **Community Organizations & Government Agencies**
In these types of settings, health educators help a community identify its needs, draw upon problem-solving abilities and mobilize its resources to develop, promote, implement and evaluate strategies to improve its own health status. Health educators do community organizing and outreach, grant writing, coalition building, advocacy and develop, produce, and evaluate mass media health campaigns.
- **Schools**
Health educators teach health as a subject and promote and implement Coordinated School Health Programs, including health services, student, staff and parent health education, and promote healthy school environments and school-community partnerships. At the school district level, they develop education methods and materials; coordinate, promote, and evaluate programs; and write funding proposals.

2019 Senior-Exit Survey

Regarding data from the senior exit survey, students had varied plans and experiences for employment and/or school with the majority planning to stay in the Health Promotion and Education field.

| | Pursuing employment and intend to work in Health Promotion & Education (%/n) | Already accepted a job in Health Promotion and Education (%/n) | Already accepted a job, unrelated to Health Promotion and Education (%/n) | Already accepted to Graduate school (%/n) | Plan to attend graduate school but haven't been accepted(%/n) | Unsure/Don't know (%/n) |
|--------------------|---|---|--|--|--|--------------------------------|
| 2018 (n=29) | 34.48(10) | 6.90(2) | 3.45(1) | 13.79(4) | 20.69(6) | 6.90(2) |
| 2019 (n=23) | 43.48(10) | 17.39(4) | 0.00(0) | 13.04(3) | 21.73(5) | 0.00(0) |

2018. 13.79(4) responded 'other' indicating they were focusing on internships before employment.

2019. 4.35(1) student indicated plans for unrelated Health Promotion and Education employment but did not secure a job yet.

Certifications Post-Graduation

| | CHES (%/n) | CPH (%/n) | Wellness Coaching (%/n) | CWP (%/n) | NA (%/n) |
|--------------------|-------------------|------------------|--------------------------------|------------------|-----------------|
| 2018 (n=26) | 53.85(14) | 26.92(7) | 7.69(2) | 3.85(1) | 0.00(0) |
| 2019 (n=25) | 72.00(18) | 8.00(2) | 12.00(3) | 0.00(0) | 0.00(0) |

2018. Other certifications/licensure plans included teaching and nursing licensure, 7.69(2)

2019. Other certifications/licensure plans included Certified Alcohol and other Drug Abuse Counselor (CADAC) 4.00(1) and Occupational Therapy 4.00(1).

Anticipated Advanced Degrees

| | MPH (%/n) | M.Ed. (%/n) | Ph.D. (%/n) | M.S. (%/n) | N/A (%/n) |
|--------------------|------------------|--------------------|--------------------|-------------------|------------------|
| 2018 (n=22) | 27.27(6) | 18.18(4) | 9.09(2) | 9.09(3) | 22.73(5) |
| 2019 (n=21) | 52.38(11) | 4.76(1) | 9.52(2) | 14.29(3) | 4.76(1) |

2018. Other anticipated advanced or continuing education degrees include BSN 4.55(1) or Physicians' Assistant 4.55(1)

2019. Other anticipated advanced or continuing education degrees include BSN 4.76(1), DOT 4.76(1), and MHMP 4.76(1)

Alumni Survey(s)

Regarding employment type and status, alumni answered the following:

| | Employed (%/n) | Continuing Education/Training (not employed) (%/n) | Actively Seeking Employment (%/n) | Not Seeking Employment (%/n) | Unknown (%/n) |
|--------------------|-----------------------|---|--|-------------------------------------|----------------------|
| 2018 (n=61) | 83.61(51) | 11.48(7) | 3.28(2) | 0.00(0) | 1.64(1) |
| 2019 (n=47) | 93.62(44) | 4.62(2) | 0.00(0) | 2.13(1) | 0.00(0) |

Our graduates work in jobs that carry many job titles:

| | School (K-12) %(n) | University%(n) | Non-Profit Agency%(n) | Business/For- Profit Agency %(n) | Healthcare/ Hospital %(n) | Local Health Department%(n) | State or Federal Government %(n) |
|------------------------|--------------------------|----------------|--------------------------|---|---------------------------------|--------------------------------|---|
| 2018 (n=54) | 9.26(5) | 11.11(6) | 20.37(11) | 22.22(12) | 35.19(19) | 1.85(1) | 0.00(0) |
| 2019 (n=44) | 9.09(4) | 15.91(7) | 20.45(9) | 13.63(6) | 31.82(14) | 9.09(4) | 0(0) |

Alumni Certifications

| | CHES %(n) | MCHES %(n) | CPH %(n) | Wellness Coaching %(n) | CPW %(n) |
|--------------------|--------------|---------------|-------------|------------------------------|-------------|
| 2018 (n=28) | 67.85(19) | 0.00(0) | 0.00(0) | 14.29(4) | 0.00(0) |
| 2019 (n=28) | 60.71(17) | 3.57(1) | 0.00(0) | 7.14(2) | 0.00(0) |

2018. Other certifications and/or licensure examples included: teaching (2), Personal Training (2), HIV/STI Testing and Counselor (1).

2019. Other certifications and/or licensure examples included: Life and Health Insurance Producer License 3.57(1), Nutrition 3.57(1), BLS and ACLS provider 3.57(1), ACSM-CPT 7.14(1), Teaching 3.57(1), NASM CPT ACE Head Coach 3.57(1), Certified Koru Mindfulness Teacher 3.57(1), Hearing and Vision Technician 3.57(1). Numbers are higher than n=28 as some alumni included more than one certification/licensure.

Alumni Advanced Degrees

| | MPH %(n) | MSPH %(n) | M.Ed. %(n) | Ph.D. %(n) | MS %(n) | NA %(n) |
|------------------------|-------------|--------------|---------------|---------------|------------|------------|
| 2018 (n=57) | 28.07(16) | 1.75(1) | 5.26(3) | 1.75(1) | 17.54(10) | 35.09(20) |
| 2019 (n=37) | 28.95(11) | 0.00(0) | 5.26(2) | 0.00(0) | 18.42(7) | 31.58(12) |

2018. Other advanced degrees included MBA 1.75(1), BSN 1.75(1), OT 3.51(2), Certified Bicycle Mechanic 1.75(1) Graduate certificate in Epidemiology 1.75(1).

2019. Other advanced degrees include: BSN degree 5.26(2), OT 5.26(2), MA in Non-profit Leadership 2.63(1).

3) A brief narrative description of how the program collects data on post-graduation outcomes. (self-study document)

Post-graduation data is collected annually from an electronic alumni survey sent by the Program Director to all alumni in the program. Questions related to current employment and graduate education are included in this survey. In addition, graduates keep in touch with faculty and often provide updates on job, graduate school, and other news via e-mail, phone/text, Facebook, and connecting at professional conferences. This information is entered into an ongoing database of alumni.

4) If applicable, a discussion of limitations of the current data that are based on data collection methodology. (self-study document)

Limitations of the data include lack of response by some graduates. The result is that we are only able to capture data on those graduates that respond or keep in touch with the program.

5) If applicable, a description of specific plans (with timelines) to improve the accuracy of data. (self-study document)

In the past two years, the program has taken ownership of their alumni survey by sending it out via e-mail directly from the program director. In the past it was sent out via Alumni Services but yielded a very low response rate (7-10%) and not significant results. Since 2018, the program has administered an alumni survey, and response rates have increased 50-60%. In order to continue to see gains in response rate, we plan on continuing to send out the survey every April. We also plan on using incentives to encourage alumni feedback and responses.

6) If data do not indicate that 80% or more of graduates from the public health major secure employment or enroll in additional education within one year of graduation AND this shortfall is not solely attributable to concerns with data collection methods, evidence that the program's rates are comparable to similar baccalaureate programs in the same institution. (self-study document)

Not applicable

7) If data do not indicate that 80% or more of graduates from the public health major secure employment or enroll in additional education within one year of graduation AND this shortfall is not solely attributable to concerns with data collection methods, a detailed analysis of factors contributing to the reduced rate and a specific plan for future improvement that is based on this analysis. (self-study document)

Not applicable

C4. Stakeholder Feedback

The program collects information about the following through *surveys or other data collection* (e.g., focus groups, documented key informant interviews):

- alignment of the curriculum with workforce needs
- preparation of graduates for the workforce
- alumni perceptions of readiness and preparation for the workforce and/or further education

The program must collect this information from BOTH of the following stakeholder groups:

- alumni
- *relevant community stakeholders* (e.g., practitioners who teach in the program, service learning community partners, internship preceptors, employers of graduates, etc.)

The program establishes a schedule for reviewing data and uses data on student outcomes and program effectiveness to improve student learning and the program.

Required documentation:

1) A list of tools used to collect data from each of the following groups:

The relevant stakeholders include the following:

OSF Healthcare, McLean County Health Department, Bloomington School District 87, Illinois State University Health Promotion and Wellness, Advocate BroMenn Medical Center, Hult Center for Healthy Living, Heartland Head Start, and Activity and Recreation Center (ARC).

The tools used to collect data from the stakeholders include:

- Alumni electronic survey (Qualtrics) is sent out annually to all alumni via e-mail and social media
- Professional Practice Site Supervisor evaluations
- Relevant community stakeholder feedback is gathered annually at an advisory board meeting.
- New in 2019, an employer survey was sent out to current or previous employers of graduates.
- Several courses that utilize community-based partnerships gather data on how well students meet specific course related outcomes and opportunities to improve instruction so that objectives can be better met. That includes HSC 286 – Needs Assessment in Health Education and HSC292 –Community Public health.

2) For each tool identified in documentation request 1, include a copy of the instrument and the most recent year of data. (electronic resource file)

- **ERF – C4 – Tools and Data From Stakeholders**
 - Advisory Board Member List
 - Alumni Survey Results 2018 & 2019
 - Career Center Internship Data 2018
 - HPE Advisory Board Notes (3)
 - HPE Employer Survey Results 2019
 - HPE Updates for Advisory Board Mtg 2019
 - HSC 286 Service-Learning Summary

3) **A description of the ways in which the program uses data to make improvements and at least three examples of recent changes based on data. (self-study document)**

The program reviews stakeholder data annually at the end of the Spring semester and looks for potential improvement areas. In the last few years several areas for improvement have been identified and those include:

| Identified Areas for Improvement | Ways Needs have been Addressed |
|--|---|
| Better system for obtaining alumni feedback and keeping alumni engaged. | <p>Expanded alumni relations efforts that includes program sending out annual alumni survey from program director. Survey will capture job placements, ideas for program improvements, and provide data/information to highlight alumni in their current work. Creation of ISU HPE Alumni Facebook page and HPE Instagram.</p> <p>https://www.facebook.com/groups/270274126649304/ https://www.instagram.com/isu_hpe/</p> <p>Identified from advisory board meetings and alumni surveys.</p> |
| More opportunities for community engagement and real-world experiences | <p>Expanded opportunities community engagement through volunteer opportunities such as with the American Heart Association and local school districts. Also provide additional real world and community-based experiences in the classroom through service learning in HSC 292, HSC286, and HSC 305.</p> <p>Identified from advisory board meetings, professional practice site supervisor evaluations, and alumni surveys.</p> |
| Advisory board members identified need for more content related to mental health, social and emotional learning, and other mind, body, and health issues | <p>Implementation of Mind, body, health course (HSC 207) into the core curriculum in 2018.</p> <p>Identified from advisory board meetings and alumni surveys.</p> |

D. Faculty Resources

D1. Designated Leader

The program has a qualified designated leader with ALL of the following characteristics:

- is a **full-time faculty member** at the home institution
- dedicates at least 0.5 FTE effort[†] to the program, including instruction, advising, administrative responsibilities, etc.
- has educational qualifications and professional experience in a **public health discipline**. Preference is for the designated program leader to have formal doctoral-level training (e.g., PhD, DrPH) in a public health discipline or a terminal academic or professional degree (e.g., MD, JD) in another discipline or profession and an MPH
 - if the designated program leader does not have educational qualifications and professional experience in a public health discipline, the program documents that it has sufficient public health educational qualifications, national professional certifications, and professional experience in its primary faculty members
- is fully engaged with decision making about the following:
 - curricular requirements
 - competency development
 - teaching assignments
 - resource needs
 - program evaluation
 - student assessment

Required documentation:

- 1) The name of and relevant information about the designated leader, in the format of Template D1-1. Template D1-1 also requires a concise statement of the institution or unit's formula for calculating FTE. (self-study document)

TEMPLATE D1-1

| Name of Designated Leader | FTE effort to the program | Graduate degrees earned | Institution where degrees were earned | Relevant professional experience | FTE definition |
|---------------------------|---------------------------|-------------------------|---|---|--|
| Jacqueline Lanier | 1.0 | MSPH, DrPH | University of Illinois at Champaign-Urbana University of Illinois at Chicago | 13 years as Health Promotion Specialist, McLean County Health Department; leadership team of McLean County Wellness Coalition | An FTE of 1.0 is equivalent to a full-time worker, dedicated 100% to the HPE Program |

- 2) A concise statement of the designated leader's public health qualifications. If the designated leader does not have public health training and experience, a narrative statement, with names identified, of how the faculty complement, as a whole, demonstrates relevant public health qualifications. (self- study document)**

Dr. Lanier is a master certified health education specialist (MCHES). She is an active member of the Illinois Society of Public Health Educators (ISOPHE), Society of Public Health Educators (SOPHE), and American Public Health Association. She also serves on the leadership team for the McLean County Wellness Coalition. Education: DrPH, Public Health Leadership, University of Illinois at Chicago; MSPH, Community Health Education, University of Illinois at Champaign-Urbana; BS, Biology, Illinois State University

- 3) A list of the designated leader's duties associated with the program, including teaching, supervision of faculty and/or staff, advising, coordination of evaluation/assessment, administrative duties, etc. Include a job description in the electronic resource file, if available. (self-study document)**

Dr. Lanier teaches many of the public health focused courses including Community Public Health, Epidemiology, Needs Assessment, and Public Health Leadership. In addition, Dr. Lanier is serving as Program Director and Professional Practice Coordinator for the HPE program. She also serves on several Department and College Committees including the Department Strategic Planning Committee and the College Curriculum Committee.

- **See Electronic Resource File (ERF-D1) for CV for Jackie Lanier**

D2. Faculty Resources

The program has *sufficient faculty resources* to accomplish its mission, to teach the required curriculum, to provide student advising, and to achieve expected student outcomes. The following elements, taken together, relate to determining whether the program has sufficient faculty resources.

- a) In addition to the designated leader, the program is supported by AT LEAST an additional 2.0 FTE of qualified faculty effort each semester, trimester, quarter, etc.
 - b) The program's *student-faculty ratios (SFR)* are *sufficient* to ensure appropriate instruction, assessment, and advising. The program's SFR are comparable to the SFR of other baccalaureate degree programs in the institution with similar degree objectives and methods of instruction.
 - c) The mix of *full-time and part-time faculty* is sufficient to accomplish the mission and to achieve expected student outcomes. The program relies primarily on faculty who are full-time institution employees.
- 1) A list of all faculty providing program instruction or educational supervision for the *last two years* in the format of Template D2-1. Template D2-1 requires each faculty member's name; status (*full-time* or *part-time*); FTE allocation to the program; graduate degrees earned; institution(s) where graduate degrees were earned; disciplines in which degrees were earned; relevant professional experience outside of academia; credentials from certification, registration, and/or licensure, if applicable; and course(s) taught. For the purpose of defining the semesters of required reporting, the program should consider the semester during which the final self-study is due, or the most recent semester for which full information is available, to be semester four and should include information on the three preceding semesters. (self-study document)

Template D2-1

| Name* | Title/ Academic rank^ | Full-time or part- time | FTE allocation | Graduate degree(s) earned | Institution(s) from which degree(s) were earned | Disciplines in which degrees were earned | Relevant professional experience outside of academia | Credentials from certification, registration, and/or licensure, if applicable | Courses taught |
|-------------------|-----------------------------------|-------------------------------|-------------------|---------------------------------|---|--|---|---|--|
| Jacqueline Lanier | Associate Professor | Full-time | 1 | MSPH, DrPH | University of Illinois-Champaign-Urbana; University of Illinois-Chicago | Public Health | 13 years as Health Promotion Specialist at local public health department; Co-found & leader McLean County Wellness Coalition | MCHES | HSC 208, HSC 286, HSC 292, HSC 258.02; HSC 270, HSC 305, HSC 390, HSC 398.02 |
| Christy Bazan | Instructional Assistant Professor | Full-time NTT | 1 | MPH | Illinois Benedictine College | Public Health and Health Education | 4 years at DuPage County Health Department; Licensed Environmental Health Specialist for 22years; Serve Safe Instructor | MCHS; LEHP | HSC 156, HSC 208, HSC 293, HSC 294, HSC 350, HSC 390, HSC 391, HSC 395, HSC 398.02 |
| Alicia Wodika | Assistant Professor | Full-time | 1 | M.S., Ph.D. | Western Illinois University (M.S.); Southern Illinois University Carbondale | Biology; Health Education | 5 years as an Assistant Professor at Truman State University before starting at ISU in August 2018 | CHES | HSC 292, HSC 396, HSC 208, HSC 390, HSC 398.02 |

| Name* | Title/ Academic rank^ | Full-time or part- time | FTE allocation | Graduate degree(s) earned | Institution(s) from which degree(s) were earned | Disciplines in which degrees were earned | Relevant professional experience outside of academia | Credentials from certification, registration, and/or licensure, if applicable | Courses taught |
|------------------|-----------------------------|-------------------------------|-------------------|---------------------------------|--|--|---|---|--|
| Jim Broadbear | Professor | Full-time | 1 | Ph.D., M.S. | Indiana University- Bloomington; Eastern Illinois University | Health Behavior; Exercise Science | 2 years as exercise specialist; 5 years Director of Wellness | CWP CHWC | HSC 207, HSC 208, HSC 290, HSC 296, HSC 377, HSC 398.02 |
| Megan Weemer | Assistant Professor | Full-Time | 1 | DHSc | Indiana State University; Northern University; Eastern University | Health Science Health Education Education/Teaching | Health Education and Physical Education Teaching experience in High School setting | MCHES | HSC 290A01, HSC 396 HSC 294 |
| Guang Jin | Professor | Full-time | .25 | ScD | Tulane University | Environmental Health | Consultant Marrero Wastewater Treatment Plant, Jefferson Parish, Louisiana River Road Construction, Inc., New Orleans, Louisiana, 1997 | | HSC 204.A01 |

2) CVs for all individuals listed in Template D2-1. (electronic resource file)

- **ERF-D1 – Faculty CVs**

3) A description of the administrative unit's workload policy and expected workload for program faculty. If multiple categories of faculty support the program, address each category. Following the description, cite the relevant supporting document(s) and page(s) (e.g., Faculty Handbook, pp. 12-25; College By-Laws, p. 5). Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online. (self-study document)

Faculty members are primarily responsible for teaching, scholarly productivity and service activities. The typically full time load is calculated as 12 credit hours. Typically, faculty will teach 2-3 courses per semester equivalent to 6-9 credit hours. There is one administrative function provided by program faculty that routinely require reassigned time, program director/professional practice coordinator (equivalent to 3 credit hours). The Program Director is selected and evaluated by the Chairperson. The other primary assignment is reassigned time for research. Faculty in the Health Education program receive 3-6 hours of reassigned time each academic year. New faculty are given reassigned time for most/all of the semesters during their probationary period. Other university administrative services provided by the faculty included special assignments such as preparing accreditation documents and advising of Eta Sigma Gamma/Health Education Club. Summary of Program Director Responsibilities can be found in ERF-D1.

Usually during program meetings in the Fall and Spring recommendations for teaching assignments for each faculty member are made. The Chairperson reviews the recommended assignment and makes changes as needed. The Chairperson has the final authority for teaching assignments.

Several departmental committee appointments are decided by the department faculty at the first faculty meeting of the year. Faculty review the list of committee assignments and volunteer or are nominated to departmental committees. On some committees, (departmental curriculum committee, for example) there is representation from each program. On other committees, there is no such requirement such as Recruitment and Retention Committee. See ERF-A2 for HSC committee assignments.

The one exception to the committee selection is the Departmental Faculty Status Committee (DFSC) which makes personnel decisions. The Department Chairperson chairs the committee and the other three members are elected by nomination and secret ballot to the position for a two-year period.

- 4) A table showing the SFR and average class size for program-specific classes for the last two years in the format of Template D2-2. For the purpose of defining the semesters of required reporting, the program should consider the semester during which the final self-study is due, or the most recent semester for which full information is available, to be semester four and should include information on the three preceding semesters. Note that Template D2-2 requires a narrative explanation of the data and method used for calculating SFR and average class size. Template D2-2 also requires information on the SFR and average class size of a comparable baccalaureate program in the institution, along with a narrative explanation of the choice of the comparable program. Identification of at least one other degree program within the institution with similar degree objectives and methods of instruction is required as well as a rationale for the choice. (self-study document)

TEMPLATE D2-2

| Semester | SBP SFR HPE Program | Explanation of the data and method used | SBP HPE Average Class Size | Explanation of the data and method used |
|-------------------------|---------------------------|---|--|--|
| Semester 1: Fall 2017 | 19:1 | Total student count to total faculty count teaching program specific courses. | 27 | Rosters for major specific course, averaged (For HPE program and Comparable Program.) |
| Semester 2: Spring 2018 | 20.5:1 | | 31 | |
| Semester 3: Fall 2018 | 16.8:1 | | 25 | |
| Semester 4: Spring 2019 | 22:1 | (For HPE program and Comparable Program.) | 21.5 | |

| Comparable Baccalaureate Program in the institution | Narrative explanation of the choice of the comparable program. Include degree objectives and methods of instruction as well as a rationale for the choice. | | |
|---|---|------------------------------------|--|
| Environmental Health Program | <p>The Environmental Health Program was chosen as a comparable program because:</p> <ul style="list-style-type: none"> • The Department of Health Sciences houses both programs. • Both degrees have a similar focus on public health • Both degrees require a 9 credit hour professional practice experience • Both programs are campus-based residential programs • Student enrollment in both programs is comparable • Both degrees can prepare students for careers in a public health field. | | |
| Comparable Program | | | |
| Semester | Comparable Program SFR | Comparable Program Avg. Class Size | |
| Semester 1: Fall 2017 | 20:1 | 22 | |
| Semester 2: Spring 2018 | 19:1 | 32 | |
| Semester 3: Fall 2018 | 17:1 | 24 | |
| Semester 4: Spring 2019 | 19.5:1 | 17.2 | |

- 5) A table showing the average advising load for the last two years in the format of Template D2-3. For the purpose of defining the semesters of required reporting, the program should consider the semester during which the final self-study is due, or the most recent semester for which full information is available, to be semester four and should include information on the three preceding semesters. Note that Template D2-3 requires a narrative explanation of the data and method used for calculating the average advising load. Template D2-3 also requires information on the average advising load in a comparable baccalaureate program in the institution, along with a narrative explanation of the choice of the comparable program. (self-study document)

**TEMPLATE
D2-3**

| Semester | SBP Average Advising Load | | Explanation of the data and method used | Comparable Program in the institution | Comparable Baccalaureate Program Average Advising Load | | Narrative explanation of the choice of the comparable program |
|----------------|------------------------------------|-----|---|--|---|----|---|
| | HSC | CHP | | | | | |
| Spring 2017 | 470 | 71 | Total enrollment in Department of Health Sciences to one advisor for all Department Programs including Health Promotion and Education And Environmental Health | Environmental Health (EH) | 470 | 93 | The Environmental Health Program was chosen as a comparable program because: the Department of Health Sciences houses both programs; both degrees have a similar focus on public health; both degrees require a 9 credit hour professional practice experience; both programs are campus-based residential programs; student enrollment in both programs is comparable and both degrees can prepare students for careers in public health. |
| Fall 2017 | 445 | 81 | | | 445 | 81 | |
| Spring 2018 | 441 | 84 | | | 441 | 76 | |
| Fall 2018 | 422 | 82 | | | 422 | 69 | |
| Spring 2019 | 410 | 84 | | | 410 | 73 | |
| | | | | | | | |

6) Three examples of how the program has used enrollment data to gauge resource adequacy (e.g., course sequencing, teaching assistants, advising loads, etc.). (self-study document)

At the program and department level, continual review of enrollment data occurs. Three examples of how the program has used enrollment data include:

1. We were seeing that some students, often transfer students, were being “held” up by the pre-requisite that made students have to take HSC293 Principals of Human Disease before HSC294 Diseases of the Human Body. The removal of HSC 293, as a prerequisite has allowed for Health Promotion and Education majors to take HSC 294 prior to HSC 293 which often happens due to timing of entry into the major. The content in either course has evolved such that the material is mutually exclusive from one another. Both are required for a degree, but they are not dependent on one another.
2. HSC 258.02 Epidemiology for Public Health was seeing higher and higher enrollments since its addition in 2014. It was typically only offered in the Fall semester. For sake of course integrity and quality, the ideal class size is under 30. To manage increased enrollments, additional sections have been offered in Spring 2016, summer 2017, 2018, & 2019, and will be offered in Spring 2020 and every spring thereafter.
3. HSC 292 Community Public Health is the foundational course for the Community Health Promotion Sequence. It is a course that is offered every semester to easier transition into the major regardless if you enter in fall or spring.
4. Faculty have taken on more advisement related duties as it pertains to professionalism and career advising so that Department Advisor can focus on course and program related advising. Additions related to career and post-graduation have been made in HSC 292 Community Public Health, HSC 305 Public Health Leadership, and Professional Practice. These have included guest speakers from the Career Center, networking with health professionals, graduate school information, and lessons on networking.

D3. Student Enrollment

To adequately gauge resource needs, the program defines accurate and useful means to track student enrollment, including tracking the number of majors in the program. Given the complexity of defining “enrollment” in an undergraduate major or baccalaureate degree program, the program uses consistent, appropriate quantitative measures to track student enrollment at specific, regular intervals.

Required documentation:

- 1) **A table showing student headcount and student FTE for the *last two years in* the format of Template D3-1. For the purpose of defining the semesters of required reporting, the program should consider the semester during which the final self-study is due, or the most recent semester for which full information is available, to be semester four and should include information on the three preceding semesters. Note that Template D3-1 requires a narrative explanation of the specific method and source of student enrollment data. (self-study document)**

TEMPLATE D3-1

| Semester | Student headcount | Student FTE | Narrative explanation of the specific method and source of student enrollment data |
|-------------------------|-------------------|-------------|---|
| Semester 1: Fall 2017 | 77 | 69 | Used COGNOS analytics system to generate list of majors for each semester, then exported to Excel and sorted by “part-time/full-time” enrollment. Full time enrollment is defined as 12 credit hours or more. |
| Semester 2: Spring 2018 | 82 | 64 | |
| Semester 3: Fall 2018 | 84 | 70 | |
| Semester 4: Spring 2019 | 84 | 65 | |

E. Faculty Qualifications

E1. Doctoral Training

Faculty are trained at the doctoral-level in most cases. A faculty member trained at the master's level may be appropriate in certain circumstances, but the program must document exceptional professional experience and teaching ability.

Required documentation:

- 1) If applicable, a brief description of the professional experience and teaching ability of any faculty member listed in Template D2-1 who is trained at the master's level without a doctoral or other terminal degree (e.g., JD, MD). (self-study document)**

All faculty members are trained at the doctoral-level except for one. Christy Bazan is a faculty member trained at the master's level with an MPH. Ms. Bazan has taught for the program of over 20 years and brings valuable public health experience with an MPH, previous work at a local health department, and currently serves as the University's staff sanitarian. Her record of teaching is exemplary, and she teaches many core classes in the program. She also serves as the faculty advisor for Eta Sigma Gamma, a health education honorarium.

E2. Faculty Experience in Areas of Teaching

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their **education** and **experience**.

Required documentation:

- 1) **If applicable, a brief description of the education and experience of any faculty member listed in Template D2-1 who teaches a course in an area outside of 1) his or her graduate field of study, as listed in Template D2-1 or 2) his or her relevant professional experience, as listed in Template D2-1. (self-study document)**

All Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

E3. Informed and Current Faculty

All faculty members are **informed and current** in their discipline or area of public health teaching. Activities that may demonstrate that faculty members are informed and current may include publishing peer-reviewed scholarship, presenting at peer-reviewed conferences, attending relevant conferences and seminars, etc. This list is not intended to be exhaustive.

Required documentation:

- 1) **A description of the activities and methods through which all faculty members remain informed and current in their discipline (e.g., completed professional development opportunities) in the form of Template E3-1. The description must address both full-time and part-time faculty. (self-study document)**

See CVs for most current peer reviewed presentations and publications - Located in ERF-D1

TEMPLATE E3-1

| Faculty name | Area of instruction | Explanation of currency |
|-------------------|---|---|
| Jacqueline Lanier | Public Health; Health Promotion & Education | Member of American Public Health Association, Illinois Public Health Association, Society for Public Health Education, and Illinois Society for Public Health Education; Attends state and national conferences regularly; MCHES requires 75 hours of continuing education over 5 years to keep certification; attends relevant webinars; reads & reviews academic journals; presents at national conferences-SOPHE and APHA; publishes in national journals. |
| Christy N. Bazan | Public Health; Health Promotion & Education; School Health Education Environmental Health | Attends state and national conferences regularly (SOPHE, IPHA, IAHPERD) MCHES requires 75 hours of continuing education over 5 years to keep certification; attends relevant webinars; reads & reviews academic journals. |
| Alicia Wodika | Health Promotion & Education; Public Health | Member of the American School Health Association, American Public Health Association, and Society of Public Health Education; CHES certification requires 75 Continuing Education Contact Hours over 5 years; attends conferences (APHA, SOPHE); publishes in journals; completes trainings to remain competent with course material (grants/public health content) |
| Jim Broadbear | Health Promotion & Education Health Behavior Health & Wellness Coaching | Wellness Coaching Certification – Well-Coaches; pursuing National Board-Certified Health & Wellness Coaches; to meet the recertification requirements, NBC-HWCs must complete 36 hours of continuing education related to health and wellness coaching - Certified Wellness Practitioner – National Wellness Institute. |
| Megan Weemer | Health Education; Physical Education | Member American Public Health Association, American School Health Association, Illinois Association for Health, Physical Education, Recreation, and Dance Illinois School Health Association; Master Certified Health Education Specialist: Spring 2019 |
| Guang Jin | Environmental Health Biostatistics | Member of American Water Works Association, Water Environment Federation, American Society of Microbiology; publishes in professional journals. |

E4. Practitioner Involvement

Practitioners are involved in instruction through a variety of methods (e.g., guest lectures, service learning, internships and/or research opportunities). Use of practitioners as instructors in the program, when appropriate, is encouraged, as is use of practitioners as occasional guest lecturers.

Required documentation:

- 1) **A list of the activities and methods through which practitioners are involved in instruction in the format of Template E4-1. Template E4-1 requires each practitioner's name, credentials, title and place of employment, course(s) in which he or she is involved, and instructional activities provided. (self-study document)**

TEMPLATE E4-1

| Practitioner name | Credentials | Title | Employer | Course(s) taught/ Instructional activities provided |
|--------------------------|--------------------|---|--|---|
| Erin Link | MS, CCPH | Coordinator, Communication and Marketing | Illinois State University | HSC 395 – Guest Speaker |
| James Almeda | MS, CHES | Coordinator | Illinois State University | HSC 208, HSC 286, HSC 290 HSC 292 – Guest speaker; Service- learning partner HSC 286 – Community partner in needs assessment |
| Kerri Calvert | MS, CHES | Coordinator | Illinois State University | HSC 208- Guest speaker HSC 390- Guest speaker HSC 286 – Community partner in needs assessment HSC 292 – Guest speaker; Service- learning partner |
| Julie McCoy | MS, RD, LDN, SNS | School Nutrition Director, Wellness Coordinator | District 87 Bloomington Schools | HSC 292 – Guest speaker; Service- learning partner HSC 286 – Community partner in needs assessment |
| Katie McHugh | MPH, CHES | Health Promotion Program Manager | McLean County Health Department | HSC 292 – Guest speaker; Service- learning partner HSC 286 – Community partner in needs assessment |
| Gemille Purnell | MPH | Health Promotion Specialist | McLean County Health Department | HSC 292; Guest speaker |

| | | | | |
|------------------|-----------|---|--|--|
| Morgan Casey | MPH, CHES | Health Promotion Specialist | McLean County Health Department | HSC 292 – Guest speaker HSC 305 – Advocacy partner |
| Erin Kennedy | MS | Director, Center for Healthy Lifestyles | OSF St. Joseph Center for Healthy Lifestyles | HSC 292 – Guest speaker HSC 286 – Community partner in needs assessment |
| Becky Powell | MS | Health Educator | Community Cancer Center | HSC 258.02-Guest speaker |
| Melissa Graven | MS | Communicable Disease Supervisor | McLean County Health Department | HSC258.02- Guest speaker |
| Angie Crawford | BS | Senior Sanitarian | McLean County Health Department | HSC258.02- Guest speaker |
| David Hopper | BS | Emergency Preparedness Coordinator | McLean County Health Department | HSC258.02- Guest speaker |
| Rachel Benn | BS | Health Educator | University of Illinois Extension-McLean County | HSC 286 – Community partner in needs assessment |
| Gabe Cripe | BS | Director, Community Outreach, Stepping Stones | YWCA McLean County | HSC 292 – Service-learning partner |
| Kris Hall | MS | Education Coordinator | Ecology Action Center | HSC 292 – Service-learning partner |
| Sara Sommer | MPH | Wellness Coordinator | Advocate BroMenn Health and Fitness | HSC 292 – Service-learning partner |
| Matt Burgess | BS | Director | Home Sweet Home Mission | HSC 305 – Leadership project partner |
| Michelle Brown | M.ED | Wellness Coordinator | OSF St. Joseph Center for Healthy Lifestyles | HSC 292 – Guest speaker |
| Kim McClintic | MS | Nutrition Educator | OSF St. Joseph Center for Healthy Lifestyles | HSC 292 – Guest speaker |
| Johannie Escarne | MPH, DrPH | CDR, US Public Health Service | HRSA | HSC 292 – Guest speaker |

| | | | | |
|----------------|----|---|-------------------------------------|---|
| | | Corps; Senior Policy Analyst | | |
| Mindy Morgan | MS | Director | Activity and Resource Center | HSC 292 – Service-learning partner |
| Chad Beavers | MS | Director | Midwest Food Bank | HSC 286 - Community partner in needs assessment HSC 292 – Service-learning partner |
| Lisa Soliday | MS | Prevention Educator | Project Oz | HSC 292 – Service-learning partner |
| Liz Hamilton | MS | Prevention Specialist/Community Project Coordinator | Chestnut Health Systems; BN Parents | HSC 286 - Community partner in needs assessment HSC 292 – Service-learning partner |
| Julie Mirostaw | BS | Director, Illinois Government Relations | American Heart Association | HSC 292 – Guest speaker HSC 305 – guest speaker and advocacy partner |

E5. Graduate Students

Not applicable to our program since we do not use graduate students to teach any of our major courses.

F. Fiscal and Other Resources

F1. Financial Resources

The program has access to financial resources that are adequate to fulfill its stated mission. Financial support is adequate to sustain all core functions, including offering the required curriculum and other elements necessary to support the program's ongoing operations.

Required documentation:

- 1) **A letter, signed by the administrator(s) responsible for the program at the dean's level or above, indicating the institutional commitment to the program and to providing the resources required to accomplish the mission, to teach the required curriculum, and to achieve expected student outcomes. (electronic resource file)**
 - ERF – F1 – Letter from the Dean
- 2) **A budget table delineating fiscal resources for the program indicating all funding sources to the extent possible in the format of Template F1-1. Note that Template F1-1 requires the program to define the categories of funding. (self-study document)**

| Sources of Funds by Major Category, 2015-2019 | | | | | |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| FY | 2015 | 2016 | 2017 | 2018 | 2019 |
| Source of Funds | | | | | |
| Tuition & Fees | 291,378.31 | 292,618.33 | 300,928.29 | 249,150.40 | 249,043.49 |
| State Appropriation | 59,679.89 | 59,933.87 | 61,635.91 | 51,030.80 | 51,008.91 |
| University Funds | 33,325.45 | 31,370.11 | 45,171.09 | 87,677.69 | 86,542.10 |
| Grants/Contracts | 1,278.00 | 113,567.00 | 82,000.00 | 0.00 | 25,500.00 |
| Indirect Cost Recovery | 425.00 | 133.00 | 530.00 | 255.00 | 93.54 |
| Endowment | 6,944.62 | 7,077.47 | 7,085.59 | 7,863.06 | 8,045.60 |
| Gifts | 33,248.46 | 56,422.78 | 60,807.07 | 27,011.05 | 15,019.17 |
| Student Organization | 500.00 | 500.00 | 500.00 | 500.00 | 500.00 |
| | | | | | |
| Total | 426,779.93 | 561,612.56 | 558,657.95 | 422,988.00 | 435,752.81 |

- 3) **A narrative explanation of the data in Template F1-1 and a discussion of any recent or planned future changes in fiscal resources. (self-study document).**

Roughly 24.9 percent of the total Department of Health Sciences budget is allocated for the SBP in review. This portion of the budget covers expenses related to facilities improvement, classroom technology, faculty travel and research support, accreditation and other equipment maintenance and fee expenses that arise throughout the year. In FY19, the permanent travel budget in HPE was increased by \$2368.42. Additionally, in FY19 a new Health Promotion and Education Excellence fund was established as part of the department's foundation. The fund was started with \$6500 in seed money and is intended to support student success in the program.

The Department of Health Sciences maintains a budget of approximately \$1.75M. Included in that budget are reserves each year of approximately \$17,000 that cover unintended costs or program improvement and faculty support costs that exceed budgeted amounts. These funds are allocated within the department on an as-needed basis but will typically cycle through each of the programs on a 5-year rotation. The university has a strategic budgeted carryover (SBC) process in which limited funds may be transferred forward one fiscal year. The combination of reserves and SBC does allow for some long-range planning within the program. The most recent outcome for the SBP from this type of planning was the establishment of the HPE Media Lab in FY16.

F2. Physical Resources

The program has access to physical resources that are adequate to fulfill its stated mission. Physical resources are adequate to sustain all core functions, including offering the required curriculum and other elements necessary to support the program's ongoing operations.

Required documentation:

1) A description of the physical space available for faculty offices, program classrooms, and student meetings or study groups. (self-study document)

The program has access to physical resources that are adequate to fulfill its stated mission. Physical resources are adequate to sustain all core functions, including offering the required curriculum and other elements necessary to support the program's ongoing operations. Each faculty member has his/her own office. Classroom space is available, and one classroom is dedicated to the program meaning the program has priority when classes are scheduled in this room.

During the past two years, the department has provided substantial improvements to the classrooms used by the program. New furniture, painted walls, new flooring, and instructional technology have been the primary improvements. Funds for these improvements came from departmental equipment budget with supplemental funds coming from the College of Applied Science and Technology.

HPE majors have access to a media lab space designated for the program's use where students can have small student meetings and study groups.

F3. Academic and Career Support Resources

The academic support services available to the program are sufficient to accomplish the mission and to achieve expected student outcomes. Academic support services include, at a minimum, the following:

- computing and technology services
- library services
- distance education support, if applicable
- career services
- other student support services (e.g., writing center, disability support services), if they are particularly relevant to the public health program

Required documentation:

- 1) **A description of the program's academic support resources, including each of the following areas. Focus the discussion on the resources that are intended for and/or supportive of the program and its students in particular and indicate who is responsible for each service (e.g., the institution, the college, the program, etc.). Present the response in the format of Template F3-1. (self-study document)**

TEMPLATE F3-1

| Academic Support Resource | Responsible Party | Description |
|--------------------------------------|--------------------------------------|--|
| a) computing and technology services | Institution College Department | <p>The University has an IT Help support team that provides help for all things technology at ISU. They can help students search for information, report a technology related issue, put in a request for technology help, and help students check on Issues. More information can be found at: https://isu.cherwellondemand.com/CherwellPortal/ISUSelfService?_id=2701dd55#0</p> <p>The Department of Sciences is home to three computer laboratories. The main facility houses 32 desktop computers and a printer station. The laboratory also is supported with multiple Wi-Fi hubs that provide sufficient coverage for the size of the room. The laboratory is open 8am – 10 pm Monday through Thursday, 8 am to 4:30 pm Friday, and Saturday and Sunday afternoons and evening (until 10 pm).</p> <p>The second facility is a similar facility that is dedicated to the faculty and students in the Health Information Management program.</p> <p>The third facilities are a Media Lab dedicated to the faculty and students in the Health Promotion and Education program. This facility house three Mac desktop, three PC desktop and 10 iPads. In addition, the Media Lab also has video cameras, tripods, and a variety of media related equipment. A collaboration station is also housed in this room. The Media Lab is accessible to all faculty and students associated with the Health Promotion and Education program during hours that the building is open.</p> <p>The Department of Health Sciences share a full-time technology support person with the Department of Criminal Justice.</p> |

G. Advising

G1. Academic Advising

Students are advised by program faculty (as defined in Criterion D) or qualified program staff beginning no later than the semester (quarter, trimester, term, etc.) during which students begin coursework in the major and continuing through program completion.

Required documentation:

1) A narrative description of the institution's system for undergraduate academic advising.

With the exception of those students participating in the Honors Program, ISU University College academic advisors advise all students who have less than 24 credit hours earned and are two semesters removed from high school graduation. University College also advises all undeclared students. After 24 credits, students work with Academic Department Advisors. A summary of University Advising can be found here:

<https://universitycollege.illinoisstate.edu/advising/>

Academic advisors are there to help students navigate their intended academic path while at Illinois State University. They help students plan a course schedule, adjust to college life, and choose a major. They also provide referrals to other resources and services on campus.

**2) A description of the program's provision of academic advising, including the following:
(self-study document)**

Assignment of advisors

The Department of Health Sciences employs one full time professional academic advisor for five programs offering seven distinct plans of study. The academic advisor provides services for roughly 360 students, including individual meetings, electronic communication, degree audits, transfer evaluations, personal problem solving and support, referrals, academic planning and problem solving, and support of co-curricular growth in leadership and professional skills. Additionally, the academic advisor functions in an administrative capacity-managing enrollment, internal admissions, course scheduling, and recruiting activities.

In addition to the Department Advisor, Program Faculty will meet with students on a regular basis to go over courses, course loads, answer questions on sequencing, and other personal problem solving related to the program requirements. The program faculty often take the lead in helping facilitate opportunities for students that support co-curricular growth in leadership and professional skills.

Training and responsibilities of advisors

The HSC advisor is responsible for the following:

- Designing and delivering advising activities which will benefit students personally.
- Serving as a guide while students learn to navigate the expectations and requirements for a Bachelor's degree.
- Act as the students' advocate to access resources on campus.
- Encourage students' development to their full potential as young professionals.

Policies and procedures related to advising

A general outline on what the student should be doing related to advising is provided and found on the Department's website. (<https://healthsciences.illinoisstate.edu/advising/yearly/>)

Process for changing advisors

If a student decides to transfer out of the Department to another major, the advisor continues to advise the student until a transition is finalized to a new advisor, whether that is in a new department, or in Transitional Advising. The advisor ensures that a plan is in place for the student to make as smooth a transition as possible to the new unit.

Rules for frequency of contact with advisors

The department Advisor meets with students at least once per academic year and more as requested by the student (<https://healthsciences.illinoisstate.edu/advising/yearly/>).

G2. Faculty Involvement in Public Health Career Advising

Students are advised by program faculty (as defined in Criterion D) about public health-specific career options beginning no later than the semester (quarter, trimester, term, etc.) during which students begin coursework in the major and continuing through program completion.

Required documentation:

- 1) A description of the program's provision of career advising, including the following:
(self-study document)**

Assignment of Advisors

Students are advised by program faculty about public health-specific career options when they begin coursework in the major and continuing through program completion. All program faculty have a role in advising students about possible career options in public health but often the Program Director takes the lead in career advising. Each of our faculty have specific areas of focus and we direct students to the appropriate faculty member based on career interest. In several courses including HSC292 Community Public Health, HSC 395 Health Communications and Social Marketing, and HSC305 Public Health Leadership, health specific career options are covered.

Training and Responsibility of Advisors

Each of our faculty have specific areas of focus and we direct students to the appropriate faculty member based on career interest. Typically, the Program Director will meet with each student once they are in their first semester of major courses to advise them on program progression, career opportunities in the field, and answer questions.

Policies and procedures related to advising

There are so specific policies and procedures related to advising at the program level for faculty. However, the program outlines some duties of faculty doing supervision during professional practice. More information about roles of professional practice university supervisors can be found in the Professional Practice Handbook in **ERF-G2**.

Process for changing advisors

Students usually work with the Program Director for career advising, but that all program faculty have a role in advising students about possible career options. For this reason, students are able to connect with any faculty regarding career advising.

Rules for frequency of contact with advisors

An initial meeting with Program Director upon entry into first semester of major courses is required, individual meetings as needed, and required meetings with Program Director prior to semester of professional practice.

ERF-G2 – Faculty Involvement in Public Health Career Advising

- HSC 305 Fall 2019 Schedule
- Job-Internship Search Tips & Sites
- Lessons on Networking
- Preparing for Professional Practice
- Preparing for Professional Practice Interview
- Professional Practice Checklist
- Professional Practice Handbook

G3. Student Satisfaction with Advising

The program regularly tracks and regularly reviews quantitative and qualitative data on student satisfaction with advising.

The program uses methods that produce specific, actionable data; for example, data must sufficiently differentiate between faculty and staff advising roles, if applicable. The program does not rely exclusively on institution- or unit-collected data, unless those data are sufficiently detailed and descriptive.

Required documentation:

1) A brief narrative summary and presentation of summary statistics on student satisfaction with advising for the last three years. (self-study document)

The program regularly tracks and reviews quantitative and qualitative data on student satisfaction with advising.

Based on the CEPH requirement, a senior survey was developed in Spring 2018 using Qualtrics to help to understand the student evaluation of the program which includes questions related to satisfaction with advising. The anonymous survey is sent out via e-mail to all program seniors in April each year now. Data from 2018 and 2019 are available and indicate overall student satisfaction with advising, as well areas for future growth.

The program uses two methods to capture student satisfaction with advising that produces specific, actionable data: 1) a senior survey, and 2) a yearly performance review of the advisor. **See ERF – G3 – Senior Survey Advising Data**

According to the senior survey (years 2018):

- The majority of students strongly agreed or agreed (72%) that the level of advising met their needs well.
- Time with advisor, approximately 10% were dissatisfied, 29% were neutral, and 62% were either satisfied or very satisfied.
- Advisors provided accurate information about degree requirements and course sequencing, 67% were satisfied or very satisfied, 14% were neutral, and 14% dissatisfied.
- Advisor's knowledge about campus policies and procedures, 10% were dissatisfied, 29% were neutral, and 57% were either satisfied or very satisfied. An additional 5% did not know.
- Degree to which you received information about post-graduation educational options, 29% were dissatisfied or very dissatisfied, 14% were neutral, and 49% were satisfied or very satisfied.
- Academic advising services overall, 7.7% were dissatisfied, 24% were neutral, and 57% were satisfied or very satisfied.

According to the senior survey (years 2019):

- Fifty-five percent of students strongly agreed or agreed that the level of advising met their needs well. Thirty-three percent were neutral.
- Time with advisor, approximately 16% were dissatisfied, 26% were neutral, and 58% were either satisfied or very satisfied.
- Advisors provided accurate information about degree requirements and course sequencing, 70% were satisfied or very satisfied, 20% were neutral, and 10% dissatisfied.
- Advisor's knowledge about campus policies and procedures, 5% were dissatisfied, 20% were neutral, and 70% were either satisfied or very satisfied. An additional 5% did not know.
- Degree to which you received information about post-graduation educational options, 13% were dissatisfied or very dissatisfied, 30% were neutral, and 49% were satisfied or very satisfied.
- Academic advising services overall, 16% were dissatisfied, 47% were neutral, and 37% were satisfied or very satisfied.

2) A description of the methods used for collecting and analyzing data on student satisfaction with advising. The description must identify the parties responsible for collecting and analyzing data. (self- study document)

A yearly performance review between the academic advisor and the Department Chair evaluate the advisor's goals and success in meeting those goals. The advisor continually self-evaluates utilizing rates of difficulty on graduation audits, genuine unsolicited student feedback (both positive feedback and complaints and observed student growth on the measures outlined in the unit's advising syllabus. The Department Chair works with the advisor to review the self -evaluation and address needs.

HPE Program Director is responsible for sending out the Senior Survey every April. All HPE program faculty, Academic Advisor, and Chair review the data.

3) If applicable, a discussion of limitations of the current data that are based on data collection methodology. (self-study document)

Limitations to the data from the Senior Survey include the questions referring generally to advising which may include university advising, departmental advising, and faculty advising. This instrument only captures input from seniors who responded to the survey. Response rates averaged from about 58 – 60 percent.

4) If applicable, a description of specific plans (with timelines) to improve the accuracy of data. (self- study document)

The senior survey will continue to be utilized for data collection. To address limitations of the data, the survey for Spring 2020 will be re-assessed for clarity among types of advising and updated accordingly. To address response rates, we will have a third-party (outside of program) administer the survey during final professional practice meeting when all seniors are present. In addition, we plan to capture input from seniors through focused interviews or focus groups in semester prior to going out on professional practice.

5) If applicable, specific plans for improvement in provision of advising, based on the data collected. (self-study document)

A few areas of need have emerged from the data. Those include time with advisors, and this has been a concern given there is only one academic advisor in the department, who serves about 360 students. Focused appointments with the Program Director and students in their first or second semester taking major courses was implemented in Spring 2019. This may help alleviate some of the concerns that more time is needed with the advisor.

Students' perceptions on the degree to which they received information about post-graduation educational options also stood out. More available information on jobs, graduate school, and post-graduation options are strategically added, including: the introduction of possible career settings in HSC292 – Community Public Health, additional guest speakers from career services and professionals in the field in HSC 305, and additional information and resource in the professional practice experience. These changes to courses are taking place in Fall 2019.

H. Diversity, Inclusion, and Cultural Competence

H1. Diversity and Inclusion

The program demonstrates a commitment to diversity and *inclusion*.

Required documentation:

- 1) **A narrative description of the ways in which the program ensures that students have skills for recognizing and adapting to cultural differences in the public health context. The description must address the following:**

Assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities

The Health Sciences Department at Illinois State University is committed to providing diverse and inclusive experiences to all majors. The faculty and staff are diverse in terms of background, race/ethnicity, sexual orientation, religious affiliation, and educational background.

For the university, diversity is not a new concept, it is a core value that is infused throughout the school by addressing “cultural understanding, ethical behavior, and social justice” (ISU, 2018). As demonstrated by the current information available [from the diversity website](#) at ISU, the entire student body is comprised of students from 47 states and territories and 67 countries, 20 percent are from underrepresented groups, and 94.6 percent of first year students with disabilities returned for their sophomore year.

ISU has a Diversity Advocacy division (<https://deanofstudents.illinoisstate.edu/involvement/diversity/>) that works to foster civility and raising cultural awareness in students, faculty, and staff. Diversity Advocacy is committed to building bridges between the members of the university community by developing understanding, appreciation, respect, and celebrating the diversity of its members. Diversity Advocacy supports multicultural and lesbian, gay, bisexual, transgender, and queer (LGBTQ+) students in finding their way at Illinois State University through a variety of resources, programs, activities, and advising. Diversity Advocacy also works to facilitate a supportive campus environment in which multicultural and LGBTQ+ students can flourish academically and socially.

There are many student groups focused on diversity including the Asian Pacific American Coalition, Association of Latin American Students, Black Student Union, Pride, Black and Latino Male Movement, United Greek Council, Student Disability Network, Cultural/Ethnic Groups, and Religious Groups. Among many points of pride for ISU, African American and Hispanic students exceed the national average for graduation rates.

In the HPE program, students are exposed to the concepts of diversity and inclusion, but also embody diversity, as it is a key component of the major. The discipline emphasizes ecological determinants of health and health disparities within populations served by HPE professionals. Students develop abilities to understand dynamics in school and community settings that enhance and detract from health. This disciplinary focus extends to faculty efforts to foster a climate of inclusiveness through classroom environments and learning activities that welcome diverse perspectives. Efforts are made to provide service learning and community involvement in diverse settings and many professional practice and student teaching placements are in settings serving diverse audiences.

Academic Experiences with Diversity

For the culminating internship experience, Professional Practice, HPE majors intern at an array of locations including:

- Hospitals, non-profit organizations, museums, public and private schools, parks and recreation, Boys and Girls clubs, health departments, worksite wellness, and colleges/universities.

Courses that address and include diversity

HSC 258A02: Epidemiology

Principles and methods governing the surveillance and investigation of disease and injury in human populations. Discuss health disparities, variations by person, place, and time, and what accounts for variations.

HSC 270: Global Contexts

Philosophical perspectives on professional practice in a new cultural context. Short-term study abroad. Topics and regions as approved. Give students a broader perspective and increase their global dexterity by exploring different countries for 9-10 days.

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 and diverse populations by race, ethnicity, and socioeconomic status.

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 in diverse settings. Includes active discussions around film, *Unnatural Causes-Is Inequity making us sick?*

HSC 305: Public Health Leadership

Examination of theoretical foundations, concepts, styles and practice of leadership in public health. Explore diversity through leadership projects and advocacy projects in diverse settings and populations.

HSC 395: Health Communication and Social Marketing

Analysis and development of print and non -print materials and their use by health promotion professionals. Develop materials for diverse audiences, including taking into account reading level.

HSC 396: Health Education Program Planning and Evaluation

Theory and application of Health Promotion planning and promotion. Grantsmanship and evaluation for various health issues, focusing in on a specific target population.

HSC 398A02: Professional Practice: Internship in Health Education, 9 – 16 credits*

Extended in-service experience under the guidance of qualified personnel in Health Promotion. Many professional practice placements are in settings serving diverse audiences.

Guest Lectures in Courses:

Guest speakers are a staple to our classes in Health Promotion and Education. From featuring accomplished student Alums to seasoned health education specialists at federal agencies, all courses feature guest speakers to enhance students' world-view, skill building, and network. Guest speakers have included:

- Federal Agencies: Centers for Disease Control and Prevention
 - Discussing health disparities in Maternal and Child Health; Public Health Service Corps
- State Agencies: Illinois Department of Public Health
 - Discussing collaborative and diverse approach to epidemiology and outbreak investigation supports at the state level.

- Local Agencies: McLean County Health Department
 - Providing perspective on how to work with diverse audiences, specifically low-income or LGBTQ community with HIV testing outreach or tobacco prevention. Discussing ways in which various disciplines (environmental health, nursing, emergency preparedness, and health promotion) work together on various programs in community.
- Organizations: American Heart Association, Tobacco 21
 - Discussing steps need to undertake an advocacy campaign at state and local level and providing opportunities for students to be engaged in these efforts.
- Alums and Community Members
 - Provide perspective on current work settings including hospitals, local health departments, non-profit settings, and the populations these organizations serve. Additional guest lectures to address: Interacting more effectively with people of different cultures, describing the stereotypes and myths that exist about different cultural groups and how they affect our behavior, and how to provide appropriate responses and support to students and colleagues using increased self-awareness.

Service Learning with Communities

Community-based partners are essential to our students understanding of health promotion and education and public health work in diverse communities. These experiences that include community based projects, service learning, shadowing, and research/assessment allow students to firsthand understand communities and organizations. Courses which provide opportunities for our students to be engaged with the community include:

- HSC 286: Needs Assessment in Health Education
- HSC 292: Community Public Health
- HSC 305: Public Health Leadership
- HSC 398A02: Professional Practice: Internship in Health Education

2) Supporting documents for each listed item and/or component of the description above. For each item, list the supporting document(s) and page(s), if applicable. Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online. (electronic resource file)

ERF-H1 – HPE Syllabi, Learning Activities, & Examples of Student Work from the following courses:

- HSC 258a02: Epidemiology for Public Health
- HSC 286: Needs Assessment in Health Education
- HSC 270: Global Contexts
- HSC 292: Community Public Health
- HSC 305: Public Health Leadership
- HSC 395: Health Communications and Social Marketing
- HSC 396: Program Planning and Evaluation
- HSC 398A02: Professional Practice: Internship in Health Education

H2. Cultural Competence

The program prepares students by developing, reviewing, and maintaining curricula and other opportunities (e.g., service learning) that address and build competency in diversity and cultural considerations.

Programs can accomplish these aims through a variety of practices including the following: incorporation of **cultural competency** considerations in the curriculum; recruitment/retention of faculty, staff, and students; and reflection in the types of research and/or community engagement conducted.

Required documentation:

- 1) A narrative description of the ways in which the program ensures that students have skills for recognizing and adapting to cultural differences in the public health context. The description must address the program's curriculum. (self-study document)**

In our courses, cultural competence is an ongoing discussion. With guest speakers, course projects, and course discussions, we ensure that cultural competence is ever present in faculty courses.

Courses with an emphasis in cultural competence include:

HSC 270: Global Contexts

Philosophical perspectives on professional practice in a new cultural context. Short-term study abroad. Topics and regions as approved.

Activities and projects include:

- Readings about cultural context, reflections about personal subjectivity and biases, discussions regarding cultural relativism, projects focus on skill building with photovoice to address and enhance global dexterity

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.

Activities and projects include:

- Service learning to gain needs assessment skills with community partners (Project Oz, McLean County Health Department, District 87 public schools, Midwest Foodbank, YMCA, OSF), working with community partners to address health issues via a different lens by focusing on the needs of communities from their perspectives, methods skill building focuses on readings and activities for how to talk to people and address cultural sensitivity

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.

Activities and projects include:

- Service learning with community partners (Project Oz, McLean County Health Department, District 87 public schools, Midwest Foodbank, YMCA, OSF), lectures addressing stigma associated with various health issues including drug addiction, STI's, obesity, and chronic illnesses (including mental health), article reflections about communicating health promotion strategies with diverse populations

HSC 305: Public Health Leadership

Activities and projects include:

- Public Health Leadership project that is community based with emphasis on understanding community need and adapting project to meet various needs of target population.
- Guest Speaker - Angell Howard, MSW, Coordinator of Professional Development and Staff Training, Office of the Vice President for Student Affairs - *Stereotypes, Myths, and Misconceptions: What You Believe Matters!*

HSC 395: Health Communication and Social Marketing

Analysis and development of print and non -print materials and their use by health promotion professionals.

Activities and projects include:

- Readability Modification Exercise

HSC 396: Health Education Program Planning and Evaluation

Theory and application of Health Promotion planning and promotion. Grantsmanship and evaluation are emphasized.

Activities and projects include:

- Practice with data collection focusing on various topics including assessing buildings for Americans with Disabilities Act compliance, reading articles focusing on personal biases and how those transfer to our motivations for activities, lectures on strategies to enhance the cultural competency of our health programs, discussion of inclusivity for priority populations (minority groups, sexual minorities, development of a grant (including a needs assessment, program, and evaluation) for a community

- 2) Supporting documents for each listed item and/or component of the description above. For each item, list the supporting document(s) and page(s), if applicable. Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online. (electronic resource file)**

ERF-H1 – HPE Syllabi, Learning Activities, & Examples of Student Work from the following courses:

- HSC 258a02: Epidemiology for Public Health
- HSC 286: Needs Assessment in Health Education
- HSC 270: Global Contexts
- HSC 292: Community Public Health
- HSC 305: Public Health Leadership
- HSC 395: Health Communications and Social Marketing
- HSC 396: Program Planning and Evaluation
- HSC 398A02: Professional Practice: Internship in Health Education

I. Distance Education

N/A - The HPE program is not offered as a distance education program.

J. Transparency and Accuracy

J1. Information Accuracy

Catalogs and bulletins used by the program, whether produced by the program, department, college, or the institution, to describe its educational offerings accurately describe its academic calendar, admission policies, grading policies, academic integrity standards, and degree completion requirements. Advertising, promotional materials, recruitment literature, and other supporting material, in whatever medium it is presented, contains accurate information.

Required documentation:

- 1) **A description of the manner in which catalogs and bulletins used by the program are updated to accurately describe its educational offerings, academic calendar, admissions policies, grading policies, academic integrity standards, and degree completion requirements. (self-study document)**

The Department of Health Sciences continually reviews the information provided on its website, as well as the university website to make sure that the information regarding educational offerings, academic calendar, admissions policies, grading policies, academic integrity standards, and degree completion requirements are up to date.

The manner in which catalogs and bulletins used by the program are updated to accurately describes its program and offerings include providing regular updates to HSC Department Office Manager to update relevant information on the program and department website.

- 2) **Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards, and degree completion requirements. (electronic resource file)**

- **HPE program and concentrations:**
 - <https://healthsciences.illinoisstate.edu/education/>
- **Academic calendar:**
 - <https://events.illinoisstate.edu/academic-calendar/>
 - <https://policy.illinoisstate.edu/conduct/1-1-11.shtml>
- **Admissions policies:**
 - <https://illinoisstate.edu/admissions/>
- **Grading policies:**
 - <https://policy.illinoisstate.edu/academic/4-1-6.shtml>
- **Academic integrity standards,**
 - <https://policy.illinoisstate.edu/conduct/1-17.shtml>
 - <https://policy.illinoisstate.edu/students/2-1-21.shtml>
- **Degree completion requirements.**
 - <https://policy.illinoisstate.edu/students/2-1-9.shtml>

J2. Student Complaint Processes

The program maintains clear, publicly available policies on student grievances or complaints and maintains records on the aggregate number of complaints received for the last three years.

Required documentation:

- 1) **A description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years. (self-study document)**

Depending on the student grievance and complaint, students have several options:

1. Report grievance and complaint to Department Chair, in person or via e-mail.
2. Challenge a final course grade if the student has a reasonable belief the grade was assigned in an arbitrary or capricious manner and is unable to resolve his or her concerns with the faculty member who assigned the grade. The procedure is outlined here:
<https://policy.illinoisstate.edu/academic/4-1-20.shtml>
3. File an Office of Equal Opportunity and Access complaint against an employee based on any protected class or against a student that is not sexual assault/misconduct, dating/domestic violence, or stalking. Any violations of the Anti-Harassment and Non-Discrimination policy by an employee on any protected class basis or student on any protected class basis other than sexual assault/misconduct, domestic violence, dating violence, and stalking should be reported in the following manner:
 - By phone: OEOA Director at 309-438-3383
 - In Person: Office of Equal Opportunity and Access, 208 Hovey Hall, Normal, IL 61790
 - Using the Complaint Form: <http://equalopportunity.illinoisstate.edu>

Complaint procedures for these alleged violations can be found at:
<http://policy.illinoisstate.edu/conduct/1-2-1.shtml>.

For more information about resources and support, please go to:
<http://equalopportunity.illinoisstate.edu/>.

There has been one formal grievance filed in the last three years. That complaint was determined to be unfounded by the Office of Equal Opportunity and Access.

- 2) **Supporting documents relating to grievance and complaint procedures and recordkeeping. For each piece of evidence provided, list the relevant document(s) and page(s) (e.g., Faculty meeting minutes, May 12, 2012, pp. 3-4). Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online. (electronic resource file)**

Student policies regarding grievances and complaints can be found at:
<https://policy.illinoisstate.edu/conduct/1-1-2.shtml>