Central Washington University
Assessment of Student Learning
Department and Program Report

Please enter the appropriate information concerning your student learning assessment activities for this year.

Academic Year of Report: __2012-13__  College: ____CEPS______
Department ____PESPH_______ Program: ___Public Health Education_______

1. **What student learning outcomes were assessed this year, and why?**

Our student learning outcomes continued to reflect the Certified Health Education Specialist’s (CHES) Areas of Responsibility, which imply core competencies for entry-level health educators as well as for further study if students choose to pursue such study.

This year we chose to assess three process/skills-based outcomes, reflecting CHES Responsibilities 1, 4, and 6

1. Students will conduct & formally present a needs assessment
2. Students will evaluate a strategy, intervention or program
3. Students will be able to serve as a health education resource person

In addition to these outcomes, as a program team our active engagement in working with students demonstrates our program’s commitment to departmental strategic planning emphases. The two examples below also strongly reflect university core values. We explored our current status related to these two commitments as part of our AY2012-13 assessment.

1. Undergraduate research
2. Student success – skills and readiness for their chosen field
3. Community/campus partnership

2. **How were they assessed?**
   A) What methods were used?
   B) Who was assessed?
   C) When was it assessed?

**Performance on course project rubrics:** The table on page three provides results for each outcome, including numbers of students. Students were assessed as part of the normal classroom grading protocols.

**Participation at SOURCE, other presentation abstracts, and manuscripts:** Program students assessed, number participating in mentored undergraduate research projects that require work beyond that required for graded course credit.

**Programmatic work on internship requirement, & community engagement in classes:** Faculty are committed to demonstrating and ensuring our students emerge with these skills and values as part of their programmatic context and perceptions of our department.

3. **What was learned?**

Data summary appears in the table below for the three Student Learning Outcomes assessed.
<table>
<thead>
<tr>
<th>Student Learning Outcome</th>
<th>Criterion of Mastery</th>
<th>Assessment Venue &amp; Result</th>
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| **1. Students will conduct & formally present a needs assessment** | Assessment Project: 90% of student projects will qualify for at least "good" on a 4-pt rubric (i.e. Excellent, Good, Average, Needs Work) signifying demonstration of ability to design an assessment project; use practical validation tools/skills; implement the assessment; analyze collected data; and report results, including a literature review in support of study. | **HED 330**  
Fall 2012 - 12 students  
83% scored at least good (an 80% on rubric) – criteria of 90% not met  
**Winter 2013 - 27 students**  
100% scored at least good - criteria of 90% met |
| **4. Students will evaluate a strategy, intervention or program.** | Program Evaluation Report: 90% of students will qualify for at least "good" on a 4-pt rubric (i.e. Excellent, Good, Average, Needs Work) signifying demonstration of ability to analyze evaluation data and report findings, including suggestions for programmatic improvement. | **HED 473**  
Spring 2013 - 12 students  
30 in sectn 1 - 86% scored at least good – criteria of 90% not met  
20 in sectn 2 - 100% scored at least good – criteria of 90% met |
| **6. Students will be able to serve as a health education resource person.** | At least 90% of students will earn a “good” or better on all components of the rubric (Excellent, Good, Average, Needs Work) attached to the group blog project. Project components will include at a minimum a history/background of the issue, including a timeline showing positive and/or negative milestones that affect population health; a weekly myth vs. fact; a suggested reading/resource list; individual weekly posts in response to instructor prompts; and a comparative “state of affairs/efforts” detailing diverse local-, state-, or country-level situations and solutions surrounding the issue. | **HED 320**  
Winter 2013 - 30 students  
90% scored at least good – criteria of 100% not met  
**Summer 2013 - 9 students**  
88% scored at least good – criteria of 100% not met |
For the additional research and cultural competence assessments, results are as follows:

1. **Undergraduate research**: Two students presented at SOURCE, one sharing findings from a class project and one sharing findings from a project pursued as part of an independent field experience; one student presented campus/community event evaluation data at a community meeting.

2. **Student success - skills and readiness for their chosen field**: We have pursued intentional work with partners to enhance and strengthen our roster of internship opportunities; at the same time we have established more meaningful requirements and more focused supervision. We now have local partners seeking our interns, requesting interns more often, and providing detailed position descriptions that ensure student learning outcomes are meaningfully achieved.

3. **Community/campus partnership**: in at least three courses (230, 330, and 473) we seek opportunities to involve community members in course projects.

4. **What will the department or program do as a result of that information?**
2012-13 was again a working year for our program in terms of assessments and curriculum revision. We have now moved forward into a planning process surrounding revising and enhancing our curriculum, addressing gaps and overlaps and moving from our existing Health Education outcomes to ones that reflect the Core Functions and Essential Services of Public Health. Additionally, we are planning to better our outreach materials and processes in order to attract more students and help retain them for futures in public health work and/or future study.

   1. This year, we are preparing for our process of curriculum revision, establishing new programmatic mission, vision, and values and considering the “crosswalk” of our existing outcomes (Health Education) in relation to those better reflecting our profession (Public Health Core Functions and Essential Services).
   2. In addition, our results for our existing outcomes, as we have already suspected may be the case, may tell us something about determining student competence in producing a needs assessment, evaluation, or other resources: the ability to produce these may not be accurately assessed by “good” in existing rubrics, when performance can sometimes reflect components affected by the group work dynamic rather than skill-reflecting work toward the multi-faceted project as a whole.
   3. We continue to look at ways to improve our curriculum, including connections between classes, and between classes and the “real world” our students will face as entry-level professionals.
   4. We continue to utilize our in-house expertise in developing and implementing more meaningful assessments of our program.
   5. We continue to engage community in classes and programming, and this year will be putting in place a program advisory board.
   6. Our program continues to grow and develop. We continue to place students in public and community health jobs, in public health related and other graduate programs across the country, and in nursing programs, and will be working as a program to formalize our data systems around graduates’ status.

5. **What did the department or program do in response to last year’s assessment information?**
We continued to use our newly developed assessment tools from the year prior, while working as a program to support students in research and other projects as well as to support new faculty and faculty expanding curricular opportunities.

As can be seen in the table showing results for Question 3, we have continued our effective reporting to show numbers of students in courses and sections, as had been suggested in past
feedback. As noted above in Question 4, we are strongly focused on ways to enhance our program, attract and retain students, and demonstrate our effectiveness as an undergraduate preparation program for the fields of public and community health.

6. Questions or suggestions concerning Assessment of Student Learning at Central Washington University:
There is no opportunity for the Program to include a narrative of the accomplishments and growth within the program in the assessment. We teach our student the value of BOTH quantitative AND qualitative evaluation. I would encourage additional questions or opportunities to report this type of data.

Comments:
The Public Health Program continues to devote extensive efforts to its process internally in terms of curriculum. The community/campus partnerships that were forged in creating opportunities for our curriculum to be based on actual implementation instead of contrived scenario are exceptional and growing in strength and sustainability. An example is the HED 330 class HSRC-approved assessment projects. Each year students in HED 330 have an opportunity to create, administer, analyze, and report results of an assessment of their peers. This year, for the third time, students presented at SOURCE and at a regional conference; other students saw their work on a manuscript come to fruition in a national publication. Getting the chance to take HED 330 project results to an “above and beyond” class work level and collaborate with faculty to submit presentations and publications is phenomenal for our students, in particular as more and more of them consider and pursue graduate school.