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. (Note: As of 2015-16 new learning outcomes will reflect the more encompassing framework of the Three Core Functions of Public Health, based on our faculty team’s successful curricular revision work that has resulted in a substantially changed program aligned with achievable accreditation requirements of the Council on Education for Public Health [CEPH].)

   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 commitment to departmental emphases and university core values. As part of my response to Question 6 I summarize our efforts related to these commitments as part of our AY2014-15 assessment. In our work to build value for students, the community, and the profession we as faculty are strongly committed to three major foci:
   
   1. Enhancing opportunities and pursuit of mentored undergraduate research
   2. Student success as demonstrated by broad and deep content knowledge, skills practice, and resulting readiness for their chosen field
   3. Community and campus partnerships that have potential to build student opportunities and enhance community health and wellness.

2. How were the student learning outcomes assessed?
   A) What methods were used?
   We used specific major assignments in specific classes to assess student status on our SLOs. Students were assessed as part of the normal classroom grading protocols. The table on the next page provides results for each outcome, including numbers of students.

   Additionally, for several classes I continue to administer a tailored Student Assessment of Learning Gains (SALG) tool, an indirect survey measure aimed at helping students to self-assess their competence and confidence with skills and concepts, their interest in the material, certain attitudes toward complexity of public health issues and comfort with such issues, etc., as well as the value of specific course components as contributors to learning. Please see Appendix 2 for an example SALG tool previously used in a course on community organizing and coalition building (note that it includes items that reflect an initial attempt to measure students’ thinking around advocacy, an important topic in the class; use of this tool...
may be expanded based on program team discussions of SALG style evaluation during 2016). Because this tool is not officially part of our program’s assessment protocol, I am not reporting SALG data but they are available on request.

B) Who was assessed?
Under our existing Outcomes Assessment Plan, all students who completed courses in which the various assignments were completed, whether public health majors or not, were assessed. Please see the table on Page 3 for data.

C) When was it assessed?
Again, please see the table on Page 3 for data.
<table>
<thead>
<tr>
<th>Student Learning Outcome</th>
<th>Criterion of Mastery</th>
<th>Assessment Venue &amp; Result</th>
</tr>
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</table>
| 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 2014 - 22 students  
72.7% scored at least good (an 80% on rubric) - criteria of 90% not met  
Winter 2015 - 17 students  
76.5% scored at least good - criteria of 90% not 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 2015 - 35 students  
88.6% scored at least good - criteria of 90% not 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. NOTE: Due to additional faculty 2014-15, not all HED 320 sections included this project; however, HED 324 included a presentation project that required students to demonstrate outcome 6. | HED 324  
Fall 2014, Winter 2015 - 68 students  
95% scored at least good - criteria of 100% not met  
HED 320  
Summer 2015 - 11 students  
72.73% scored at least good - criteria of 100% not met |
3. What was learned?
As shown in the above table, for outcome 1, the standard of mastery was not met; for outcome 4, it was. For outcome 6, as noted in the table, we had additional faculty members resulting in different instructors for HED 320; not all faculty teaching HED 320 structured the course in the same way, which meant the criterion of mastery could not be assessed for that class. However, as also noted in the table, the new instructor for HED 324 included a project that demanded students practice health education resource skills and thus was an appropriate venue for assessing the criterion of mastery for outcome 6. In the HED 320 class the standard was not met, and in HED 324 it was. These results, although valuable in showing the current status of our students on determined measures of success, were valuable within the context of the existing program. As noted above, our curriculum has been substantially and positively revised, and with it we are building new SLOs. For AY 2015-16 and into the foreseeable future, our outcomes assessment (and related direct, indirect, quantitative and qualitative measures and results) will be vastly different and significantly more relevant for our contemporary and future workforce preparation mandate.

4. What will the department or program do as a result of that information?
Again, we have made significant changes to the curriculum, and thus this information will not be directly useful in future years. However, again, we made changes in part based on data and other sources of information depicting our program’s status prior to 2015-16.

We have already begun reporting new curricular directions to both internal constituencies (namely students, departmental and college administrators and campus partners) and external ones (our newly established advisory board as well as our community internship and employer partners). We have shared this information both verbally in meetings and phone calls, as well as electronically on our new program blog.

5. What did the department or program do in response to previous years’ assessment results, and what was the effect of those changes?
2014-15 represents a transitional year for us, as our new curriculum was built and established for 2015-16. In part our entire curricular revision was a response to previous years’ assessment results, in that we kept learning, from both direct and indirect measures, that our students needed a program that more closely aligned with the field and with CEPH accreditation requirements should we decide we are in a position to pursue accreditation.

Perhaps more than ever, community and campus partners are actively engaged in program activities, events, and enhancement. We are, for example, successfully working with outside partners to pursue projects that include a funding base or stable and developing offerings of service-learning hours and internship placements.

We are proud that as part of our visioning and revision work, and in answer to a long-standing goal, we have now established an advisory board for our program. We have held our inaugural meeting, and a first working meeting is planned for January 2016.

6. Questions or suggestions? Contact Tom Henderson (henderst@cwu.edu) or Bret Smith (bpsmith@cwu.edu)

As noted above, I believe it warrants discussion that there are important other ways we as a program team put efforts toward understanding and continuously improving our program. Below is a brief look at three emphases we feel proud of.
1. Enhancing opportunities and pursuit of mentored undergraduate research
   We continue to include HSRC-approved course projects in our classes, and pursue individual mentored research projects with interested students. Students have pursued a variety of interests and projects, and had opportunities to share their research both at conferences and in publications. During summer of 2015 one of our faculty led interns in a qualitative study of aging in Guam, and she and another faculty involved interns in working with data they had collected regarding the perceptions of alumni, current students, and regional workforce representatives of a potential CWU graduate program in public health. Such projects further develop our students as field-ready professionals and often spark interests in graduate work; certainly they enhance readiness and competitiveness for students who are already planning to pursue graduate studies.

2. Empowering students with broad and deep content knowledge, skills practice, and resulting readiness for their chosen field
   We emphasize core curriculum that matches our field’s mandates for students to be prepared to undertake rigorous assessment work, data-driven intervention planning, and meaningful work with peer practitioners, cross-disciplinary partners, and community members. Since 2008 each section of our Health Assessment class has designed a data collection instrument, used it to collect data, then analyzed and shared it with an audience that goes beyond the classroom. The course project has been funded when funding is available; however, funding is not needed for a successful and useful project. Rather, a “client” is needed, and we consistently find such clients in need of community-based assessments to understand, and improve, health status in a targeted population. We have worked with local health departments and others; in 2015-16, for the first time, our assessment class (now titled “Population Health Assessment and Research”) will lead directly into our program planning, implementation and evaluation classes. This year’s class is working to provide data that will be used to establish a targeted and sustainable health improvement intervention for employees at a local organization.

3. Creating and sustaining community and campus partnerships that will build student opportunities and enhance community health and wellness.
   During 2014 and 2015, I worked with the Washington State Department of Health to bring the Community Health Worker (CHW) training to Ellensburg for the first time. In spring of 2015, with the support of SMACC and our program, CWU hosted the required face-to-face opening and closing sessions of this free online training. Both local and regional community members and professionals, as well as CWU public health students, took the training. CHW training enhances the ability of frontline social services employees and non-professional community members to help other residents have improved health outcomes; CHWs working in social services have enhanced skills in basic and cross-cultural communication regarding health issues and resources, and nonprofessional community members grow in existing capacity to serve as neighborhood “links” for those in need of support with chronic illness management and other health and social issues not being addressed through formal care avenues. This year the training will happen again; working with SMACC and the Wellness Center our program intends to put in place a campus-based group of students trained as CHWs, offering students a chance to have practical experience and to graduate from our program with an additional, extracurricular, and recognized body of knowledge. Uniquely, the intended structure and programming will help our campus offer a new set of structured and peer-led health and wellness resources to our students.