**Major Assessment Report (BS Program)**

Please download this document and provide a response to each question in the appropriate section. Send your assessment reports to the Director of Assessment, Dr. Melissa Jordine ([mjordine@csufresno.edu](mailto:mjordine@csufresno.edu)). (Reports can be sent to Dr. Jordine via campus mail to mailstop SS 21). Please complete a separate report for each B.A/B.S. and M.A/M.S. program offered by the department.

|  |
| --- |
| 1. **What learning outcome(s) did you assess this year?** List all program outcomes you assessed (if you assessed an outcome not listed on your department SOAP please indicate explain). Do not describe the measures or benchmarks in this section. Also, please only describe major assessment activities in this report. No GE assessment was required for the 2016-2017 academic year.   SLO: **Effective Communication:** Students will be able to demonstrate effective verbal, non-verbal, and written communication skills in a wide variety of contexts, including collaborative activities.  SLO: **CHES Competencies:** Students will be able to demonstrate entry-level competence for each of the seven Areas of Responsibilities of a Health Education Specialist. |
| 1. **What assignment or survey did you use to assess the outcomes and what method (criteria or rubric) did you use to evaluate the assignment?** If the assignment (activity, survey, etc.) does not correspond to the activities indicated in the timeline on the SOAP, please indicate why. Please clearly indicate how the assignment/survey is able to measure a specific outcome. If after evaluating the assessment you concluded that the measure was not clearly aligned or did not adequately measure the outcome please discuss this in your report. Please include the benchmark or standard for student performance in your assessment report (if it is stated in your SOAP then this information can just be copied into the report). An example of an expectation or standard would be “On outcome 2.3 we expected at least 80% of students to achieve a score of 3 or above on the rubric.”   For Outcome 4 (Effective Communication), a 4-8 page behavior change paper was assessed using a written communication rubric (please see attached rubric). This paper consisted of the following: a “how healthy are you assessment”; background information on a health topic of interest; a behavioral change plan; and a results section, including a discussion on successes and/or challenges. This assignment measured the student’s ability to use appropriate spelling and grammar.  **Benchmark:** For this outcome, we expected at least 80% of students to achieve a score of 3 or above on the rubric. The percent indicated above was not included in the SOAP document, but determined through consultation with faculty in the department. The department is revising the SOAP document, and percentages will be included in the new version.  For Outcome 6 (CHES Competencies), students completed a CHES competencies assessment to determine their level of competence with each of the seven Areas of Responsibility of a Health Education Specialist. Following, are the seven Areas of Responsibility: assessing individual and community needs for health education; planning health education strategies, interventions, and programs; implementing health education strategies, interventions, and programs; conducting evaluation and research related to health education; administering health education strategies, interventions, and programs; serving as a health education resource person; and communicating and advocating for health and health education. Please see attached assessment.  **Benchmark:** There is no expected benchmark. The department SOAP listed this as a direct measure, however; it is an indirect measure as it is a self-reported assessment. The faculty consider this assessment to be formative in nature as the results dictate the learning activities that should be integrated into the classroom experience. The students did not receive a grade on this assessment. |
| 1. **What did you discover from the data?** Discuss the student performance in relation to your standards or expectations. Be sure to clearly indicate how many students did (or did not) meet the standard for each outcome measured. Where possible, indicate the relative strengths and weaknesses in student performance on the outcome(s).   For Outcome 4 (Effective Communication), out of 44 students, 20 (45.5%) earned a score of 3 or above on the rubric. In general, students scored higher on the health assessment, behavior change plan, and results sections of the behavior change paper. Scores were lower on the background section, and numerous grammar and spelling errors occurred throughout the papers.  For Outcome 6 (CHES Competencies), out of 35 students, 35 (100%) completed the CHES competencies assessment to determine their level of competence with each of the seven Areas of Responsibility of a Health Education Specialist. In general, students rated below the entry level (score of 3 or lower on a scale from 1-5), which was expected as this is an introductory course. The faculty will continue to use these findings to prepare students for their culminating experience course. |
| 1. **What changes did you make as a result of the data?** Describe how the information from the assessment activity was reviewed and what action was taken based on the analysis of the assessment data.   For Outcome 4 (Effective Communication), the faculty met to discuss the low scores earned on the rubric and determined that the use of writing resources needs to be further encouraged in the course. Although the instructor already encourages the use of the writing center on campus, they will also consider posting online resources to assist in reducing the number of grammar and spelling errors that occur in the papers. Additionally, the instructor will provide an additional review process in an effort to provide students with continuous feedback throughout the writing process.  For Outcome 6 (CHES Competencies), the instructor reviewed the assessment document and integrated in-class activities for each of the seven Areas of Responsibility into the course. These in-class activities were hands-on experiences designed to prepare students for their culminating course. For instance, one of the activities consisted of the students creating a “mock evaluation” in an effort to learn the skills involved in evaluating a health education program. |
| 1. **What assessment activities will you be conducting in the 2017-2018 AY?** List the outcomes and measures or assessment activities you will use to evaluate them. These activities should be the same as those indicated on your current SOAP timeline; if they are not please explain.   The faculty will revise the assessment activities listed in the department SOAP for the 2017-2018 to include one direct and one indirect measure.  **Direct Measure**  **Outcome 2 (Problem Solving):** Graduates will be able solve problems by generating multiple solutions and selecting those most appropriate to meet the needs of any relevant public health crisis/problem.  **Measures or assessment activities:** A case study assignment. At least 80% of students will achieve a score of 3 or above on the rubric.  **Indirect Measure**  **Exit Survey:** Graduates will complete a survey in their final semester. |
| 1. **What progress have you made on items from your last program review action plan?** Please provide a brief description of progress made on each item listed in the action plan. If no progress has been made on an action item, simply state “no progress.”   The program review team made recommendations pertaining to 7 items. Below, is progress made on each of these items:  **Item #1 (Curriculum)**  **Recommendations:**   * The department should consider growing the number of online courses and internship orientations as a way to meet student needs and reduce straining existing facility and budget constraints. * The dean and department should explore solutions to the department's longer-term needs for lab space to support EOHS instruction and the two planned new faculty hires in this option. * The department should consider delaying plans to seek CEPH accreditation for the community health and health care administration options until EOHS space, equipment, and faculty needs are strengthened.   **Progress to Date:**  The department has explored growing courses through online and hybrid modalities. Some faculty have participated in TILT and CSALT courses to deliver online courses. Currently, our department is sharing a laboratory space with the Department of Earth and Environmental Health, which is supporting the instructional needs of the EOHS option at this time. However, the CHHS Dean has supported the renovation of a permanent laboratory space for this option. A new faculty member joined the EOHS option this academic year, and a search for one additional faculty member for this option is underway for the 2017-2018 academic year. While the community health and health care administration options plan to seek CEPH accreditation, stabilizing the existing EOHS/REHS program will remain a first priority.  **Item #2 (Assessment)**  **Recommendations:**   * The department should continue to build upon the spring 2015 assessment activities based on the GE course PH 90. * The department should recommence the full SOAP implementation focusing on courses to identify gaps in current curriculum and inform program improvement. * The dean should provide assigned time for the department assessment coordinator to aid the department in implementing its’ SOAP and provide more timely reports.   **Progress to Date:**  The department now has a permanent chair, which will bring leadership stability to the department. The department chair has met with each option coordinator in the department to review the SOAP document, and to make any necessary changes. Additional departmental resources are still needed, however; for implementation of the SOAP assessment activities.  **Item #3 (Faculty Quality, Achievements, Needs, and Commitment to Program)**  **Recommendations:**   * Increase university and college financial support (including research releases for all faculty, and increasing travel support) and mentorship (e.g., by expanding CSALT activities) for public health faculty who are engaged in these activities. * Ongoing mentorship and support for current and incoming junior faculty would be important to ensure they are successfully retained to provide ongoing leadership in key EOHS and other programmatic areas.   **Progress to Date:**  Some department faculty have participated in university and mentorship activities, including CSALT and TILT workshops. Summer workshops have also provided additional professional development monies.  **Item #4 (Student Retention and Graduation)**  **Recommendations:**   * The department and college should consider adapting the existing student advising model to include full-time lecturers who have content expertise in public health. The review team suggested the possibility of housing lecturers in the college's Advising and Career Development Center, but to be devoted solely to public health student advising. * The department should limit the growth in the number of undergraduate students to a manageable level based on departmental resources. The department should consider declaring the major impacted.   **Progress to Date:**  A full-time faculty member serves as a primary resource for students interested in pursuing the REHS career and state certification. In order to support student success and academic planning, the faculty member also works in collaboration with the Advising and Career Development Center in the College of Health and Human Services. Additionally, a part-time faculty member assists with general advising for the community health and health administration options, which has decreased the advising load among the full-time faculty. The faculty considered declaring the community health option impacted, however; it was determined that the growth was due primarily to students changing their major into the option. The department chair met with OIE early in the fall 2017 semester, and it was determined that a small number of students (approximately 35) can be added to the option during the 2017-2018 academic year. The faculty created an application process for acceptance into the option, and final decisions will be made before the spring 2018 registration date. The department chair will continue to work with OIE to monitor the growth in the department.  **Item #5 (Facilities)**  **Recommendations:**   * The department and college should continue to identify teaching space for the public health department, including at a minimum the identification/remodeling of at least one teaching lab in McLane Hall or another building on campus to replace the lost EOHS lab. Also, there will be needed research space for the two planned new EOHS hires.   **Progress to Date:**  The department has worked closely with the CHHS Dean to identify adequate EOHS/REHS research space. Currently, the department is sharing instructional and faculty research space with the Department of Earth and Environmental Health, however; the CHHS Dean is in support of the renovation of a permanent laboratory space for this option.  **Item #6 (Funding)**  **Recommendations:**   * Highest funding priority should be in hiring more full-time faculty and lecturers. * Hiring faculty at the associate professor rank due to concern with the distribution of faculty regarding rank. * Provide release time support for current and future faculty to participate in CSALT faculty mentoring, course conversion, grant writing, and other scholarly activities to ensure the department’s continued success. * Renovation of at least one additional EOHS teaching lab as well as an overall improvement in department facilities.   **Progress to Date:**  The department received approval for two EOHS/REHS faculty positions and one Health Administration position for the 2016-2017 academic year. The department also received approval for one Community Health position for the 2017-2018 academic year.  **Item #7 (Administrative Commitment)**  **Recommendations:**   * Reviewing and realigning existing resources to address department needs (e.g., AC/DC could accommodate public health-specific advisors to allow public health faculty to focus on teaching and professional mentorship).   **Progress to Date**  The department chair and option coordinators met with AC/DC staff to address this issue and to explore student advising needs.  **Additional Guidelines:** If you have not fully described the assignment then please attach a copy of the questions or assignment guidelines. If you are using a rubric and did not fully describe this rubric (or the criteria being used) than please attach a copy of the rubric. If you administered a survey please consider attaching a copy of the survey so that the Learning Assessment Team (LAT) can review the questions. |