WICHITA STATE UNIVERSITY

Program Review Self-Study Template

Academic unit: Public Health Sciences

College: Health Professions

Date of last review: Fall 2013

Date of last accreditation report (if relevant): N/A

List all degrees described in this report (add lines as necessary)

Degree: B.S. Health Services Management and Community Development CIP* code: 51.0701

Degree: B.S. Health Science CIP code: 51.0000

Degree: M.A. Aging Studies CIP code: 31.1101

*To look up, go to: Classification of Instructional Programs Website, http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55

Faculty of the academic unit (add lines as necessary)

Name Signature

Ngoyi Bukonda, Professor

Peter Cohen, Professor

Amy Drassen Ham, Instructor

Suzanne Hawley, Professor and Chair

Ann Hunter, Assistant Professor

Nikki Keene Woods, Assistant Professor

Nicole Rogers, Associate Professor and Director of Graduate Programs

Ron Stephen, Instructor

Sarah Taylor, Director of Undergraduate Programs (UP with teaching responsibilities)

Submitted by: Suzanne Hawley, Professor & Chair, Dept of Public Health Sciences Date3/31/14

Additional Contributor/s: Jacie Green (PHS Educational Programs Coordinator

**1. Departmental purpose and relationship to the University mission (refer to instructions in the WSU Program Review document for more information on completing this section).**

**a. University Mission:**

The mission of Wichita State University is to be an essential educational, cultural, and economic driver for Kansas and the greater public good.

**b. Program Mission (if more than one program, list each mission):**

MISSION FOR HS & HSMCD Programs: This is the same as the PHS department mission: To prepare leaders to work effectively across the lifespan among diverse populations in an interprofessional health system.

AGE MISSION: The instructional mission of degree programs in aging studies at Wichita State University is to provide knowledge of aging and its impact on individuals, families, and society to students preparing for or engaged in careers in which they will plan, manage, and deliver services for the aging through public or private sector organizations, agencies or institutions.

VISION FOR HS, HSMCD, & AGE Programs: The Department of Public Health Sciences shares the College of Health Professions vision to lead change in healthcare education.

**c. The role of the program(s) and relationship to the University mission: Explain in 1-2 concise paragraphs.**

The Department of Public Health Sciences undergraduate degrees in Health Services Management and Community Development (HSMCD) and Health Science (HS) and graduate degree in Aging Studies (AGE) support the university mission by:

1. Providing students an opportunity to engage in high quality education expected by graduates of local, regional, national, and international programs.
2. Fostering professional growth, commitment to lifelong learning, and sensitivity to diversity among program faculty and students.
3. Preparing individuals for professional and leadership positions in the wider public health systems.
4. Offering the only undergraduate HSMCD program in the State of Kansas, equipping students with core public health, health management, and community development skills.
5. Furthering the maturation of the HSMCD, HS, and AGE courses of study and associated research and scholarly areas.

**d. Has the mission of the Program (s) changed since last review? ☒ Yes ☐ No**
**If yes, describe in 1-2 concise paragraphs. If no, is there a need to change?**

Until 2012, the mission statement for the Department of Public Health Sciences was "To educate future health services leaders in the fundamental competencies necessary to work effectively in diverse and dynamic health services and community-based organizations."

After the addition of the AGE program to the department as a newly revised program, the department mission statement was updated in 2012. The words "interprofessional" and "across the lifespan" were added and the statement rephrased to read, "To prepare leaders to work effectively across the lifespan among diverse populations in an interprofessional health system." This reflects the 2012 change in the College of Health Professions's mission, which includes four foci, one of which is "interprofessional education." The faculty believes that this global priority in health education is aptly suited for all of our degree programs because of the

interdisciplinary nature of health sciences. The word "lifespan" was added to acknowledge the important role of the AGE program in the department and the lifespan nature of aging (not just a focus on older adults as the former "Gerontology" degree name implied). This change allowed for a fuller integration of a single program mission across all three degree programs.

**e. Provide an overall description of your program (s) including a list of the measurable goals and objectives of the program (s) (programmatic). Have they changed since the last review? ☒ Yes ☐ No**
**If yes, describe the changes in a concise manner.**

Generally, the two undergraduate program's goals and objectives have remained the same since the last reporting period. However, the undergraduate programs did not have learner outcomes targeted by coursework. In addition, the Master of Arts in Aging Studies was new and did not have any measurable goals or objectives until they were developed in the current reporting period.

The department's three programs are traditional in nature and rooted in the social sciences. Unlike other programs in the College of Health Professions, the programs are uncapped and do not admit students in cohorts. This allows for flexibility in offering curricula (the HSMCD and HS programs share common core courses) for those students wishing to pursue a degree in the public health field.

The Bachelor of Science degree in HSMCD develops leadership capacity for a healthy society through its undergraduate degree program. The curriculum includes a 48 credit hour professional degree program to prepare graduates for entry and mid-level positions in the management, planning, and assessment of health services delivery across the spectrum of health care, acute care medicine, public and community health, and long term care. The professional degree program is appropriate for individuals interested in applying the social and business sciences to a career in the health care arena. The goals of the HSMCD program are to:

- Prepare individuals for entry- or mid-level management positions in health services and community based organizations.
- Foster professional development and commitment to lifelong learning for students and faculty.
- Support and encourage sensitivity to diversity among faculty and students.
- Support and encourage scholarly research in health services management and community development.
- Ensure efficient and effective program operations consistent with the College, the University, and the profession.

The main outcome measures of HSMCD student learning are from the core course work. Learning objectives for the program were developed and did not exist in the previous reporting period. These learning outcomes have been linked to specific required coursework and student achievement demonstrated in those courses. In addition, learning outcomes are attained and enhanced by the capstone and practicum course project performance. The HMCD program made several curriculum changes at the end of this reporting period (see Appendix Table 9). Therefore, the current assessment and analysis is limited and should continue to be developed.

The Bachelor of Science degree in Health Science (HS) is a 48-49 credit hour program useful to students pursuing positions in the health care sector such as pharmaceutical and hospital sales representatives, specialists in insurance companies, or research assistants, as well as students needing an undergraduate degree in the health field and/or students who have a pre-professional health interest. The goals of the HS program are to:

- Develop a broad understanding of social and scientific principles necessary for a career in the health sciences.
- Obtain the clinical foundation required to work in an entry-level health science position and/or to advance into graduate study in a health field.
- Explore the political, legal, social, multicultural, and ethical issues that impact on the practice of health care.
- Develop skills for continuing professional growth and lifelong learning.

- Develop skills that prepare students to interact as professionals within a diverse, interdisciplinary health care environment.
- Expand interdisciplinary understanding and collaboration among the healthcare professions, which significantly aligns with the IPE global initiative.
- Apply scientific knowledge, humanistic values, critical analysis, and systematic approach to solving problems.
- Ensure efficient and effective program operation consistent with the College, the University, and the profession.

The main outcome measures of HS student learning are from the core course work. Learning objectives for the program were developed and did not exist in the previous reporting period. These learning outcomes have been linked to specific required coursework and student achievement demonstrated in those courses. In addition, learning outcomes are attained and enhanced by satisfactory completion of the practicum course. To better meet program outcomes and objectives, the practicum course underwent a curriculum revision (Fall 2013) and was modified to integrate didactic coursework related to professionalism, which is a competency domain of interprofessional education (IPE). This will allow students to learn about critical skills needed in an interprofessional environment while simultaneously engaging in an applied work setting experience. The HS program made several curriculum changes at the end of this reporting period (see Appendix Table 9). Therefore, the current assessment and analysis is limited and should continue to be developed.

The Master of Arts in Aging Studies (AGE) is a 36-39 credit hour program to equip students to meet the growing needs of our globally aging population. Graduates will be prepared for a diverse range of career opportunities ranging from aging research and counseling to employment in nursing facilities, assisted-living communities, and mental health facilities. The goals of the AGE program are to:

- Prepare individuals for professional and leadership positions in the wider public health system.
- Foster professional growth and a commitment to lifelong learning for Aging Studies students and faculty.
- Support and encourage sensitivity to diversity among faculty and students.
- Support and encourage scholarship in the wider public health system.
- Ensure efficient and effective program operations consistent with the College, the University and the profession.

Main outcome measures of AGE student learning focus on the core required coursework as well as one of three culminating learning experiences: oral defense of thesis, internship, or written comprehensive examination. Each requirement fulfills basic skill levels of all 13 learning outcomes listed in Appendix Table 6. The program curriculum continues to be reviewed and will undergo some curriculum changes in the next reporting period.

The Department also offers a Graduate Certificate in Public Health and an Administrator-in-Training Practicum, neither of which are included in this program review.

**2. Describe the quality of the program as assessed by the strengths, productivity, and qualifications of the faculty in terms of SCH, majors, graduates, and scholarly/creative activity (refer to instructions in the WSU Program Review document for more information on completing this section).**

**Provide assessment here:** The Department houses two undergraduate degree programs. The B.S. in Health Science degree program began admitting students into the major in Summer 2009 and should now meet the KBOR minima for majors and degrees as of this reporting period. The Fall 2013 major count identified 98 majors. Graduates as of AY 2013 number 78. Student credit hour (SCH) production has steadily increased since the degree's approval (see Appendix Table 1). Although the program currently meets KBOR faculty minima, the number of full-time tenure-track faculty remains low when considering their support for all three degree programs (most for HS & HSMCD, and some electives for AGE; see Appendix Table 1). One full-time adjunct faculty position was converted to lecturer in an attempt to stabilize the program, but this did not offset teaching

strain. The department hired a permanent chair in fall 2011, but student enrollment continues to outpace program course offerings. Adjunct teachers must be secured for five to six courses each semester.

The B.S. in HSMCD has been graduating students for nine years. As with the HS program, SCH production has steadily increased since the two programs share common core courses (see Appendix Table 1). The program currently meets KBOR faculty minima, but the number of full-time tenure track faculty remains low considering their workload extends across three degree programs (HS, HSMCD, and AGE). The department converted a full-time adjunct to a lecturer position, which created stability across the programs but did not increase teaching. In light of the few HS/HSMCD faculty with scholarly expectations (n=4, which includes the department chair; see Appendix Table 1), their productivity is among the highest in the CHP.

| **HSMCD & HS** Scholarly Productivity | Number Journal Articles | | Number Presentations | | Number Conference Proceedings | | Performances | | | Number of Exhibits | | Creative Work | | No. Books | No. Book Chaps. | No. Grants Awarded or Submitted | $ Grant Value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ref | Non-Ref | Ref | Non-Ref | Ref | Non-Ref | * | ** | *** | Juried | *** * | Juried | Non-Juried | | | | |
| Year 1 (2011) | **3** | **0** | **0** | **1** | **8** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **2** | **10** | **$236,000** |
| Year 2 (2012) | **5** | **0** | **2** | **1** | **15** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **2** | **0** | **0** | **9** | **$84,470** |
| Year 3 (2013) | **2** | **0** | **4** | **4** | **10** | **1** | **0** | **0** | **0** | **0** | **0** | **2** | **0** | **0** | **1** | **3** | **$5,750** |

* Winning by competitive audition. **Professional attainment (e.g., commercial recording). Principal role in a performance. Commissioned or included in a collection

The M.A. in Aging Studies was triggered for closure when it was moved into the Department of Public Health Sciences (from the College of Liberal Arts and Sciences). The program effectively implemented an approved three-year plan to increase enrollment and graduation rates; see Appendix Table 2 for AGE SCH production. In fact, the program was so successful that its "trigger" status was removed in 2012, three years early. The AGE program offers three tracks: Administration, Public Health, and Social Science.

There remains only one dedicated full-time faculty and five to six adjuncts, along with GTAs assigned to the program (Appendix Table 2). In Table 2 it is important to clarify that tenure track AGE faculty "appear" to be at 3.0 FTE, which is misleading. Two of these 3 faculty are core faculty from the HS and HSMCD programs to assist with limited mentoring of student research and by offering selected coursework for the degree. This assistance is primarily for two of the three tracks within the AGE program (the Administration Track and Public Health Track). Our core AGE curriculum (7 courses) and the entire social science track is represented by only 1.0 FTE faculty (who is now tenured) and is also responsible for the administration of the program. We have estimated that the program needs a minimum of 2.0 full-time additional faculty to appropriately maintain the program. Expected scholarly productivity is commendable given the limited faculty who contribute to the program.

| **AGE** Scholarly Productivity | Number Journal Articles | | Number Presentations | | Number Conference Proceedings | | Performances | | | Number of Exhibits | | Creative Work | | No. Books | No. Book Chaps. | No. Grants Awarded or Submitted | $ Grant Value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ref | Non-Ref | Ref | Non-Ref | Ref | Non-Ref | * | ** | *** | Juried | **** | Juried | Non-Juried | | | | |
| Year 1 (2011) | **4** | **0** | **0** | **1** | **13** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **3** | **6** | **$67,311** |
| Year 2 (2012) | **6** | **0** | **1** | **1** | **21** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **7** | **$29,470** |
| Year 3 (2013) | **3** | **0** | **3** | **0** | **11** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **4** | **$10,750** |

* Winning by competitive audition. **Professional attainment (e.g., commercial recording). Principal role in a performance. Commissioned or included in a collection

| **Student Major Headcount and Graduation Rates – Aging Studies (AGE)** | | |
|---|---|---|
| Last 3 Years | Total Majors - From fall semester | Total Grads –by FY |
| Year 1→ | 29 (10) | 9 (11) |
| Year 2→ | 37 (11) | 10 (12) |
| Year 3→ | 56 (12) | 17 (13) |

3. **Academic Program: Analyze the quality of the program as assessed by its curriculum and impact on students for each program (if more than one). Attach updated program assessment plan (s) as an appendix (refer to instructions in the WSU Program Review document for more information).**

**a. For undergraduate programs, compare ACT scores of the majors with the University as a whole.**

In the 2010 reporting cycle, the HSMCD program was flagged for low ACT scores by student majors. In this reporting cycle, our major ACT scores for HS and HSMCD have been within the acceptable range, except for the HSMCD program in Year 3 (Appendix Tables 3 and 4). A monitoring system was developed and implemented in 2013 for degree majors with low ACT scores in our undergraduate programs. At weeks five and 10 of the regular semester, the department tracks and reports grades for students who have ACT scores of >21. The Undergraduate Coordinator collects the data and reports students who have less than a C- to their adviser, who then provides counsel regarding tutoring services on campus. Outcomes of ACT score monitoring resulted in tracked students achieving an average GPA of 3.34 for the semester.

**b. For graduate programs, compare graduate GPAs of the majors with University graduate GPAs.**

The average incoming GPA of AGE students upon admission is comparable to the larger university (Appendix Table 5). In addition, the average incoming GPA has increased each year along with student headcount.

**c. Identify the principal learning outcomes (i.e., what skills does your Program expect students to graduate with). Provide aggregate data on how students are meeting those outcomes in the table below. Data should relate to the goals and objectives of the program as listed in 1e. Provide an analysis and evaluation of the data by learner outcome with proposed actions based on the results.**

<u>Program Assessment Needs</u>

Currently we do not have a comprehensive data tracking and assessment in place for our programs. While several pieces of this process have been developed, we have our great needs in terms of assessment with our learning outcomes. We are able to verify that approximately 100% (See Appendix Table 6 for exact rates) of the graduates of each program pass courses based on the fundamental knowledge we want our graduates to have; however, we have not tracked specific course deliverables to assure these outcomes are being met, or to identify avenues for subsequent program improvement. Identification of these deliverables have begun but we would like to go back to the beginning and reassess our program goals, learning outcomes, and following targets before any more work is done on the back end of the process. Part of this is based on the fact that each of our programs have undergone several changes (e.g. new national or identified competency sets relevant to our field, new potential accreditation standards for HMCD, changes in personnel, change in our curriculum, changes in delivery modalities, and tracking) and an appropriate time to reflect on how we should evolve in today's context.

As noted in the current report, we have had limited resources to further develop what is needed for a comprehensive assessment process. In fact, because the HSMCD program is now eligible to seek national accreditation, a robust assessment tracking and evaluation process is even more critical for the department.

- Currently, we have started reviewing the current program learning outcomes and competencies for each program. This includes a comprehensive matrix that tracks all program learning outcomes, along with the national public health competencies, the ACHE competency, the IPE international competencies, and the standards by the Association for Gerontology in Higher Education (AGHE).
- Next, we would like to evaluate and finalize the basic learning outcomes and competencies for each program. For example, the HSMCD program will align with the CEPH national public health accreditation standards, ACHE competency domains, and department mission where applicable. While the HS and AGE programs will also consider the IPE competency domains as needed.

- Then, the learning outcomes will be tracked in terms of what current coursework deliverables assess these skills. If there are deficient areas of assessed skills, then recommendations for courses will be provided to instructors to fill these gaps.

Appendix Table 6 also outlines available learning outcomes, targets, and results for the HS, HSMCD, and AGE programs. The analysis is not included because of the limitations of the results. When these outcomes can be more directly assessed, better program recommendations can be made in the continuation or modification of the programs.

**d. Provide aggregate data on student majors satisfaction (e.g., exit surveys), capstone results, licensing or certification examination results (if applicable), employer surveys or other such data that indicate student satisfaction with the program and whether students are learning the curriculum (for learner outcomes, data should relate to the outcomes of the program as listed in 3c).**

Student satisfaction ratings are provided in Appendix Table 7. Learner outcomes in terms of capstone, licensing/certification exam pass-rates are not applicable to any of our degree programs and are therefore not included in this report.

**d. Provide aggregate data on how the goals of the *WSU General Education Program* and *KBOR 2020 Foundation Skills* are assessed in undergraduate programs (optional for graduate programs).**

| Outcomes:<br>o Have acquired knowledge in the arts, humanities, and natural and social sciences<br>o Think critically and independently<br>o Write and speak effectively<br>o Employ analytical reasoning and problem solving techniques | Results | |
|---|---|---|
| | Majors | Non-Majors |
| Assessed for next review, Fall 2013 (Year 4) of Review Process | None – N/A | None – N/A |
| Not done for this current review | None – N/A | None – N/A |
| | None – N/A | None – N/A |

Note: Not all programs evaluate every goal/skill. Programs may choose to use assessment rubrics for this purpose. Sample forms available at: http://www.aacu.org/value/rubrics/

| Goals/Skills Measurements of: HMCD 310<br>Oral/written communication, Numerical literacy, Critical thinking and problem solving, Collaboration and teamwork, Library research skills, Diversity and globalization | **Pass Rates for HMCD 310 (C- or better)** | |
|---|---|---|
| | Majors:<br>**Health Science** | Non-Majors |
| Year 1 (AY10-11) | 84.6% | 94.1% |
| Year 2 (AY11-12) | 91.4% | 94.0% |
| Year 3 (AY12-13) | 90.3% | 86.2% |
| Goals/Skills Measurements of: HMCD 310<br>Oral/written communication, Numerical literacy, Critical thinking and problem solving, Collaboration and teamwork, Library research skills, Diversity and globalization | **Pass Rates for HMCD 310 (C- or better)** | |
| | Majors:<br>**HSMCD** | Non-Majors |
| Year 1 (AY10-11) | 100% | 94.1% |
| Year 2 (AY11-12) | 100% | 94.0% |
| Year 3 (AY12-13) | 100% | 86.2% |

**e. For programs/departments with concurrent enrollment courses (per KBOR policy), provide the assessment of such courses over the last three years (disaggregated by each year) that assures grading standards (e.g., papers, portfolios, quizzes, labs, etc.) course management, instructional delivery, and content meet or exceed those in regular on-campus sections. Provide information here:**

The programs offer several online courses, all of which adhere to the university policy statement about credit hour and hours of expected work by students. Explanation and definition of clock hours per credit hours is also

included in course syllabi. All instructors are expected to participate in a student course evaluation process. However, a strong evaluation response rate is difficult to obtain for online courses because participation in evaluation is optional. The department retains all course syllabi every semester, and these periodically undergo an informal review by program staff. Program curricula are approved by the College and by University-level committees. Additional sections are typically offered by the same instructor for continuity.

**f. Indicate whether the program is accredited by a specialty accrediting body including the next review date and concerns from the last review. Provide information here:**

Our undergraduate degree programs do not have any external accreditation. The Council on Education in Public Health (CEPH) approved national accreditation standards for undergraduate programs in public health (including standalone baccalaureate programs, or SBP) in Fall 2013. The department is very interested in pursuing accreditation, as it would represent a caliber of excellence that would expand the national reputation of the program. A self-study, including three years of data supporting the standards, will be required for application. A definitive departmental timeline for seeking accreditation is not established at this time, but initial work has begun to determine necessary resources and time requirements. The current HSMCD program has established a strong foundation to pursue accreditation.

The HSMCD program is a member of the American College of Healthcare Executives (ACHE) Higher Education Network. ACHE provides fellow status credential (i.e., F.A.C.E.) for those who have met certain criteria, including a graduate degree. Core faculty member Ron Stephen M.H.A., F.A.C.E., serves as the department representative and ACHE fellow. Graduates from the HSMCD program are allowed to apply for an associate membership status with PHS program administrative endorsement. This pathway for professional development is highly valued by both the department and the students in the HMSCD program.

The AGE program meets the standards for gerontology programs set by the Association for Gerontology in Higher Education (AGHE), the professional organization of post-secondary gerontology programs in the United States. While no external review is required, we review these standards annually to ensure program quality.

**g. Provide the process the department uses to assure assignment of credit hours (per WSU policy 2.18) to all courses has been reviewed over the last three years. Provide information here:**

The programs request that all instructors adhere to the university policy statement about assignment of credit hour and hours of expected work by students, and this statement is included in course syllabi. In addition, in order for credit hours to be assigned to courses, a syllabus with workload information is included for all curriculum approvals. The department engages in a passive course review process and does not document adherence through a formal monitoring process.

**h. Provide a brief assessment of the overall quality of the academic program using the data from 3a – 3e and other information you may collect, including outstanding student work (e.g., outstanding scholarship, inductions into honor organizations, publications, special awards, academic scholarships, student recruitment and retention). Provide assessment here:**

The majority of data available on the quality of PHS academic programs is provided in Appendix Table 6.

Overall, the three programs appear to have a sound and sufficient curriculum, both didactic and practical, which is evidenced by capstone course outcomes, core course evaluations, and exit surveys. (SPTE and

IDEA course evaluation data, which is not included in this report, most commonly demonstrate average to high average scores from students.) PHS faculty have been nominated for teaching awards. For example, the *annual CHP Rodenberg Award for Excellence in Teaching* included student nominations for PHS core faculty Dr. Amy Drassen Ham in all three years of the current reporting period.

In an effort to monitor outcomes related to the programs' missions, graduate data were analyzed to determine practice settings, as shown in the tables under question 4 below. Graduates were able to find jobs in diverse health services and community based organizations, which was in keeping with program missions. Examples of employers include: Via Christi, Wesley Medical Center, Knox Center Inc., Catholic Care Center, Universal Hospital Systems, Sedgwick County Health Department, Stratford Home, Positive Directions, PSL Plasma, College Hill OB/GYN, Hospira, and HeartSpring.

Further examples of student excellence include the increasing numbers of graduates from all three degree programs inducted into the Alpha Eta Honor society. Additional PHS student accomplishments include scholarly activity (e.g., poster presentations and publications).

| **Alpha Eta Honor Society Inductees for PHS across all programs** | | |
|---|---|---|
| YEAR 1 | YEAR 2 | YEAR 3 |
| Abbey Brown, HS<br>Rebecca Rodarmel, HS<br>Mary Elizabeth Hooper, HS<br>Elizabeth Webb (Grilliot), HMCD<br>Francesca Tompkins-Hoch, HMCD | Ewan Fernando, HS<br>Tracy Hoeltin, HS<br>Morgan Ramey, HS<br>Shara Burkett, HS<br>Whitney Lindeman, HSMCD<br>Hieu Nguyen, HSMCD<br>Tara Nolen, HSMCD<br>Jackson Toroitch, HSMCD | Tami Oberheim, HS<br>Maxwell Jolly, HS<br>Nicholas Johansen, HS<br>Joseph Owston, HS<br>Anu Budhathoki, HS<br>Rebecca Achilles HSMCD<br>Candace Diemart, HSMCD<br>Aliphine Tuliamuk, HSMCD<br>Amy C. Hall, AGE<br>Tara J. Battreal, AGE<br>Karen D. Austin, AGE<br>Susan L. McCoy, AGE<br>Linda A. Watson, AGE<br>Jana L. Windsor, AGE |
| **Student Presentations & Publications for PHS across all programs** | | |
| YEAR 1 | YEAR 2 | YEAR 3 |
| 1. Rogers, N.L., **S.B. Amini, M.L. Slimmer,** N. Takeshima. Defining Physical Activity in Older Women. Kansas Public Health Association. Wichita, KS, Sept 21-22, 2011.<br>2. N.L. Rogers, **S.B Amini, M. Slimmer**, N. Takeshima. Accelerometer determined physical activity in older women : A descriptive study. *Medicine and Science in Sports and Exercise*, volume | 1. Rogers, N.L., **Green, J.,** Rogers, M.E. Physician prescribed physical activity for older adult patients. *Aging Health,* Aging Health, December 2012, Vol. 8, No. 6, Pages 601-624.<br>3. Rogers, N.L., **Amini, S., Slimmer, M.** First Step To Active Health - Online Plus: Pilot Study. *Medicine and Science in Sports and Exercise*, volume 44:S605, 2012.<br>4. Morgan, A.L., Rogers, N.L., Takeshima, N., **Aminia, S.,** and **Ofei-Dodoo, S.** Impact of Moderate Intensity Physical Activity on the Functional Fitness of Older Women. M*edicine and Science in Sports and Exercise*, volume 44:S605, 2012.<br>5. **Ofei-Dodoo, S.,** Rogers, N.L., Morgan, A.L., and Takeshima, N. Impact of Moderate Intensity Physical Activity on | 1. Keene Woods, N., **Watson, L.**, Nguyen, A. T. Built Environment and Preterm Birth: A Review of the Literature. Presented at the Kansas Public Health Association Annual Meeting, Wichita, KS, September 2013. [Accepted for publication in the Kansas Journal of Medicine, submitted December 2013].<br>2. Mary Koehn, Jacque McClendon, Brandy Jackson, Jennifer Celso, Julie Scherz, Victoria Mosack, Lyn Goldberg , Kelly Anderson, **Brandon Findley,** & **Monica McCarthy.** A Survey of the Knowledge, Experiences, Interests, and Barriers to Interprofessional Teaching and Learning Presented at the Kansas Public Health Association Annual |

| | | |
|---|---|---|
| 43:S935, 2011. | the Functional Fitness of Older Women. *8th Annual Graduate Research and Scholarly Projects (GRASP),* 8, 2012.<br>*6.* **Gurnsey, J., Ofei-Dodoo, S.,** and Rogers, N.L. Increasing the Physical Activity Level of Older Women. *8th Annual Graduate Research and Scholarly Projects (GRASP),* 8, 2012. | Meeting, Wichita, KS, September 2013.<br>3. Ballard-Reisch, D., Coen, H., Pan, D., Hoskinson, A., **Mutata, J.,** Donnell, C., and Standley, C. Strategically Planning your Own Initiative. 9th Annual Hunger Summit at Aurburn, 2014. Universities fighting world hunger (UFWH). |

**4. Analyze the student need and employer demand for the program. Complete for each program if appropriate (refer to instructions in the WSU Program Review document for more information on completing this section).**

All of the programs have consistently grown in the number of applicants, number of qualified students admitted, and annual graduation rates (Appendix Table 8). The PHS department sees great potential for these trends to continue. However, faculty resources for the department remain low. While enrollment in each of these programs is not required to be capped, we have started to limit the growth in 2013 to better manage the quality of the programs.

Available data on student employment post-graduation is presented below.

Employment of Majors*** HSMCD & Health Science** *(sample size too small to access data separately)*

| | Average Salary | Employment % In state | Employment % in the field | Employment: % related to the field | Employment: % outside the field | No. pursuing graduate or professional education | Projected growth from BLS** Current year only. |
|---|---|---|---|---|---|---|---|
| Year 1 | $23,750 | 30% | 30% | 0% | 0% | 33% | |
| Year 2 | $40,000 | 60% | 60% | 20% | 20% | 6% | |
| Year 3 | $38,000 | 0% | 71.4% | 28.6% | 0% | 3.6% | <21% |

Employment of Majors* **Aging Studies**

| | Average Salary | Employment % In state | Employment % in the field | Employment: % related to the field | Employment: % outside the field | No. pursuing graduate or profes-sional educa-tion | Projected growth from BLS** Current year only. |
|---|---|---|---|---|---|---|---|
| Year 1 | N/A | | | | | | |
| Year 2 | $38,000 | 100% | 60% | 0% | 40% | | |
| Year 3 | $31,222 | 93.8% | 88.9% | 11.10% | 0.0% | | |

- **Provide a brief assessment of student need and demand using the data from tables 11-15 from the Office of Planning and Analysis and from the table above. Include the most common types of positions, in terms of employment graduates can expect to find. Provide assessment here:**

Alumni survey data administered by the PHS department and through the WSU Office of Career Services is very limited. However, as of the end of this reporting period, the University launched a mandatory comprehensive survey for graduates. Current data from the University is limited across all three programs, and existing data is difficult to interpret due to a small sample size and to student data typically being collected before graduation. More data should be available for the next reporting period. Employment in the field was projected by the U.S. Bureau of Labor Statistics to increase by 21% over this reporting period.

5. **Analyze the service the Program provides to the discipline, other programs at the University, and beyond. Complete for each program if appropriate (refer to instructions in the WSU Program Review document for more information on completing this section).**

**a. Provide a brief assessment of the service the Program provides. Comment on percentage of SCH taken by majors and non-majors, nature of Program in terms of the service it provides to other University programs, faculty service to the institution, and beyond. Provide assessment here:**

The Department's main focus is teaching, with only four faculty (including the chair) expected to conduct research. In light of the few faculty with scholarly expectations, their research productivity has been in the CHP and have the potential to develop further.

General Education

The Department provides service courses to the University, including several General Education (Issues & Perspective) courses, as well as several courses cross-listed in other academic units (e.g., School of Nursing, Women's Studies, Psychology, Sociology, Ethnic Studies, and Human Performance Studies).

Collaborative Degree Programs, Concentrations, & Certificates:

1. *Master of Science in Nursing: Nursing Leadership & Administration* Track. In 2012, we collaborated with the School of Nursing to redesign their MSN program. They developed the leadership track and utilize most of our coursework in the curriculum. This track was launched in Fall 2013.
2. *MBA: Health Care Administration* concentration. The concentration was revised in collaboration with PHS faculty, and all of the courses in this concentration are PHS courses. This revised concentration was approved in Fall 2013.
3. *Graduate Certificate in Functional Aging:* This is a collaborative certificate with the Department of Human Performance Sciences, Public Health, Psychology, and Communication Sciences and Disorders.

Individual Course Sharing and Exchange:

These examples demonstrate an effort to reshape the Department and CHP over the current review cycle to align with the newly revised mission statement. The Department collaborates in a number of ways with other departments to offer its curriculum and expand interprofessional education: we continue to partner with faculty outside the Department to teach our students, while PHS faculty do the same for other departments' students. For example, a faculty member from Communication Sciences and Disorders (CSD) teaches a graduate level statistics course for PHS, a PHS faculty member teaches social and behavioral health to nursing students, and another PHS faculty member teaches the cultural competency requirement for physical therapy students. The PHS Department regained a full-time administrative staff position in 2012 and added another full-time staff position in 2013 to support coordination of all three degree programs.

Flexible Course Modality/Schedule

In addition to the reach of our courses to the wider college and university, we also offer a significant proportion of our courses online which can better accommodate the growing needs of our students. Most all of our live courses are offered in the evening to also accommodate fulltime working professionals in our programs.

Student Engagement & Service:

The Department supports the growth of HEALTH, a student organization committed to serve as a community-based association for students working together to improve health education and promote delivery of well-diversified and high quality health care. HEALTH sponsored two events in AY 2013; three events in AY 2012; and three events in AY 2011. Specific activities are as follows:

- 2011 = National Kick Butts Day (targeted tobacco marketing education booth - RSC), Women's Sexual Health and Smoking Awareness event (health and smoking education event at the Metroplex), Great American Smokeout (support for smoker's desire to stop booth – RSC)
- 2012 = Sexual Health Movie Night (sexual assault education event – Ahlberg Hall), WSU Health Fair (Smart Sex Shocker sexual health education booth – Heskett Center), Great American Smokeout (support for smoker's desire to stop booth – RSC), Pink Volleyball (breast cancer awareness and fundraising event = Heskett Center)

- 2013 = Sexual Health Awareness Day (sexual health awareness education booth – Hubbard Hall), Great American Smokeout (support for smoker's desire to stop booth – library)

Community Collaborative and Service:
The Department and College have improved our applied practicum courses that require active collaboration with community agencies and legal affiliation agreements. The CHP now maintains a centralized database of affiliation agreements, and all new affiliation agreements or renewals are written for the entire College instead of by department to increase efficiency and coordination with partner organizations. Currently the CHP has over 700 affiliation agreements with partner agencies, and the PHS department has over 300 active affiliation agreements with diverse health and community-related organizations.

**6. Report on the Program's goal(s) from the last review. List the goal(s), data that may have been collected to support the goal, and the outcome. Complete for each program if appropriate (refer to instructions in the WSU Program Review document for more information on completing this section).**

The following PHS department goals were established in the last reporting (2010) cycle to be met by AY14/15.

| Goal | Status | Outcome |
|---|---|---|
| Identify a new department chair (by fall 2011). | GOAL MET | Hired Suzanne Hawley in Fall 2011 as PHS chair and professor. |
| Implement curricular changes for the Aging Studies degree program (during AY 11/12). | GOAL MET, but continues to be developed | Curriculum changes were completed in 2012. All GERO prefix courses were approved and changed to AGE prefix courses housed in the PHS department. |
| Develop an assessment plan to include learner outcome measure (s) for Aging Studies (during AY 11/12). | GOAL MET, but continues to be developed | A program assessment and learner outcomes were developed and submitted to WSU Academic Affairs in Fall 2012. |
| Develop and implement a plan to increase number of majors and graduates in Aging Studies (by spring 2011). | GOAL MET and exceeded | The AGE program was removed early from "trigger" status in AY 2012 (3 years early). |
| Since Aging Studies is a part of the Department, reaffirm or change the department mission (during AY 11/12). | GOAL MET | Mission was revised and now includes the words "across the lifespan" to emphasize the AGE program and its influence and relevance to the overall department and programs. |
| Modify alumni survey to collect employment data as required in this report. | GOAL MET, but continues to be developed | The university recently implemented a system and have developed an alumni survey. The PHS has not gotten enough responses to be The college chairs have discussed this in the reporting period and would like to consider adding a question that would help us track more specific information. |
| Work with CHP administration to increase number of full-time faculty (by fall 2011). | GOAL MET, but continues to be developed | In addition to a permanent chair hired in 2011, in 2013 a full-time adjunct was converted to a 1.0 FTE instructor, which added more stability but not additional faculty time. A 1.0 FTE coordinator was added to support all three programs. |
| Develop and implement a plan to address students with potential for low performance in the HMCD program (as indicated by grade of C- or less in core HMCD 300-level courses, low admission cumulative GPAs, and low ACT scores—during AY 11/12). | GOAL MET, but continue to be developed | We have a system to track low ACT students and link them with their advisors and instructors. We also we track the % of students who pass with a C- or higher as well as maintain a policy for all students who received less than a C- must retake and pass the course to graduate. We also are planning to develop a standardized communication to these students about student services and advising but it has not been implemented in the current reporting period. |
| Develop and implement a plan to address low ACT sores in the HSM-CD program (during AY 11/12). | GOAL MET | A monitoring process was implemented in 2013 and the mean GPA for these students is above a 3.4 for that year. |
| Develop and implement a plan to evaluate the | PARTIALLY | An assessment plan was developed in summer 2013 for a one- |

| Goal | Status | Outcome |
|---|---|---|
| *WSU General Education Program* and *KBOR 2020 Foundation Skills* (during AY 11/12). | MET, and continues to be developed | time evaluation. This external assessment was completed in both our live and online courses that are Gen Ed I&P (HMCD 310) to assess critical thinking before and after the course in Fall 2013. Results have not been obtained by the external evaluator at this time. |
| Consider other degree offerings in the future—e.g., MHA (by AY 12/13). | GOAL MET, but continues to be developed | During the past assessment period an MHA degree was discussed.<br>• During that time the department was not aware that the KU-MPH program was developing a concentration in Health Administration. This program is fully implemented both in the Wichita and Kansas City locations.<br>• During the current assessment period, the PHS department collaborated with the WSU MBA program to sustain and revise its concentration in Health Care Administration. The PHS department teaches all of the coursework for this concentration and has been supporting their efforts to expand student enrollment.<br>• The PHS department also collaborated with the WSU School of Nursing to support their revision of the Master Science in Nursing Degree program. They were able to develop a new concentration within this degree program (Nurse Leadership and Administration).<br>• The PHS department has also established and grown the AGE program in the Administration Track, which fills part of the market need. |

## 7. Summary and Recommendations

**a. Set forth a summary of the report including an overview evaluating the strengths and concerns. List recommendations for improvement of each Program (for departments with multiple programs) that have resulted from this report (relate recommendations back to information provided in any of the categories and to the goals and objectives of the program as listed in 1e). Identify three year goal(s) for the Program to be accomplished in time for the next review. Provide assessment here:**

The Department of Public Health Sciences is an evolving department with a new AGE program in its curricular offerings since the last review period. The needs of the AGE continue to be significant. The following outline provides a list of strengths, weaknesses, and plans for the upcoming three years.

Strengths and Additional Accomplishments in the current reporting period:

1. ***Collaborative partnerships***. This includes the MBA and MSN degree programs through recent curriculum revisions and provision of PHS coursework for concentrations health administration areas.
2. ***Potential Collaborative Growth***. There are continued discussions with other department to develop new collaborative certificates and curricula. For example, the PA department would like to develop a certificate in older adults and rural health as a specialize track. Additionally, CHP has begun initial discussion of a graduate certificate in Health Entrepreneurship developed by PHS faculty.
3. ***Productive faculty*** that include promotions and increased number of senior-level tenure-track faculty, which demonstrates success in teaching, scholarship, and service.

4. ***Increase in student interest*** for undergraduate degree programs, as indicated by increasing numbers of majors, increased student credit hour production (SCH), as well as AGE removed from "trigger" status early.
5. PHS faculty use of ***technology mediated instruction***, which provides the highest SCH production and number of fully online courses (IIE), offered in the college.
6. Collaborative ***community partnerships*** that increase the quality of student placement opportunities, adjunct and guest faculty, as well as feedback for program input.
7. ***Quality undergraduate and graduate curriculum***, as evidenced by student and alumni satisfaction with the program and alumni placement in the field.
8. ***Increased 1.0 FTE*** faculty and 1.0 FTE staff to support all programs in 2013.
9. ***Increased operating expenses*** to support department visibility, student outreach/recruitment activities and recruitment materials (new factsheets for all PHS programs).
10. A limited, but ***partial indicator of success*** included almost 100% pass rate in the core courses and the culminating experiences for all three programs (i.e., capstone, practicum, and thesis).
11. ***Statewide/national presence in public health workforce*** and leadership development committees and statewide/national planning groups. WSU became a university member in 2011-present. Previously KUMC has served as the primary or only academic member for the state in these settings.
12. Establishing the 1st ***endowed scholarship*** and 1st planned gift endowment for scholarships for the department in 2012 & 2013, respectively.
13. ***Leading online SCH production*** in the college.
14. Increased ***communication and outreach*** by PHS to students and partners. This includes a new social network presence in 2013 to increase visibility and interest in all of our degree programs (e.g. Facebook, Twitter, Pinterest, Blackboard, completely revised PHS website with announcement and updates weekly).
15. Development of a HS ***Plan of Study electronic template*** that was co-developed with college advising to improve efficiency and coordination with the PHS department and advising office with our HS students.
16. Increased ***faculty access to online training resources*** (e.g. reboot camp & college sessions).
17. ***National trends lead*** to new national accreditation for undergraduate public health programs and subsequent initial curriculum changes to HMCD and HS to better align with basic public health science areas (e.g. new HMCD 356 course seen in Appendix Table 9).
18. ***Strong student organization*** that provides leadership and service development, which increases visibility to PHS.
19. ***Increased representation*** of Older Adult supporting agencies to the PHS Advisory Committee.
20. ***AGE program student engagement*** is increasing by student outreach, social media, and development of a student group targeting service activities with older adults.
21. Prioritized department goals using ***a strategic planning process*** in the PHS department as seen in most all other university units in 2013.

<u>Weaknesses</u>:

1. ***Small number of faculty*** in place to offer the curricula, especially in the AGE program (2.0 FTE faculty still needed for AGE program alone). With ***adequate department personnel*** for programs, PHS could focus on program evaluation and development. This includes CEPH accreditation in the HSMCD program, which is a critical indicator of quality and should impact student growth.
2. Limited infrastructure to support PHS faculty/instructors with ***online teaching resources*** (training and tools).
3. Partial program data tracking and ***assessment processes and implementation***.

Three-year Program Goals to Be Accomplished by Next Review Period (AY 2016/2017):

1. Secure funding to establish baseline PHS faculty levels necessary to maintain program quality. AGE is a priority concern.
2. Secure needed resources to adequately prepare the AGE (Social Science track) courses to be fully online (AY15). The WSU Office of Online Learning has approved a base budget to add 1.0 FTE tenure-track faculty to the AGE program in AY15. A further 1.0 FTE faculty is still needed.
3. Launch and offer AGE (Social Science track) as a fully online degree (AY16).
4. Review learning outcomes for each program and its associated targets and assessment process (AY15).
5. Develop more specific tracking of how students achieve learner outcomes in core coursework for each degree program (AY15).
6. Establish a timeline and working plan for CEPH accreditation for the HSMCD Program (AY15).
7. Establish assessment and data collection process on CEPH standalone baccalaureate program (SBP) standards and make progress with accreditation self-study (AY15-AY16).
8. Increase faculty development support and opportunities, especially with scholarship (AY15-AY17).
9. Consider graduate level certificates and certification programs (e.g., operator license, activities coordinator credential, graduate certificates; AY15-AY17).

# APPENDIX

## A-Table 1. HSMCD & HS Faculty Size & Student Credit Hour Production

| Last 3 Years | Tenure/Tenure Track Faculty (Number) | Tenure/Tenure Track Faculty with Terminal Degree (Number) | Instructional FTE (#): TTF= Tenure/Tenure Track GTA=Grad teaching assist O=Other instructional FTE | | | Total SCH - Total SCH by FY from Su, Fl, Sp | Total Majors - From fall semester | Total Grads –by FY |
|---|---|---|---|---|---|---|---|---|
| | | | TTF | GTA | O | | | |
| Year 1→ | 4 (Fl 2010) | 4 (Fl 2010) | 4.0 | 0.0 | 3.0 | 4,197 (11) | 58 (10) | 22 (11) |
| Year 2→ | 3 (Fl 2011) | 3 (Fl 2011) | 3.0 | 1.0 | 8.0 | 4,850 (12) | 72 (11) | 26 (12) |
| Year 3→ | 4 (Fl 2012) | 4 (Fl 2012) | 4.0 | 1.0 | 11.0 | 6,384 (13) | 80 (12) | 29 (13) |
| | | | | | Total Number Instructional (FTE) – TTF+GTA+O | SCH/ FTE | Majors/ FTE | Grads/ FTE |
| | | | | | ↓ | | | |
| Year 1→ | | | | | 7.0 | 600 | 8.3 | 3.1 |
| Year 2→ | | | | | 12.0 | 404 | 6.0 | 2.2 |
| Year 3→ | | | | | 16.0 | 399 | 5.0 | 1.8 |

## A-Table 2. AGE Faculty Size & Student Credit Hour Production

| Last 3 Years | Tenure/Tenure Track Faculty (Number) | Tenure/Tenure Track Faculty with Terminal Degree (Number) | Instructional FTE (#): TTF= Tenure/Tenure Track GTA=Grad teaching assist O=Other instructional FTE | | | Total SCH - Total SCH by FY from Su, Fl, Sp | Total Majors - From fall semester | Total Grads –by FY |
|---|---|---|---|---|---|---|---|---|
| | | | TTF | GTA | O | | | |
| Year 1→ | 3 (Fl 2010) | 3 (Fl 2010) | 4.0 | 0.0 | 3.0 | 1,726 (11) | 29 (10) | 9 (11) |
| Year 2→ | 3 (Fl 2011) | 3 (Fl 2011) | 3.0 | 1.0 | 8.0 | 2,219 (12) | 37 (11) | 10 (12) |
| Year 3→ | 3 (Fl 2012) | 3 (Fl 2012) | 4.0 | 1.0 | 11.0 | 2,747 (13) | 56 (12) | 17 (13) |
| | | | | | Total Number Instructional (FTE) – TTF+GTA+O | SCH/ FTE | Majors/ FTE | Grads/ FTE |
| | | | | | ↓ | | | |
| Year 1→ | | | | | 7.0 | 247 | 4.1 | 1.3 |
| Year 2→ | | | | | 12.0 | 185 | 3.1 | 0.8 |
| Year 3→ | | | | | 16.0 | 172 | 3.5 | 1.1 |

## A-Table 3. Undergraduate – Health Science ACT Scores

| **HS** Last 3 Years | Total Majors - From fall semester | ACT – Fall Semester (mean for those reporting) | |
|---|---|---|---|
| | | Majors | All University Students - FT |
| Year 1→ | 73 (Fl 2010) | 21.2 | 22.7 |
| Year 2→ | 107 (Fl 2011) | 21.4 | 22.8 |
| Year 3→ | 146 (Fl 2012) | 21.9 | 23.0 |

KBOR data minima for UG programs: ACT≤20 will trigger program.

### A-Table 4. Undergraduate – HSMCD ACT Scores

| **HSMCD** Last 3 Years | Total Majors - From fall semester | ACT – Fall Semester (mean for those reporting) | |
|---|---|---|---|
| | | Majors | All University Students - FT |
| Year 1→ | 58 (Fl 2010) | 20.5 | 22.7 |
| Year 2→ | 72 (Fl 2011) | 20.5 | 22.8 |
| Year 3→ | 80 (Fl 2012) | 19.6 | 23.0 |

KBOR data minima for UG programs: ACT≤20 will trigger program.

### A-Table 5. Graduate – AGE GPA

| **AGE** Last 3 Years | Total Admitted - By FY | Average GPA (Admitted) – Domestic Students Only (60 hr GPA for those with ≥54 hr reported) By FY | |
|---|---|---|---|
| | | GPA of those Admitted | University GPA |
| Year 1→ | 18 (11) | 3.3 | 3.5 |
| Year 2→ | 32 (12) | 3.4 | 3.5 |
| Year 3→ | 44 (13) | 3.5 | 3.5 |

### A-Table 6. Learning Outcomes and Assessment Table for HS, HSMCD, & AGE Programs

| **B.S. in Health Services Management and Community Development (HSMCD)** Learning Outcomes (LO): | Assessment Tool: **CORE COURSES** | Target/Criteria: 100% grade of C- or higher on targeted course deliverables | Results: (only related data was tracked by program {overall grade vs. specific deliverable}): |
|---|---|---|---|
| 1. Demonstrate the qualities of a good health care leader and understand the difference between leadership and management in health care.<br>2. Understand the concept of organizational management and the symbiotic relationship between management and leadership in a health care organization. | **HSMCD 333 (Organizational Behavior & Leadership in Health Organizations)**<br>• Familiarizes students with the classic themes and perspectives of organizational behavior and leadership.<br>• Application of material through lecture, group and individual examination of literature<br>• Analysis of case studies and personal assessment | In some sections of HMCD 333, a leader analysis assignment required demonstration of LOs. Data is available from instructor records, but not data-based by the program. These LO will be re-evaluated before assessing further. | **AY 2010-2011**<br>C- or higher: 100%<br>**AY 2011-2012**<br>C- or higher: 100%<br>**AY 2012-2013**<br>C- or higher: 100% |
| 3. Identify the impact that culture may have on health outcomes and the difference of health issues between cultures.<br>4. Identify the role of cultural, social and behavioral factors in determining the delivery of health care services. | **HMCD 344 (The Role of Culture in Health Care)**<br>• Emphasizes importance of culture in the way people define, react to and treat illness<br>• Improve students' knowledge of the role of culture in health services | Evaluation of student discussion board comments. Data from the past 3 years with an accompanying grading rubric are available from instructor records. | **AY 2010-2011**<br>C- or higher: 100%<br>**AY 2011-2012**<br>C- or higher: 100%<br>**AY 2012-2013**<br>C- or higher: 100% |
| 5. Skills for management, planning and assessment of health service delivery across the spectrum of health care, such as acute care medicine, public and community health, and long term care.<br>6. Understand strategic planning and development of strategic alternative in | **HMCD 352 (Strategic Management in Health Services Organization)**<br>• Includes understanding external and internal environments, development of strategies to move the organization forward, implement of controls to evaluate | The comprehensive final exam contains targeted questions for these learning objectives.<br>This course has changed to "Health | **AY 2010-2011**<br>C- or higher: 100%<br>**AY 2011-2012**<br>C- or higher: 100%<br>**AY 2012-2013**<br>C- or higher: 100% |

| | | | |
|---|---|---|---|
| health services organization. | effectiveness of the strategies<br>• Address factors that contribute to successful health care management | Administration and Policy" which now cover LO #5-8, | |
| 7. Explain the key concepts, principles and typical processes involved in health policy formulation and implementation.<br>8. Understand and demonstrate how health care professionals can best apply political knowledge on behalf of the patient, employer, and the profession more broadly. | **HMCD 354 (Health Politics)**<br>• Examines the creation of public policies within legislatures, courts and executive branches of federal government<br>• Examines how the political actions of individuals and groups with vested interests impact the creation of public policies | One primary course assignment is provided to complete a "policy brief" which requires understanding of each learning outcome. Data was difficult to retrieve due to online course platform conversion. LO will be integrated into a new course and this course will discontinue after Fall 14. This course will be replaced by "Health Administration and Policy" which now targets LO #5-8, | **AY 2010-2011**<br>C- or higher: 85.7%<br><br>**AY 2011-2012**<br>C- or higher: 100%<br>**AY 2012-2013**<br>C- or higher: 100% |
| 9. Facilitate leadership development and complement the traditional classroom education.<br>10. Offer practical skill-building experiences that support leadership development.<br>11. Enable students to gain added knowledge and skills through structured work experience.<br>12. Deliver to the student a hands-on experience in a health service organization.<br>13. Provide the student an opportunity to observe and be actively involved in management activities using basic management skills of communication, problem solving, management of relationships, and analysis of information. | **HMCD 470 (Capstone)**<br>• Application of information acquired throughout the duration of the program and curriculum from each course to an actual practicum site<br>• Opportunity to practice this application to a series of multi-faceted issues and problem solving situations germane to professional practice in health services management and community development | Evaluation of leadership and project by peers and instructor (using a set criteria for achievement). | **AY 2010-2011**<br>C- or higher: 100%<br>**AY 2011-2012**<br>C- or higher: 100%<br>**AY 2012-2013**<br>C- or higher: 100% |
| **B.S. in Health Science (HS)**<br>Learning Outcomes (LO): | Assessment Tool:<br>**CORE COURSES** | Target/Criteria: 100% grade of C- or higher on targeted course deliverables | Results: (only related data was tracked by program {overall grade vs. specific deliverable}): |
| 1. Describe, evaluate and define the components of the U.S. Health Services System.<br>2. Identify characteristics of the clients and the providers of health services systems.<br>3. Describe and evaluate the issues experienced in regard to the definition of role, formation and utilization of the various categories of the health care workforce. | **HSMCD 310 (Introduction to the U.S. Health Services System)**<br>• Provides an overview of the U.S. health services system and its key components:<br>o Organization and management of the system<br>o Resource development<br>o Economic support system<br>o Delivery system | Reading assignments specifically in Chap 15 of text, as accompanying end of chapter questions& peer review of chap questions that are all assessed.<br>Students also complete several case studies & peer consultation of case studies, as well as a final exam which contain targeted questions. | **AY 2010-2011**<br>C- or higher: 90%<br><br>**AY 2011-2012**<br>C- or higher: 94.6%<br><br>**AY 2012-2013**<br>C- or higher: 93.3% |

| | | | |
|---|---|---|---|
| 4. Understand the foundations and historical development of epidemiology and research designs associated with epidemiology.<br>5. Understand measures in health status using epidemiological tools and demonstrate techniques for conducting epidemiological investigations<br>6. Interpret descriptive statistics in epidemiology and apply to current health issues. | **HMCD 325 (Introduction to Epidemiology)**<br>• Introduces the science and methodology of disease and risk surveillance in public health<br>• Presents the foundation and structure used to solve medical and environmental health problems in the community | Exam #1 and #2 scores (both exams require students to calculate epidemiological measures such as mortality, incidence, prevalence, relative risk, odds ratios, etc.). Suggested outcome evaluation for the second bullet: Epidemiology in Everyday Life score (this assignment requires students to apply epidemiological inquiry to personal health decision-making) | **AY 2010-2011**<br>C- or higher: 93.5%<br>**AY 2011-2012**<br>C- or higher: 100%<br>**AY 2012-2013**<br>C- or higher: 96.1% |
| 7. Identify the impact that culture may have on health outcomes and the difference of health issues between cultures.<br>8. Identify the role of cultural, social and behavioral factors in determining the delivery of health care services. | **HMCD 344 (The Role of Culture in Health Care)**<br>• Emphasizes importance of culture in the way people define, react to and treat illness<br>• Improve students' knowledge of the role of culture in health services | Evaluation of student discussion board comments. Data from the past 3 years with an accompanying grading rubric are available from instructor records. | **AY 2010-2011**<br>C- or higher: 90%<br>**AY 2011-2012**<br>C- or higher: 100%<br>**AY 2012-2013**<br>C- or higher: 92.4% |
| 9. Explain the key concepts, principles and typical processes involved in health policy formulation and implementation.<br>10. Understand and demonstrate how health care professionals can best apply political knowledge on behalf of the patient, employer, and the profession more broadly. | **HMCD 354 (Health Politics)**<br>• Examines the creation of public policies within legislatures, courts and executive branches of federal government<br>• Examines how the political actions of individuals and groups with vested interests impact the creation of public policies | One primary course assignment is provided to complete a "policy brief" which requires understanding of each learning outcome. Data was difficult to retrieve due to online course platform conversion. LO will be integrated into a new course and this course will discontinue after Fall 14. | **AY 2010-2011**<br>C- or higher: 96.5%<br>**AY 2011-2012**<br>C- or higher: 97.5%<br>**AY 2012-2013**<br>C- or higher: 87.7% |
| 11. Facilitate leadership development and complement the traditional classroom education.<br>12. Offer practical skill-building experiences that support leadership development.<br>13. Enable students to gain a dded knowledge and skills through structured work experience.<br>14. Deliver to the student a hands-on experience in a health service organization.<br>15. Provide the student an opportunity to observe and be actively involved in management activities using basic management skills of communication, problem solving, management of relationships, and analysis of information. | **HMCD 460 (Practicum)**<br>• Application of information acquired throughout the duration of the program and curriculum from each course to an actual practicum site<br>• Opportunity to practice this application to an applied setting through a supervised field training experience in a health care setting | Preceptor evaluation targets LO, self-reflection paper must include discussion of targeted LOs, as well as weekly journals and is pre/posttest evaluation. | **AY 2010-2011**<br>C- or higher: 100%<br>**AY 2011-2012**<br>C- or higher: 100%<br>**AY 2012-2013**<br>C- or higher: 100% |

| **M.A. in Aging Studies (AGE)**<br>Learning Outcomes: | Assessment Tool: | Target/Criteria: | Results: |
|---|---|---|---|
| 1. Identify factors that contribute to the continuity of adult development.<br>2. Identify factors responsible for uniqueness in each person's adult development. | **AGE 715 (Adult Development and Aging)**<br>• Explores theory and research related to the development of adults and to the aging process<br>• Examines the process of change, transition, growth, and development across the adult life span by using an interdisciplinary perspective | Targets learning outcomes 1 & 2, with students achieving no less than 80% average on Exams 1-3. | **AY 2010-2011**<br>C or higher: 100%<br>**AY 2011-2012**<br>C or higher: 100%<br>Students averaged 89.2% on exams 1-3<br>**AY 2012-2013**<br>C or higher: 100% |

| | | | |
|---|---|---|---|
| 3. Identify the myths and realities about aging.<br>4. Examine societal implications of aging trends in America and around the world. | **AGE 798 (Physical Dimensions of Aging)**<br>• Introduces the advanced study of the process of aging from a multidisciplinary point of view | Targets learning outcomes 3 & 4, with students achieving no less than 80% average on final grades | **AY 2010-2011**<br>C or higher: 100%<br><br>**AY 2011-2012**<br>C or higher: 92.3%<br>Average final grade per student was 94%<br><br>**AY 2012-2013**<br>C or higher: 100% |
| 5. Identify and describe key theories of biological aging.<br>6. Identify and differentiate "normal" aging from disease or pathology of various organ systems. | **AGE 818 (Biology of Aging)**<br>• Provides the most up-to-date information on the current biological understanding of the aging process<br>• Details the biology of aging with a system-by-system description of the aging phenomena<br>• Addresses the complexities of the aging process from various perspectives | Targets learning outcomes 5 & 6, with students achieving no less than 80% average on Exams 1 & 2" | **AY 2010-2011**<br>C or higher: 100%<br><br>**AY 2011-2012**<br>C or higher: 94.1%<br>Students averaged 97.64% on exam 1 & averaged 96.21% on exam 2<br><br>**AY 2012-2013**<br>C or higher: 100% |
| 7. Identify lifestyle modifications and preventative health care strategies as well as diagnosis and treatment of age-related diseases.<br>8. Apply policy analysis principles to examination of age-related issues and concerns. | **AGE 804 (Aging Programs and Policies)**<br>• Analyzes and evaluates policies and programs related to aging and old age<br>• Emphasizes the importance of social values and historical context for understanding current policies, programs, and practices | Targets learning outcomes 7 & 8, with students achieving 80% average on all assigned policy papers | **AY 2010-2011**<br>C or higher: 91.6%<br><br>**AY 2011-2012**<br>C or higher: 90.9%<br>Students achieved an average grade of 95% on all policy papers for FL 2011 and an average grade of 94% in SP 2012<br><br>**AY 2012-2013**<br>C or higher: 100% |
| 9. Facilitate leadership development and complement the traditional classroom education.<br>10. Offer practical skill-building experiences that support leadership development.<br>11. Enable students to gain added knowledge and skills through structured work experience.<br>12. Deliver to the student a hands-on experience in a health service organization.<br>13. Provide the student an opportunity to observe and be actively involved in management activities using basic management skills of communication, problem solving, management of relationships, and analysis of information. | **AGE 810 (Aging Studies Practicum)**<br>• Integrates academic aging studies and practical experience through supervised placement of students in an agency or organization engaging in planning, administering, or providing direct services to older people.<br>• Learning outcomes focus on some experiences that are not available to all students. Therefore the program revised learning outcomes #9-#13 and new assessments and targets will be created for these in the next reporting cycle. | The practicum is 1 of 3 options for a culminating experience. In review, each of the 3 options can provide opportunity for skills development and assessment for leadership, communication, problem solving, management of relationships, and analysis of information | **AY 2010-2011**<br>C or higher: 100%<br><br>**AY 2011-2012**<br>C or higher: 100%<br><br>**AY 2012-2013**<br>C or higher: 100% |

**A-Table 7. HS, HSMCD, & AGE Student Satisfaction Ratings**

| **Undergraduate – HS/HSMCD** | | |
|---|---|---|
| Student Satisfaction (e.g., exit survey data on overall program satisfaction).* If available, report by year, for the last 3 years | | |
| Year | N | Result (e.g., 4.5 on scale of 1-5, where 5 highest) |
| 1 (11) | --- | Not available |
| 2 (12) | 50 | 4.3 |
| 3 (13) | 83 | 4.3 |
| **Graduate – Aging Studies** | | |
| Student Satisfaction (e.g., exit survey data on overall program satisfaction).* If available, report by year, for the last 3 years | | |
| Year | N | Result (e.g., 4.5 on scale of 1-5, where 5 highest) |
| 1 (11) | --- | Not available |
| 2 (12) | 12 | 4.3 |
| 3 (13) | 16 | 4.1 |

**A-Table 8. Admitted Applicants for HS, HSMCD, and AGE Programs**

| **HS Majors** | | | |
|---|---|---|---|
| Last 3 FYs – Su, Fl, and Sp | No. new applicants or declared majors | No. who enter or are admit-ted in the major | Total no. of grads |
| Year 1 (11)→ | 49 | 49 | 16 |
| Year 2 (12)→ | 60 | 58 | 17 |
| Year 3 (13)→ | 68 | 66 | 37 |
| **HSMCD Majors** | | | |
| Last 3 FYs – Su, Fl, and Sp | No. new applicants or declared majors | No. who enter or are admitted in the major | Total no. of grads |
| Year 1 (11)→ | 15 | 14 | 22 |
| Year 2 (12)→ | 17 | 16 | 26 |
| Year 3 (13)→ | 19 | 19 | 29 |
| **AGE Majors** | | | |
| Last 3 FYs – Su, Fl, and Sp | No. new applicants or declared majors | No. who enter or are admitted in the major | Total no. of grads |
| Year 1 (11)→ | 19 | 18 | 9 |
| Year 2 (12)→ | 32 | 32 | 10 |
| Year 3 (13)→ | 45 | 44 | 17 |

# A-Table 9. Curriculum Changes in the HS and HSMCD Programs (2013)

## Changes in Health Sciences Curriculum

### HS Core Courses

**Program Mathematics & Natural Science Electives (Select a minimum of 14 hours)**

| Course Number | Course Name | Credit Hours |
|---|---|---|
| BIOL 106 | The Human Organism | 3 |
| BIOL 107 | Human Organism Lab | 1 |
| BIOL 210 | General Biology I | 4 |
| BIOL 211 | General Biology II | 4 |
| BIOL 223 | Human Anatomy and Physiology | 5 |
| BIOL 330 | General Microbiology | 5 |
| CHEM 103 | Introductory Chemistry | 5 |
| CHEM 211 | General Chemistry II | 5 |
| CHEM 531 | Organic Chemistry I | 5 |
| GEOL 102 | Earth Science/Environmental | 4 |
| GEOL 111 | General Geology | 4 |
| GEOL 300 | Energy Resource and Environment | 3 |
| PHYS 111 | Introduction to Physics | 4 |
| PHYS 131 | Physics for Health Science | 4 |
| PHYS 213 | General College Physics I | 5 |
| PHYS 214 | General College Physics II | 5 |
| STATS 370 | Elementary Statistics | 3 |

### HS Core Courses

| | Course Number | Course name | Credit Hours |
|---|---|---|---|
| | HP 203 | Medical Terminology | 2 |
| | | Or | |
| | HP 303 | Medical Terminology | 3 |
| | PHIL 327 | Bioethics | 3 |
| | HMCD 310 | Introduction to US Health Service Systems | 3 |
| | HMCD 325 | Introduction to Epidemiology | 3 |
| | HMCD 344 | Role of Culture in Health Care | 3 |
| | ~~HMCD 354~~ | ~~Health Politics~~ | ~~3~~ |
| NEW | HMCD 356 | Introduction to Health Administration and Policy | 3 |

### HS Issues Courses , Select 3 Courses, no more than 2 courses from AGE

| | Course Number | Course Name | Credit Hours |
|---|---|---|---|
| | HP 330 | Cancer: Prespectives and Controversies | 3 |
| | AGE 404 | Psychology of Aging | 3 |
| | AGE 513 | Sociology of Aging | 3 |
| | AGE 518 | Biology of Aging | 3 |
| | AGE 560 | Aging Network Seminar | 3 |
| | HMCD 326 | Emerging Health Care Issues 21st Century | 3 |
| | HMCD 327 | Introduction to Global Health Issues | 3 |
| | HMCD 328 | Introduction to Alternative & Complenetary Medicine | 3 |
| NEW | HMCD 413 | Introduction to Social and Behavioral Aspects of Public Health | 3 |

### HS Management and Research Courses, Select 3 Courses

| | Course Number | Course Name | Credit Hours |
|---|---|---|---|
| ADD | HMCD 308 | Leadership in Self/Society | 3 |
| | | Or | |
| | HMCD 333 | Organizational Behavior/Leadership Health Organization | 3 |
| NEW | HMCD 342 | Introdction to Financing Health Care Services | 3 |
| | | Or | |
| | HMCD 642 | Financing Health Care Services | 3 |
| | HMCD 428 | Health Care Organization | 3 |
| | HMCD 478 | Introduction to Health Economics | 3 |
| | HMCD 622 | Human Resources Management in Health Care Organization | 3 |
| | NSG 325 | Introduction to Evidence-Based Practice | 2 |

### HS Required Before Graduation

| | Course Number | Course Name | Credit Hours |
|---|---|---|---|
| | ~~HMCD 460~~ | ~~Practicum~~ | ~~3~~ |
| NEW | HS 480 | Professionalism in Health Care | 3 |

## hanges in Health Services Management Community Development Curriculum

### HSMCD Pre-Program Courses

| Course Number | Course Name | Credit Hours |
|---|---|---|
| MP 203 | Medical Terminology | 2 |
| | Or | |
| MP 303 | Medical Terminology | 3 |
| HMCD 310 | Introduction to US Health Systems | 3 |
| | Students must choose one course for their STATS Requirement | |
| ECON 231 | Business Statistics | 3 |
| STAT 370 | Elementary Statistics | 3 |
| PSY 301 | Psychological Statistics | 3 |
| SOC 501 | Sociological Statistics | 3 |
| CESP 704 | Educational Stastics | 3 |
| | Students must choose one course for their COMM Requirement | |
| COMM 302 | Interpersonal Communication | 3 |
| COMM 311 | Persuasion | 3 |
| COMM 313 | Argument and Advocacy | 3 |
| COMM 328 | Teamwork, Leadership and Group Communication | 3 |
| COMM 325 | Speaking in Business and Professions | 3 |
| ENGL 210 | Business Professional Tec | 3 |

### HSMCD Core Courses

| | Course Number | Course Name | Credit Hours |
|---|---|---|---|
| | HMCD 325 | Introduction to Epidemiology | 3 |
| | HMCD 330 | Community Health and Deveolpment | 3 |
| ADD | HMCD 308 | Leadership in Self/Society | 3 |
| | | Or | |
| | HMCD 333 | Organizational Behavior and Leadership Health Organization | 3 |
| NEW | HMCD 342 or 642 | Introduction to Financing Health Care Services | 3 |
| | HMCD 344 | Role of Culture in Health Care | 3 |
| | ~~HMCD 352~~ | ~~Strategic Mangement in Health Service Organization~~ | ~~3~~ |
| | ~~HMCD 354~~ | ~~Health Politics~~ | ~~3~~ |
| NEW | HMCD 356 | Introduction Health Administration and Policy | 3 |

### HSMCD Electives

| | Course Number | Course Name | Credit Hours |
|---|---|---|---|
| | HMCD 326 | Emerging Health Care Issues 21st Century | 3 |
| | HMCD 327 | Introduction to Global Health Issues | 3 |
| | HMCD 328 | Introduction to Alternative & Complementary Medicine | 3 |
| | HMCD 403 | Health Education and Health Promotion | 3 |
| NEW | HMCD 413 | Introduction to Social and Behavioral Aspects to Public Health | 3 |
| | ~~HMCD 423~~ | ~~Program Planning and Devlopment in Health Services~~ | ~~3~~ |
| | HMCD 428 | Health Care Organization | 3 |
| | HMCD 443 | Social Marketing | 3 |
| | ~~HMCD 458~~ | ~~Long Term Care Systems~~ | ~~3~~ |
| | HMCD 478 | Introduction to Health Economics | 3 |
| CHANGE | HMCD 616 | Environmental Health | 3 |
| | HMCD 621 | Supervisory Mangement Health Care Organization | 3 |
| | HMCD 622 | Human Resource Management in Health Care Organization | 3 |
| | HMCD 623 | Coalition Building | 3 |
| NEW | HMCD 624 | Community Development Methods | 3 |
| | HMCD 625 | Special Topics in Health Service | 3 |
| | ~~HMCD 625B~~ | ~~Environmental Health~~ | ~~3~~ |
| | HMCD 625C | Entrepreneurship | 3 |
| | HMCD 642 or 342 | Financing Health Care Services | 3 |
| | ~~HMCD 643~~ | ~~Intro to Geographical Information Systems~~ | ~~3~~ |
| NEW | HMCD 644 | Program Planning and Development | 3 |
| CHANGE | HMCD 648 | Concepts of Quality in Health Care | 3 |
| | HMCD 663 | Community Action Research | 3 |
| | NSG 325 | Evidence Based Practicies | 2 |
| | PHIL 327 | Bioethics | 3 |
| DELETE | ~~AGE 401~~ | ~~Aging, Work, and Retirement~~ | ~~3~~ |
| | AGE 516 | Age, Work and Retirement | 3 |
| | AGE 560 | Aging Network Seminar | 3 |

### HSMCD Required Before Graduation

| Course Number | Course Name | Credit Hours |
|---|---|---|
| HMCD 460 | Public Health Sciences Practicum | 3 |
| HMCD 470 | Capstone Seminar Health Service | 3 |