The Annual Program Evaluation is a way for the community health program faculty to measure both student and overall program effectiveness. The key assessments that follow attempt to provide evidence that inform community health faculty regarding progress as well as assist us in considering ways we might continue to develop and enhance the community health undergraduate program.

Submitted by: Dawn S. Tarabochia, PhD

Montana State University
Department of Health & Human Development
Community Health Undergraduate Program
The undergraduate program in Community Health Education is concerned with improving health and well-being for all through the promotion of healthful lifestyles, healthy family functioning, community actions for health, and conditions that make it possible to live healthful lives. The program draws on public health, health education, psychology, sociology, family science, and other social and behavioral sciences. Students are prepared to work in a variety of settings including family planning agencies, nonprofit agencies, county, state and federal health agencies, schools, and community health centers. This program is focused on community involvement because community health emphasizes an interactive process in which target populations are active participants in their health, rather than passive recipients. Students will be prepared to assess individual and community needs; plan, implement, and evaluate effective health programs; coordinate provision of services; act as a resource person; and communicate health needs, concerns and resources.

**Community Health Education Program Assessment Overview**

Formative and summative evaluation of the undergraduate Community Health Education program is an iterative process that relies on consistent input from faculty, students, community field placement preceptors and community health professionals.

Data points in the community health education program assessment plan include:

- Alignment of program learning outcomes as established by the HEJA areas of responsibilities and competencies by courses required in the community health education program.
- Alignment of undergraduate community health courses to associated skill level development as established by the HEJA areas of responsibilities and competencies.
- Development of benchmarks to evaluate student knowledge and skill level associated with program learning outcomes at the appropriate skill levels.
- Benchmark data collected throughout the student’s academic program in community health education to assess student knowledge and skills as aligned with the program learning outcomes set forth by the HEJA areas of responsibilities and competencies.

The assessment plan for Montana State University-Bozeman Community Health Education program proceeds through a series of benchmarks, which are assessed through test scores, designated assignments, and final grades designed to meet specific program learning outcomes as defined by the HEJA Areas of Responsibilities and Competencies. The final overall assessment of student learning culminates with the final benchmark- the community health field placement.

The assessment process comprehensively addresses both knowledge and skill outcomes. The following benchmarks have been identified as most important to the assessment of the community health undergraduate program as a means to evaluate the attainment of knowledge and skills associated with the program learning outcomes. Key assignments were identified for the evaluation of student knowledge and skill attainment and are used as benchmarks to assist faculty in identifying whether undergraduate students in the program are meeting/exceeding program learning expectations.
Benchmarks for the Undergraduate Community Health Program Assessment

Benchmarks for the assessment of the community health education program and student knowledge and skill acquisition were developed

- **Benchmark 1- Knowledge of Foundational Concepts in Community Health**

Benchmark one is evaluated during the CHTH 210 Foundations of Community Health course. All students in community health are required to take this course prior to advancing to upper division course work (please note that transfer students may take this class as a co-requisite with upper division courses upon program lead approval). Assessment of student knowledge is determined through a sequence of quizzes, and will be reported as student averaged test scores. The following scale will be used to report benchmark data: A/A-=1, B+/B- = 2, C+/C= 3, C- =4, and D+ or lower = 5; Students pass Benchmark 1 with a score of 1, 2 or 3.

- **Benchmark 2- Knowledge and Understanding of Research Methods**

Benchmark two is determined in the FCS 371 Research Methods course. This course is a required course for all student in academic programs housed in the department of Health and Human Development. This course currently utilizes and rotating instructor schedule. Thus, the each semester a different instructor from a different academic program teaches the course. Therefore, student final grades are used to assess this benchmark. Undergraduate community health students must pass this class with a minimum of a C grade (73%) or higher. The following scale will be used to report benchmark data: A/A-=1, B+/B- = 2, C+/C= 3, C- =4, and D+ or lower = 5; Students pass Benchmark 2 with a score of 1, 2 or 3. Anything lower and the student must retake the course.

- **Benchmark 3- Knowledge of Theories Associated with Health Behavior Change as a Means to act as a Health Resource Person.**

Benchmark three is assessed by student performance in the CHTH 317 Health Behavior Theories course. This course teaches a variety of theories that are used to understand human behavior associated with health behavior practices. Additionally, this course develops skills associated with student ability to act as a resource person for communities and individuals. The final grade form this course is determined by sequence of mini-projects directly associated with the development of skills for students to act as a health resource person and exams to assess student knowledge associated with theories on health behavior change. Assessment is determined by student final grades. Students must pass this course with a grade of C or higher (73%) in order to advance to senior level courses. The following scale will be used to report benchmark data: A/A-=1, B+/B- = 2, C+/C= 3, C- =4, and D+ or lower = 5; Students pass Benchmark 3 with a score of 1, 2 or 3. Anything lower and the student must retake the course.

- **Benchmark 4- Cultural Awareness & Sensitivity**

Benchmark four will be assessed in the CHTH 428 Health Disparities course. This course is focused on understanding health differences that occur due to social policies and health behavior practices associated with social policies. This course utilizes a social justice perspective and focuses on
cultural awareness and sensitivity practices within communities and health care settings. Assessment will use student final project scores as a means to evaluate student cultural awareness and sensitivity. These concepts are one main component of the final project and are assessed as part of the student’s final grade. This benchmark will also be assessed by the final grade earned in FCS 464 Race, Class, Gender course. This course is shared with the Family & Consumer Sciences program and taught by faculty within this program, thus final grades will be used to assess student performance. The following scale will be used to report benchmark data: A/A-1, B+/B- = 2, C+/C= 3, C- =4, and D+ or lower = 5; Students pass Benchmark 4 with a score of 1, 2 or 3. Anything lower and the student must retake the course.

Benchmark 5- Evaluation of Program Planning and Program Evaluation Skills

Benchmark 5 will be evaluated through the assessment final grades in the CHTH 445 Program Planning & Evaluation course. The CHTH 445 course is a student capstone course and students work in semester long groups developing a program plan and an evaluation plan. These two skills are essential to the community health profession. The instructor for this course will be responsible for assessing student skill development and remediation of skills throughout the course. This skill assessment will cumulate in the student’s final grade and is the only measurement associated with this course. Students must pass this course with a C grade (74%) or higher in order to graduate with a community health degree. The following scale will be used to report benchmark data: A/A-1, B+/B- = 2, C+/C= 3, C- =4, and D+ or lower = 5; Students pass Benchmark 5 with a score of 1, 2 or 3.

Benchmark 6- Professional Communication & Professional Skill Integration

Benchmark 6 will be determined by evaluations completed by the student’s community preceptor and community health internship supervisor during the student’s field placement experience. Students are required to complete 270-hours of internship prior to completion of the undergraduate community health program and are tracked by the community health internship supervisor. Communication skills are necessary to the coordination of the internship requirements will be assessed through the community health supervisor’s direct experiences with the student and feedback from the community preceptor. The community preceptor completes an evaluation of the student’s performance on multiple categories of knowledge and skill development observed during the student’s field placement and the community health internship supervisor assesses student skill attainment from a series of course requirements. Final scores from these requirements and feedback from the community health preceptor will be used to determine student ability to integrate the skills associated with the community health profession. The following scale will be used to report benchmark data: A/A-1, B+/B- = 2, C+/C= 3, C- =4, and D+ or lower = 5 for community preceptors and 1=pass and 0=fail for community health internship supervisors; Students pass Benchmark 6 with a score of 1, 2 or 3 from community preceptors and 1 from community health internship supervisor. Anything lower and the student must retake the course.
Community Health Education Assessment Data
AY 2015-2016

The following data was collected as per the community health assessment plan for AY 2015-2016. The data includes: the total number of community health undergraduate students, alignment of program learning outcomes by course, alignment of program learning outcomes by skill level, and benchmark data selected by community health education faculty to assess student knowledge and skill attainment at various levels throughout the student’s academic program.

Community Health Undergraduates

For the 2015-2016 Academic Year, the community health program had 161 undergraduate students. The majority of community health students transfer into the program from other academic programs at MSU. Therefore, our program consistently has higher number of students with a junior or senior standing.

Alignment of Program Learning Outcomes by Community Health Course

Program Learning Outcomes

The community health education program established the following program learning outcomes. These program learning outcomes were created in alignment with standards from the Competency Based Framework for Health Education Specialists (2010), specifically the Health Educator Job Analysis (HEJA) 2010 Model Area of Responsibilities and Competencies (NCEC, 2010).

Undergraduate students in community health will:

1. Obtain the knowledge and skills to assess the needs, assets and capacities of communities.
2. Have the knowledge and skills to plan health programs.
3. Have the knowledge associated with health program implementation.
4. Obtain the knowledge and understanding of research methodologies associated with health programs.
5. Have the knowledge and skills to administer and manage health programs.
6. Have the knowledge and skills to act as health resource person.
7. Have the knowledge and skills to advocate for health and health education.
8. To develop cultural awareness and sensitivity
9. To develop and apply communication and professional skills.
Table 1 shows the alignment of community health required undergraduate courses to the program learning outcomes suggested by standards outlined in the Competency Based Framework for Health Education Specialists (2010), specifically the Health Educator Job Analysis (HEJA) 2010 Model Area of Responsibilities and Competencies (NCEC, 2010).

Table 1. Course Alignment to Community Health Program Learning Outcomes

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<thead>
<tr>
<th>Courses</th>
<th>Learning Outcomes</th>
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<tr>
<td>CHTH 210 Foundations of Community Health</td>
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<td>CHTH 205 Drugs &amp; Society</td>
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<td>HTH 220 Human Sexuality</td>
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<td>FCS 371 Research Methods</td>
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<td>CHTH 435 Human Response to Stress</td>
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<td>HADM 445 Managing Healthcare Organizations</td>
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<td>CHTH 317 Health Behavior Theories</td>
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<td>FCS 465R Family Law/Public Policy</td>
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<td>FCS 464 Race, Class, Gender</td>
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<td>CHTH 428 Health Disparities</td>
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<tr>
<td>CHTH 440 Introduction to Epidemiology</td>
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<td>CHTH 445 Program Planning &amp; Evaluation</td>
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<td>HTH 455 Ethic of Care</td>
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<td>CHTH 498 Internship</td>
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Alignment of Program learning Outcomes by Skill Level

The community health curriculum builds upon certain skills that are taught in lower level classes. Skill begins with knowledge and the understanding of specific terminology and perspectives associated with health. As students begin to build knowledge, it becomes important for students to continue to build knowledge as well as to conceptualize, utilize and ultimately critically think about a variety of skills associated with community. Therefore, it is imperative in community health to begin to build associated skills and to cycle back to these skills in later courses. In Table 2 each required course for the community health education program is associated with one or more learning outcome and the associated skill level.

Benchmark data was established to assess knowledge and skills at all levels of skill development. Skill levels are designed as I = introductory, D = developing, and M = Mature. Courses selected to provide benchmark data points are bolded on table 2.
### Table 2. Community Health Courses, Program Outcomes and Associated Skill Level

<table>
<thead>
<tr>
<th>Courses</th>
<th>Program Outcomes</th>
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<tbody>
<tr>
<td>CHTH 210 Foundations of Community Health</td>
<td>I I I I I I I I</td>
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<tr>
<td>CHTH 205 Drugs &amp; Society</td>
<td>I I</td>
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<td>HTH 220 Human Sexuality</td>
<td>I I</td>
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<td>FCS 371 Research Methods</td>
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<td>CHTH 435 Human Response to Stress</td>
<td>D D</td>
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<td>HADM 445 Managing Healthcare Organizations</td>
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<td>CHTH 317 Health Behavior Theories</td>
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<td>FCS 465R Family Law/Public Policy</td>
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<td>CHTH 428 Health Disparities</td>
<td>M D M M M M</td>
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<td>CHTH 440 Introduction to Epidemiology</td>
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<td>HTH 455 Ethic of Care</td>
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<td>CHTH 498 Internship</td>
<td>M M M M</td>
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</tbody>
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**Benchmark Data**

**Benchmark 1**

Benchmark one is evaluated from student assessments in the CHTH 210 Foundations of Community health course and is determined through a sequence of quizzes. Student averaged grades will be converted into the scale listed below and reported as an overall average. Data for AY 2015-2016 was:

- **Overall average: 1.27**

A/A-=1, B+/B- = 2, C+/C= 3, C- =4, and D+ or lower = 5; Students pass Benchmark 1 with a score of 1, 2 or 3. Anything lower and the student must retake the course.

**Benchmark 2**

Benchmark two is determined in the FCS 371 Research Methods course. Undergraduate community health students must pass this class with a minimum of a C grade (73%) or higher. Student grades will be converted into the scale listed below and reported as an overall average. Data for AY 2015-2016 was:

- **Overall Average: 1.78**

A=1, A-/B+ = 2, B= 3, B- =4, and C+ or lower = 5; Students pass Benchmark 2 with a score of 1, 2 or 3. Anything lower and the student must retake the course.
Benchmark 3

Benchmark three is assessed by student performance in the CHTH 317 Health Behavior Theories course. Assessment is determined by student final grades. Students must pass this course with a grade of C or higher (73%) in order to advance to senior level courses. Data for AY 2015-2016 was:

- **Overall Average: 1.18**

A=1, A-/B+ = 2, B= 3, B- =4, and C+ or lower = 5; Students pass Benchmark 3 with a score of 1, 2 or 3. Anything lower and the student must retake the course.

Benchmark 4

Benchmark four will be assessed by student grades on the final project in the CHTH 428 Health Disparities course. This benchmark was also be assessed by the final grade earned in FCS 464 Race, Class, Gender course. Student grades will be converted into the scale listed below and reported as an overall average. Data for AY 2015-2016 was:

CHTH 428 Final Project

- **Overall Average: 1.18**

FCS 464 Final Grade

- **Overall Average: 1.35**

A=1, A-/B+ = 2, B= 3, B- =4, and C+ or lower = 5; Students pass Benchmark 4 with a score of 1, 2 or 3. Anything lower and the student must retake the course.

Benchmark 5

Benchmark 5 will be evaluated through the assessment final grades in the CHTH 445 Program Planning & Evaluation course. Students must pass this course with a C grade (74%) or higher in order to graduate with a community health degree. Student grades will be converted into the scale listed below and reported as an overall average. Data for AY 2015-2016 was:

- **Overall Average: 1.22**

A=1, A-/B+ = 2, B= 3, B- =4, and C+ or lower = 5; Students pass Benchmark 5 with a score of 1, 2 or 3. Anything lower and the student must retake the course.

Benchmark 6

Benchmark 6 will be determined by evaluations completed by the student’s community preceptor and community health internship supervisor during the student's field placement experience. Student grades will be converted into the scale listed below and reported as an overall average. Data for AY 2015-2016 was:
Community Preceptor

- **Overall Average: 1.33**

Community Health Internship Supervisor

- **Overall Average: 1.03**

A=1, A-/B+ = 2, B= 3, B- =4, and C+ or lower = 5; Students pass Benchmark 6 with a score of 1, 2 or 3 from the community preceptor and a score of 1 from the community health preceptor. Anything lower and the student must retake the course.

**Vital Statistics for AY 2015-2016**

During AY 2015-2016, the community health education program graduated approximately 52 undergraduate students. Student GPA ranged from 2.64-3.93. Currently the program is unable to reliability to track student's professional career attainment. However, the program lead has made attempts to track students. Of the 21 students that responded, 6 students are currently attending graduate school or an accelerated nursing program, 9 are working in the field, and 3 reported working, but not in the field of community health.
References