Ball State University

Self-Study

Standalone Baccalaureate Program

BA/BS in Health Education and Promotion

Department of Nutrition and Health Science

Muncie, Indiana 47306

BALL STATE UNIVERSITY

WE FLY

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ACRONYMS APPEARING IN THE SELF-STUDY

AAHPERD	American Alliance for Health, Physical Education, Recreation and Dance
APHA	American Public Health Association
ARD	Additional Resource Document
BA	Bachelor of Arts
BMR	Basal metabolic rate
BS	Bachelor of Science
BSU	Ball State University
CEPH	Council on Education for Public Health
CHES	Certified Health Education Specialist
COH	College of Health
CSV	Comma-separated values
ERF	Electronic Resource File
FT	Full-time
FTE	Full-time equivalent
GIS	Geographic information system
GPA	Grade point average
HB	Health Professions Building
HEP	Health Education and Promotion (BS/BA program)
HESPA	Health Education Specialist Practice Analysis
HSC	Health Science
IN	Indiana
InSOPHE	Indiana Society for Public Health Education
IUPUI	Indiana University-Purdue University Indianapolis
MA	Master of Arts
MPH	Master of Public Health
MS	Master of Science
NCHEC	National Commission for Health Education Credentialing, Inc.
NHS	Nutrition and Health Science, Department of
P & T	Promotion and Tenure
PD	Program Director
PDF	Portable document format
PhD	Doctor of Philosophy
PI	Principal Investigator
PT	Part-time
SABPAC	SOPHE/AAHE Baccalaureate Program Approval Committee
SBP	Standalone baccalaureate program
SFR	Student-faculty ratio
SLE	Service learning experience
UCC	University Core Curriculum
UDAC	Upper Division Advising Center
UTS	Unified Technology Support

BSU Course Prefixes

ANAT	Anatomy
COMM	Communication Studies
CPSY	Counseling Psychology
EDPS	Educational Psychology
EMHS	Emergency Management and Homeland Security
EXSC	Exercise Science
GERO	Gerontology
HOSP	Hospitality and Food Management
MGT	Management
MKG	Marketing
NUTR	Nutrition
PHYS	Physiology
PSYS	Psychological Science
SOC	Sociology
WGS	Women's and Gender Studies
WWIN	Workplace Wellness

INTRODUCTION

1. Describe the institutional environment, which includes the following:

a. Year institution was established and its type (e.g., private, public, land-grant, etc.)

Ball State University was founded in 1918 as Indiana State Normal School Eastern Division. The Indiana General Assembly changed the school's name to Ball Teachers College in 1922 and then Ball State Teachers College in 1929. In response to its phenomenal growth in enrollment and scope of programs, its name was changed to Ball State University in 1965. It is a coeducational, R2, high research activity, doctorate-granting public university.

b. Number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral, and professional preparation degrees)

Colleges
College of Communication, Information, and Media
College of Fine Arts
College of Health
College of Sciences and Humanities
Honors College
Miller College of Business
R. Wayne Estopinal College of Architecture and Planning
Teachers College
University College
Total Colleges: 9

Schools
School of Art
School of Kinesiology
School of Music
School of Nursing
Total Schools: 4

Degree level	
Associate (2-year)	4
Bachelor	183
Master	76
Doctoral	16
Specialist in Education	2
Professional	0
Graduate certificates	53
Non-degree preparation programs	5

c. Number of university faculty, staff, and students

University Faculty
Source: Ball State University. (29 June 2021). *Common data set 2020-2021*.

	Full-time	**Part-time**	**Total**
Total number of instructional faculty	1047	266	1313

Staff
Source: Ball State University. (29 June 2021). *Common data set 2020-2021*.
Source: Ball State University. (25 February 2020). *Employees, 2015-2019.*

Total number of non-instructional staff	3248

Students
Source: Ball State University. (29 June 2021). *Common data set 2020-2021*.

Total all undergraduates	15780
Total all graduate	5817
GRAND TOTAL ALL STUDENTS	**21597**

Note: Enrollment figures in BSU *Common Data Set 2020-2021* reflect institutional reporting as of 15 October 2020. As such, data also reflect the significant reduction in college student enrollment in response to the global pandemic of COVID-19, a trend observed across the U.S. and in all categories of higher education institutions.

d. Brief statement of distinguishing university facts and characteristics

Ball State University is a comprehensive, publicly assisted institution of higher learning whose mission is to provide excellent education. It is located in Muncie, Indiana, a city of 70,000, fifty-six miles northeast of Indianapolis. Although its primary concern is for the citizens of Indiana, it offers programs with appeal to regional, national, and international audiences.

Ball State University offers a strong undergraduate liberal and professional education and selected graduate programs of high quality. Ball State students can choose from a comprehensive range of academic programs at the associate, baccalaureate, and master's levels, as well as doctoral programs in areas where the university has special competence.

The university has a selective admissions policy; in some areas, such as architecture, the university is very selective. Exceptionally well-qualified undergraduate students may enroll in the Honors College for more intellectually demanding programs of study. Students who have not decided on a major or who may need to strengthen their learning skills can take advantage of the special academic assistance and intensive educational advising offered by University College.

As part of Ball State's commitment to excellence in education, the university offers students a friendly, collegial atmosphere; a full range of out-of-class activities; and excellent, well-planned academic, residential, and recreational facilities. An impressive array of student support services contributes to the personal, social, and intellectual development of all students.

Although Ball State University is primarily a residential academic community, it also supports programs that reach students well beyond the immediate campus. Through interactive telecommunications, Internet courses, and on-site courses, Ball State distance learning students are able to take courses and entire degree programs. The university has a strong commitment to cultural diversity and international programs. It offers exchange programs with universities throughout the world and a wide variety of opportunities for students to study abroad.

From: **Ball State University. (2019).** ***2020-2021 Undergraduate Catalog.*** **https://catalog.bsu.edu/en/2020-2021/Undergraduate-Catalog/General-Information**

e. Names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college, or other organizational unit at the university responds.

Ball State University Disciplinary Accreditation				
Institutional Accreditation	Higher Learning Commission		Through 2023/2024	
College	**Academic Program**	**Degree**	**Department/School/Unit**	**Accreditation**
Architecture and Planning	Architecture	B.Arch	Architecture	National Architectural Accrediting Board
	Architecture	M.Arch	Architecture	National Architectural Accrediting Board
	Construction Management	BA, BS	Construction Management and Interior Design	American Council on Construction Education
	Interior Design	BA, BS	Construction Management and Interior Design	Council for Interior Design Accreditation, National Association of Schools of Art and Design
	Landscape Architecture	BLA	Landscape Architecture	Landscape Architectural Accreditation Board of the American Society of Landscape Architects
	Landscape Architecture	MLA	Landscape Architecture	Landscape Architectural Accreditation Board of the American Society of Landscape Architects
	Urban and Regional Planning	MURP	Urban Planning	Planning Accreditation Board of the American Institute of Certified Planners/Association of Collegiate Schools of Planning
	Urban Planning	BUP	Urban Planning	Planning Accreditation Board of the American Institute of Certified Planners/Association of Collegiate Schools of Planning
Miller College of Business	Fashion Apparel Design			National Association of Schools of Art and Design
	Accounting	BA, BS	Accounting	Accounting Accreditation Committee of AACSB International
	Accounting	MS	Accounting	Accounting Accreditation Committee of AACSB International
Communication, Information, and Media	Journalism	BA, BS	Journalism	Accrediting Council on Education in Journalism and Mass Communications

	Public Relations	BA, BS	Journalism	Certification in Education for Public Relations accredited by the Public Relations Society of America
Fine Arts	Art	BA, BS, BFA, MFA	Art	National Association of Schools of Art and Design
			David Owsley Museum of Art	American Alliance of Museums
			School of Music	National Association of Schools of Music
	Theatre	BA, BS, BFA	Theatre and Dance	National Association of Schools of Theatre
	Dance	BA, BS, BFA	Theatre and Dance	National Association of Schools of Dance
Health	Counseling Psychology	PhD	Counseling Psychology, Social Psychology, and Counseling	American Psychological Association
	Clinical Mental Health Counseling	MA	Counseling Psychology, Social Psychology, and Counseling	MPCAC
	Rehabilitation Counseling	MA	Counseling Psychology, Social Psychology, and Counseling	"Council for Accreditation of Counseling and Related Educational Programs
	Rehabilitation Counseling Program CACREP"			
	Athletic Training	BAT	School of Kinesiology	Commission on the Accreditation of Athletic Training Education
	Health and Physical Education		School of Kinesiology	Council for the Accreditation of Educator Preparation (CAEP)
	Exercise Science	BA, BS	School of Kinesiology	National Strength and Conditioning Association
	Dietetics, Didactic Program		Nutrition and Health Science	Accreditation Council on Education for Nutrition and Dietetics, a division of the Academy of Nutrition and Dietetics
	Dietetics Internship Program		Nutrition and Health Science	Accreditation Council on Education for Nutrition and Dietetics, a division of the Academy of Nutrition and Dietetics
	Health Education and Promotion	BS	Nutrition and Health Science	Candidate for accreditation under Council on Education for Public Health (CEPH)
	Nursing		Nursing	Commission on Collegiate Nursing Education and Indiana Board of Nursing

	Radiography	AS	Nutrition and Health Science	Joint Review Committee on Education in Radiologic Technology
	Respiratory Therapy	BS	Nutrition and Health Science	Commission on Accreditation for Respiratory Care
	Social Work	BSW	Social Work	Council on Social Work Education
	Speech Pathology and Audiology	MA	Speech Pathology and Audiology	"Council on Academic Accreditation in Audiology
Sciences and Humanities	Chemistry	BA, BS	Chemistry	Committee on Professional Training of the American Chemical Society
	Legal Studies		Political Science	American Bar Association
Teachers College	School Psychology	PhD	Educational Psychology	National Association of School Psychologists and American Psychological Association
			Child Study Center	National Association for the Education of Young Children
			Burris Laboratory School	Cognia
			Indiana Academy for Science, Mathematics, and Humanities	Freeway School Accreditation, Indiana Department of Education
Other			Teachers College	Indiana Department of Education and the Council for the Accreditation of Educator Preparation
			Miller College of Business	Association to Advance Collegiate Schools of Business
			Intensive English Institute	Commission on English Language Program Accreditation
			Center for Medical Education	Indiana University School of Medicine, Liaison Committee on Medical Education, Association of American Medical Colleges
			Dual Credit Program	National Alliance of Concurrent Enrollment Partnerships
			Counseling Center	International Accreditation of Counseling Services
			Counseling Center Internship Training Program	American Psychological Association
			Testing Center	National College Testing Association

f. Brief history and evolution of the standalone baccalaureate program (e.g., date founded, educational focus, rationale for offering public health education in unit, etc.)

Ball State University was founded as Indiana State Normal School, Eastern Division, in 1918. The property on which the campus sits is the site of a previously failed college that had been purchased by the Ball brothers, a prominent Muncie industrial family, and given to the state of Indiana. In 1922, in recognition of the generosity of the Ball brothers, the board of trustees of the Indiana State Normal College added Ball Teachers College to the school's name. In 1929, the Indiana General Assembly separated the two colleges, naming the Muncie campus Ball State Teachers College.

In 1965 Ball State Teachers College was reorganized to become Ball State University. This new structure had four colleges including the College of Sciences and Humanities. This college had 12 departments, one of which was the Department of Physiology and Health Science. Warren E. Schaller, who came to Ball State Teachers College in 1959, was the first chairperson of the Department and served until his death in 1987. Ten others have followed him, as Chair of the Department of Physiology and Health Science, or, after reorganization and absorption into the College of Health, as Chair of the Department of Nutrition and Health Science: Charles R. Carroll (1987-1989, acting), James F. McKenzie (1989-1996), Dale B. Hahn (1996-1999), Robert R. Pinger (1999-2004), Diana R. Godish (2004-2008), Jeffrey K. Clark (2008-2012), Denise M. Seabert (2012-2016), Rebecca A. Brey (2016-2017, acting), Jayanthi Kandiah (2017-2020, acting), and Alyce D. Fly (2020-present).

Over the years, the primary focus of the department and its programs has been to provide undergraduate and graduate programs, initially in physiology and health science, and more recently in health education and promotion, and nutrition/dietetics. The initial health science program focused on school health, a program that is now housed in the School of Kinesiology, the College of Health, and is referred to as the Teaching Major in Health and Physical Education. In 1988 a second major in health was added that focused on community health, the name of the program becoming the BS in Health Science (Community Health Education).

A major program curriculum study and restructuring occurred in 2014, the result of which was a revamped and renamed BS/BA in Health Education and Promotion. Although some core courses from the original BS in Health Science (Community Health Education) remained unaltered, the curriculum from many courses was shuffled and reorganized into new or revised courses, and brand-new courses were created to meet identified needs. The department also offers a minor in Public Health.

In addition to the programs in public health education, the department also houses undergraduate and graduate programs in Nutrition and Dietetics. The BS/BA in Dietetics prepares students for the first step of the three-step process of becoming a Registered Dietitian Nutritionist (RDN). The MS degree in Nutrition and Dietetics provides graduate-level opportunities for both aspiring dietitians (individuals with a verification statement who need to complete an ACEND-accredited internship) and for current registered dietitian nutritionists (individuals must hold registration from the Commission on Dietetic Registration).

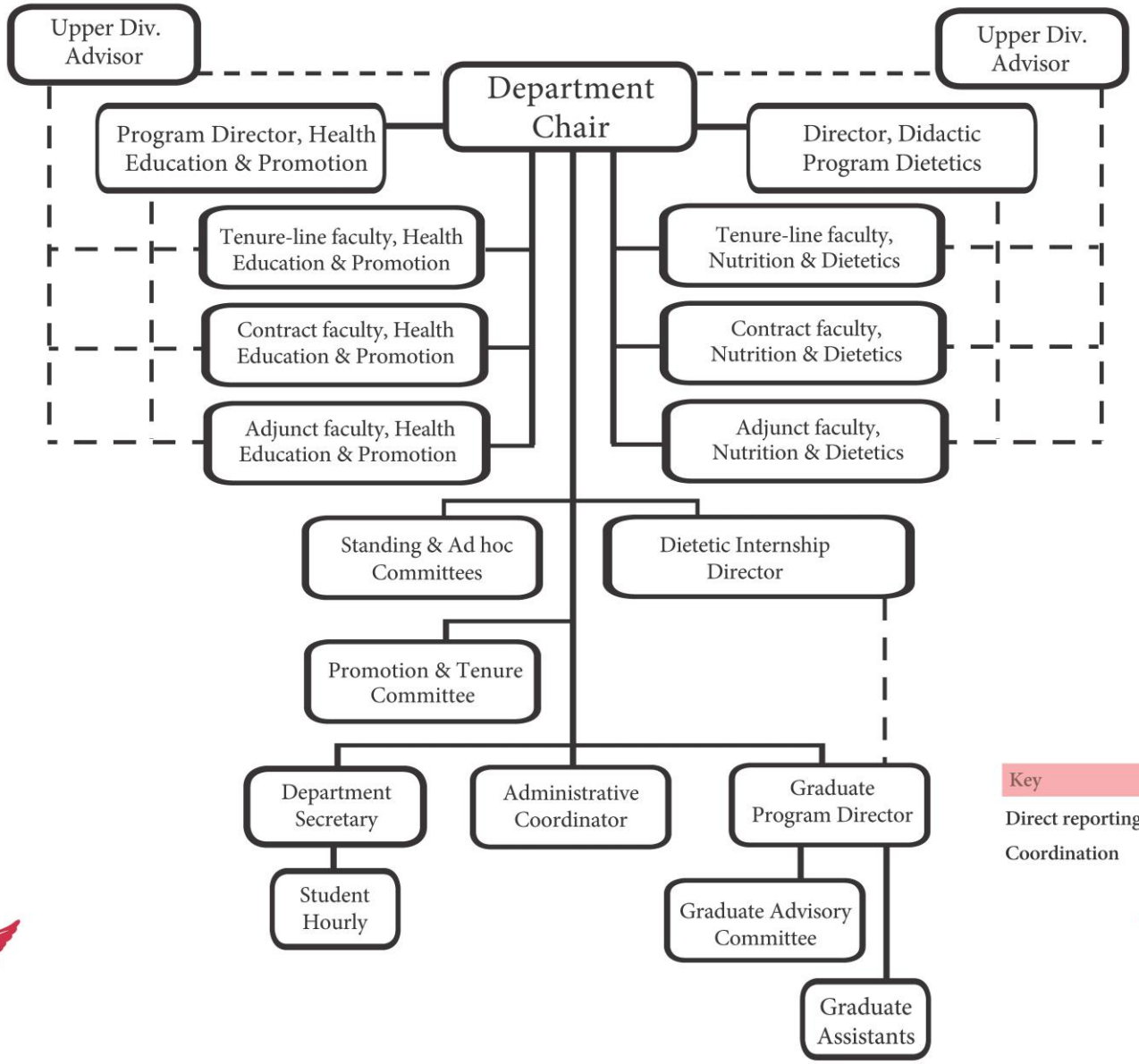
Finally, the department offers two degrees in cooperation with Indiana University Health (Methodist Hospital) in Indianapolis, IN. The program in Radiography leads to the Associate of Science degree, while the program in Respiratory Therapy leads to a Bachelor of Science degree.

In addition to the academic programs, the department houses the national headquarters of Eta Sigma Gamma, the national health education honorary. The National Office of Eta Sigma Gamma has been at Ball State University since the organization was founded in 1967 by three Department of Physiology and Health Science faculty members (Drs. William Bock, Warren E. Schaller, and Robert Synovitz).

From: Ball State University. Faculty of the Department of Physiology & Health Science. (2014). *SOPHE/AAHE Baccalaureate Program. Re-approval review. Health Science (Community Health Education). Self-study report*.

2. Organizational charts that clearly depict the following related to the program:

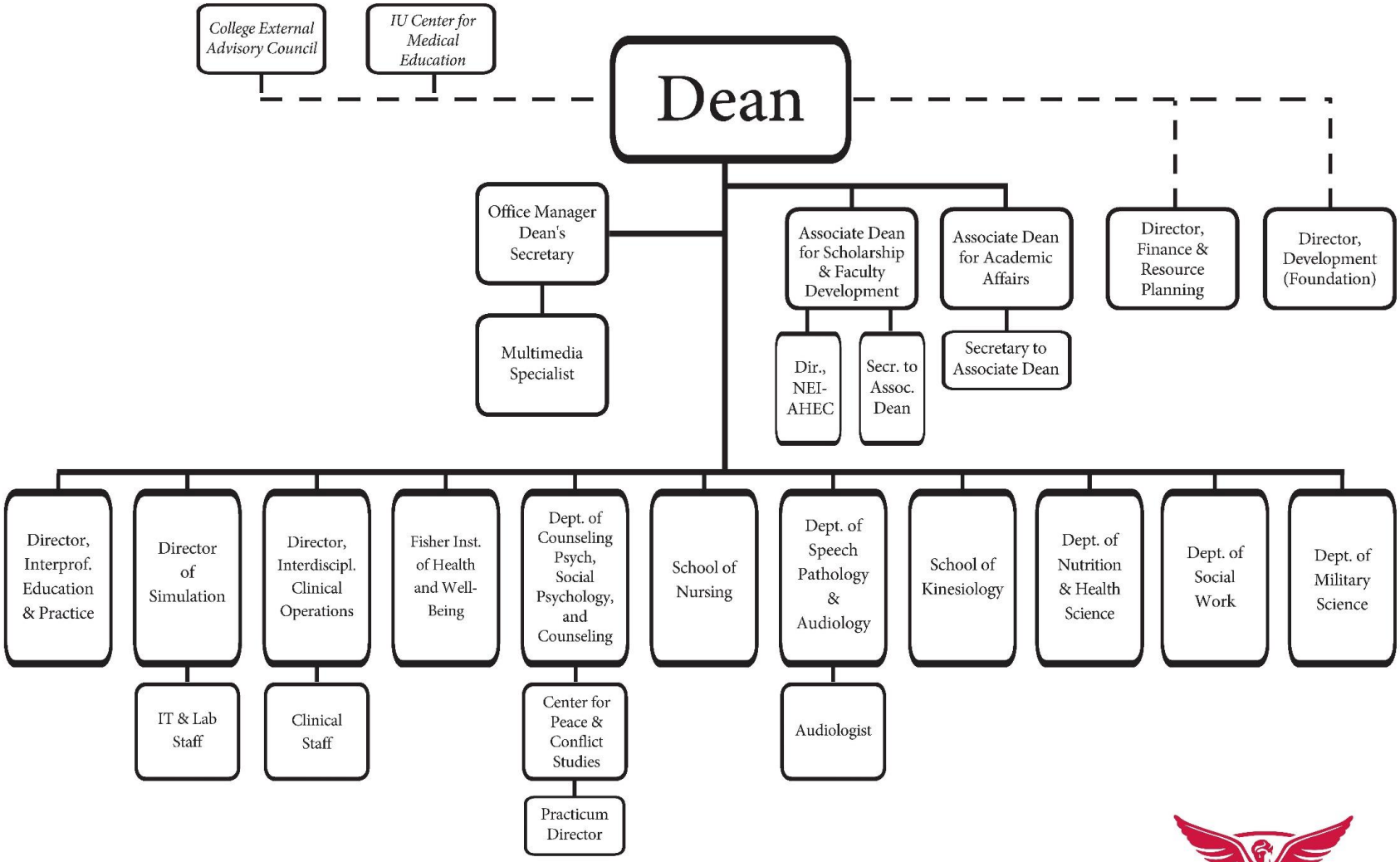
a. the program's internal organization, including the reporting lines to the designated leader.



Department of Nutrition & Health Science Organizational Chart

Revised March 2021

b. the relationship between program and other institutional components, including departments, schools, colleges and other relevant units. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program.

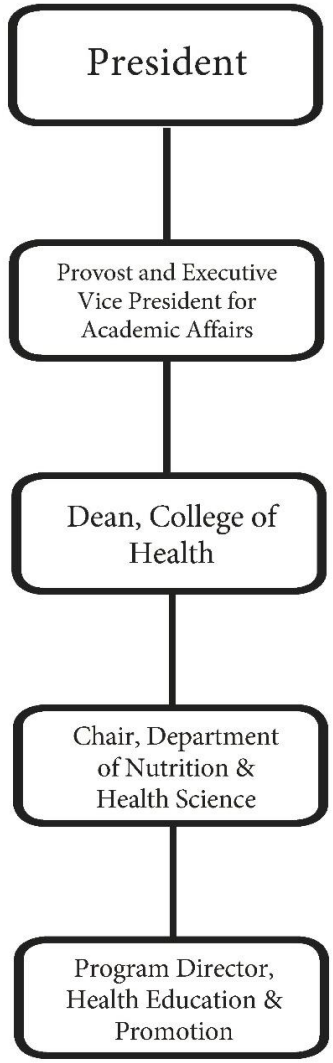


College of Health Organizational Chart

c. the lines of authority from the program's designated leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels.

Organizational Chart - Program Director to University Chief Executive

Revised February 2021



3. **The program's mission statement; the mission statements for the department, college, school or other organizational unit(s) that house the program; the mission statement for the institution. The program's (major's) mission statement must be specific to the program (major) and be used to guide its activities. This programmatic (major) mission statement will also be used to guide the accreditation review.**

Mission statement, Department of Nutrition and Health Science: We are committed to delivering exceptional educational experiences and advancing our respective disciplines through research and service to develop evidence-based practices that promote optimal health while respecting the unique qualities of diverse populations.
Source: Ball State University. Department of Nutrition and Health Science. (2020). *About us.*
https://www.bsu.edu/academics/collegesanddepartments/nutrition-health-science/about-us

Vision statement, Department of Nutrition and Health Science: Graduates of our program will embrace critical thinking, creative problem solving, and lifelong learning through exceptional experiences that prepare them to work effectively in varied professions and with diverse populations to improve health and well-being.
Source: Ball State University. Department of Nutrition and Health Science. (2020). *About us.*
https://www.bsu.edu/academics/collegesanddepartments/nutrition-health-science/about-us

Mission Statement, College of Health: Our College embraces an innovative, collaborative, and interprofessional environment for learning, discovery, and engagement. The learning environment is shaped by core content that enhances understanding of health and well-being throughout the life span. Discovery occurs across the health-related disciplines that comprise the college and readily engages students and faculty in a collaborative manner. Our commitment to interprofessional development and community engagement unites our faculty and students while strengthening our educational programs and serving the needs of the region, state, and nation.
Source: Ball State University. College of Health. (2020). *About us.*
https://www.bsu.edu/academics/collegesanddepartments/health/about-us#accordion_missionstatement

Vision Statement, College of Health: Our students will embrace critical thinking, creative problem solving, and lifelong learning. Graduates will become engaged citizens in a diverse world, and be attentive to the health and social justice of a diverse population. Premier educational programs, cutting-edge scholarship, and clinical professional preparation will emphasize health and well-being across the lifespan.
Source: Ball State University. College of Health. (2020). *About us.*
https://www.bsu.edu/academics/collegesanddepartments/health/about-us#accordion_missionstatement

Mission Statement, Ball State University: We engage students in educational, research, and creative endeavors that empower our graduates to have fulfilling careers and meaningful lives enriched by lifelong learning and service, while we enhance the economic, environmental, and social vitality of our community, our state, and our world.
Source: Ball State University. (2019). *Destination 2040: Our flight path. The 2019–24 strategic plan for Ball State University.* https://www.bsu.edu/about/strategic-plan

4. **An instructional matrix presenting the program's degree offerings. The matrix should include degree, major and any concentrations or sub-specialties within the major. Present data in the format of Template Intro-1. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.**

The program offers a single concentration in Health Education and Promotion within the BS/BA degree. Furthermore, although it is possible to take many of the core and elective courses remotely, it is not possible to earn a complete degree without significant face-to-face interaction.

TEMPLATE INTRO-1

Instructional Matrix – Degrees and Concentrations	
Degrees	**Campus based**
BA/BS	Health Education and Promotion

A1. LEADERSHIP, MANAGEMENT AND GOVERNANCE

The program, through its leaders and/or faculty, demonstrates autonomy that is sufficient to affirm the program's ability to fulfill its mission and goals and to conform to the conditions for accreditation. Autonomy refers to the program's ability, within the instructional context, to make decisions related to the following:

- **allocation of program resources**
- **implementation of personnel policies and procedures**
- **development and implementation of academic policies and procedures**
- **development and implementation of the curricula**
- **admission to the major**

In addition to program-level autonomy, the program's faculty have clearly defined rights and responsibilities, including formal opportunities for input in decisions affecting the following:

- **curriculum design, including program-specific degree requirements**
- **student assessment**
- **program evaluation**

Faculty have input in resource allocation to the extent possible, within the context of the institution and existing program administration.

1. **A description of <u>how</u> each of the following functions (items a-n) is accomplished for the program in the format of Template A1-1. Template A1-1 requires the program to indicate who has responsibility for each process and where program faculty have roles in the process. The template also requires the program to cite the relevant supporting document(s) and page(s) (e.g. Faculty Handbook, pp. 12-25; College Bylaws, p. 5).**

TEMPLATE A1-1
ABBREVIATIONS

COH: College of Health
NHS: Nutrition and Health Science Dept.
HEP: Health Education and Promotion program
HSC: Health Science course prefix
PD: Program Director

	Responsible Party or Parties	**Brief Summary/Description of Process(es)**	**Relevant Program or Institutional Policies** (cite supporting document(s) and page(s) including hyperlinks)
a. Determining the amount of resources (financial, personnel and other) that will be allocated to the program	COH Dean NHS Dept. Chair	The University Provost allots financial resources to the College of Health in a responsibility-centered management model. The College leadership then has the discretion to pass resources in support of departments, as needed. The Department Chair prepares requests and justifications for additional resources needed. The Department Chair solicits	Faculty and Professional Personnel Handbook (p. 18) BSU Budget Planning Model

		input from the Program Director on program needs. This is the first year that Responsibility Center Management (RCM) is being adopted and policies and procedures are still fluid. Department Chairs are working with financial analysts to plan schedules of classes to best serve the students within the constraints of the budgets. Financial models are limited by the lack of understanding how the Covid-19 pandemic will alter student recruitment and retention at the university in the future.	***The Faculty and Professional Personnel Handbook is located in the ERF, Criterion A.***
b. Distributing resources (financial, personnel, and other)	NHS Dept. Chair	The Department Chair seeks input from the Program Director for instructors needed, and input from the faculty as a whole for resources needed for instructional support, technology and resources needed to support their research. The Department Chair weighs the needs of the department and determines how resources will be distributed among units, faculty and department activities.	
c. Hiring faculty who teach program courses	NHS Dept. Chair Faculty Search Committee	Tenure-line and Contract Faculty Search Committees, consisting of department faculty, work collaboratively to create descriptions for full-time faculty positions, search for and screen applicants, coordinate the interview processes, collect feedback from all faculty, and make recommendations of acceptable candidates to the Department Chair. The process involves interactions with Human Resources at several stages. The committee works in consultation with the Department Chair, who serves as an ad hoc member of search committees. Other department faculty participate in the hiring process by attending seminars and meetings with the candidates and providing feedback. For part-time faculty hires to teach program courses, e.g. adjunct positions, the Department Chair receives input from the Program Director and other faculty as needed based on expertise. Hiring decisions for full-time faculty and part-time faculty are made by the Department Chair and must also be approved by the College Dean. The College Dean makes an annual request justification to the Provost for all College full-time positions needed. The Provost approves of position justifications and makes position allocations. The final decision on the hire rests with the Department Chair. The College Dean may ask for a faculty vote in the case of a candidate for the Department Chair, and may ask for a faculty vote to extend the term of the	Faculty and Professional Personnel Handbook (p. 87-95) The Hiring Process at Ball State University ***Both documents are located in the ERF, Criterion A.***

		Chair outside of the regular 2-year term. The current chair was awarded a starting 4 year term. ***For additional information, refer to the Electronic Resource File [ERF], Criterion A, ARD Criterion A1.***	
d. Determining teaching assignments for program courses	HEP Program Director NHS Dept. Chair	The faculty are surveyed for their teaching preferences either directly by the HEP Program Director or supported by the Department Chair through staff survey of the faculty. The Program Director or staff person compiles the results which are reviewed and a draft schedule is constructed by the Program Director. The Program Director considers sequence of the curriculum, student need and demand, faculty teaching experience, expertise, and faculty preferences. The HEP Program Director provides the draft of the schedule with the faculty preferences data to the Department Chair for discussion and adjustments. The Department Chair finalizes the schedule and notifies each faculty member of their assignment of program classes, electives, and assigned time for research or administration.	
e. Evaluating the performance of individuals teaching program courses	Tenure-line and Contract Faculty Salary Committees	The Promotion and Tenure Committee and Tenure line/Contract Faculty Salary Committees evaluate faculty teaching performance in annual promotion/tenure and salary processes, in accordance with University and College guidelines. Students have the opportunity to provide feedback on each of their courses/instructors through anonymous online questionnaires administered by the university. The NHS Department Chair, and individual faculty, receive feedback from student evaluations. Faculty then forward key evaluation findings to the Promotion and Tenure Committee and Tenure line/Contract Faculty Salary Committees, in accordance with department policy. Both tenure-line and contract faculty are required to solicit an annual peer evaluation of teaching, as well. ***For additional information, refer to the ERF, Criterion A, ARD Criterion A1.***	Faculty and Professional Personnel Handbook (pp. 46-47, 152-154) NHS Promotion & Tenure document (pp. 6-7, 27-29, 32-38) NHS Contract Faculty Promotion document (pp. 5-6, 10) NHS Tenure-line Salary document (pp. 3, 10, Appendix B) NHS Contract Faculty Salary document ***All documents are located in the ERF, Criterion A.***
f. Promoting and/or granting tenure, if applicable, to faculty teaching program courses	NHS Promotion & Tenure Committee NHS Contract	The Department of Nutrition and Health Science Promotion and Tenure Document is reviewed annually and approved by both the College of Health and the University Promotion and Tenure Committees. All tenured faculty, from both Nutrition	NHS Promotion & Tenure document (pp. 4-38) COH Promotion & Tenure document (pp. 3-22)

	Promotion Committee NHS Dept. Chair COH P & T Committee COH Dean	and Health Science units, are eligible to serve on the Department Promotion and Tenure Committee. The Committee consists of five faculty. The NHS Department Chair is an ex officio member of the Department Promotion and Tenure Committee. Pre-tenure faculty submit review materials annually. Promotion of Contract Faculty is determined by the Contract Faculty Salary Committee, membership on which rotates among faculty from both Units. Dept. Contract Faculty Promotions Committee reviews materials and recommends faculty for promotion. ***For a comprehensive explanation of the Department of Nutrition and Health Science procedure for granting promotion and tenure, refer to the Promotion and Tenure Document in the ERF.*** Contract faculty are also reviewed annually for the purposes of promotion and salary increase. ***The Contract Faculty Promotion Document is located in the ERF, Criterion A.***	NHS Contract Faculty Promotion document (pp. 3-11) ***All documents are located in the ERF, Criterion A.***
g. Re-appointing or terminating program faculty hired by contract, if applicable	NHS Dept. Chair HEP Program Director	Non-tenure-line faculty are hired by the program for temporary part-time or full-time teaching assignments of at least one semester, or for one-, two-, or three-year academic or fiscal year contracts. Contract instructors are eligible for renewal of appointments at the expiration of their contracts. With input from the HEP Program Director, the NHS Department Chair notifies contract faculty of the renewal or nonrenewal of their contract by May 1 of the last year of their contract. ***For additional information, refer to the ERF, Criterion A, ARD Criterion A1.***	Faculty and Professional Personnel Handbook (p. 76) ***Faculty and Professional Personnel Handbook is located in the ERF, Criterion A.***
h. Hiring personnel to advise program students	Assistant Dean University Advising	In 2020, the university moved to a centralized advising model so instead of the Department hiring an advisor, university Academic Advising recruits, trains and provides an upper division undergraduate advisor to each program or set of programs within a department. In the College of Health these advisors are housed together in an advising suite in the Health Professions Building. Neither the NHS Department Chair nor the HEP Program Director have any direct involvement in the hiring of program advisors, nor do they exercise any direct supervision over the activity of the program advisor.	Academic Advising, For Upper Division Advisors

		However, both are frequently and continually consulted by the advisor for issues related to the program and its students. The NHS Department Chair provides annual evaluative feedback about the program advisor to the Upper Division Advising Center Coordinator.	
i. Evaluating the performance of individuals advising program students	Upper Division Advising Coordinator	The annual Upper Division Advising Center (UDAC) Student Survey assesses student advising experiences, provided by the student's advisor, the Advising Coordinators, Advising Director, and University College leadership. A Student Survey Committee with the UDAC coordinates survey construction and updates, survey implementation, and communication of survey results to individuals and programs. Feedback is solicited from the Department Chair, who may consult with the Program Director to provide additional insight on advisor performance. Any immediate concerns about advisor performance can be shared either directly with the advisor, or the advising coordinator who will address the situation or clarify roles and responsibilities with the advisor.	
j. Developing the program's academic policies governing matters such as academic standing and award of degree	HEP Unit and HSC Faculty HEP Program Director	Program faculty meet monthly to ensure the HEP program meets Ball State requirements and enforces program academic policies via interactions with assigned advisors and individual students. Additional requirements are added as appropriate for the Health Education and Promotion major, and Public Health minor. Academic programs must follow Ball State University policies regarding both academic standing and award of degree. Academic policies relating to academic standing and award of degree of the Health Education and Promotion major are determined through discussion and consensus of the program faculty. As a group, the Unit has determined that majors must maintain a 2.5/4.0 grade point average in ten HSC process courses in order to be eligible to enroll in an internship. Successful completion of the internship is required to earn a Bachelor's degree in Health Education and Promotion.	BSU Advising Handbook, 2020-2021 (pp. 8-9) ***Advising Handbook is located in the ERF, Criterion A.***
k. Designing the curriculum, including defining the requirements for the major	HEP Unit and HSC Faculty	Program faculty meet monthly to ensure that the program curriculum meets program accreditation and professional credentialing body requirements. The BS/BA in Health Education and Promotion major and the Minor in Public Health curricula were designed, and continue to be updated, in order to meet the accreditation requirements of SABPAC,	Faculty and Professional Personnel Handbook (pp. 249-251)

		and to assure that the program graduates meet eligibility requirements to become Certified Health Education Specialists under the National Commission for Health Education Credentialing, Inc. At all stages, including major curriculum revision, this involves periodic group reflection and planning to revise/update the curriculum. In past curriculum revisions, the HEP Unit has convened for weekend-long retreats. Completing the current CEPH accreditation process provides an additional opportunity to further define the requirements for the Health Education and Promotion major.	***Faculty and Professional Personnel Handbook is located in the ERF, Criterion A.***
l. Developing and reviewing plans for assessing student learning	HEP Unit and HSC Faculty NHS Dept. Chair	Developing and reviewing plans for assessing student learning involves both individual and group processes, applying to both individual course policies, and Unit-wide policies in conjunction with overall program goals and objectives. The on-going process is initiated and/or facilitated by both/either the HEP Program Director and/or the NHS Department Chair. Benchmarks for student learning which are not directly tied to individual program courses, and how data will be collected in order to determine achievement of such benchmarks, are addressed both in monthly Unit meetings, and during periodic Unit gatherings devoted to that purpose. Individual instructors possess expertise in specific areas of public health education and develop and review plans for assessing student learning in their specific courses. However, Instructors who teach the same courses, as well as the entire HEP Unit, work together to create and refine innovative plans for assessing student learning. These course-based assessment methods are reviewed periodically by the Unit, at the initiation of the HEP Program Director and NHS Department Chair. Faculty may solicit assessment assistance from the University Director of Assessment and Accreditation.	Office of the Vice Provost for Academic Affairs, Student Learning Outcomes
m. Developing and implementing plans for measuring the program's effectiveness	HEP Unit and HSC Faculty	Both/either the NHS Department Chair and/or the HEP Program Director direct and facilitate the on-going process for assessing program effectiveness. In collaboration with program faculty, they determine program effectiveness indicators to be measured, the means of data collection and analysis, and effectiveness benchmarks. The Chair and the Program Director coordinate these activities within Unit and	Office of the Vice Provost for Academic Affairs, Unit Reviews Academic Affairs, Academic Unit Review Guidebook 2019-2020

		Department, among faculty, and in consultation with accrediting bodies. Measures may include but are not limited to: enrollment counts of majors, graduates, classes; percentage of students passing the CHES exam; proportion of graduates employed/full-time graduate students.	***Academic Unit Review Guidebook is located in the ERF, Criterion A.***
n. Developing and implementing program-specific recruitment, advertising and admissions practices and strategies	NHS Dept. Chair HEP Program Director HEP Unit and HSC Faculty Department Website Sitecore University Advising University Admissions	All components of the program collaborate to plan and deliver on- and off-campus recruitment programs, under the supervision of the NHS Department Chair, and in accordance with University and College of Health standards and models. Communication channels include the program website, social media platforms, print material, and group and individual face-to-face meetings. The Ball State University Office of Undergraduate Admissions provides several opportunities to recruit high school and transfer students to declare a Health Education and Promotion major, for which strategies program leadership, faculty, and advisors are consulted and to which they contribute. Prospective students can schedule an individual meeting with the Program Academic Advisor. The Office of Admissions also provides academic sessions for prospective students at Preview Day, Explore Ball State Day, High School Counselor Preview Day, Admitted Student Day, or Experience Ball State Day. During these sessions, prospective students and their families participate in a recruitment presentation developed by the Primary Departmental Advisor with faculty representatives from each of the department programs, and receive print materials outlining the Health Education and Promotion major and the Public Health minor. In addition, the new Health Professions Building and health-related majors are highlighted in Ball State University recruitment publications, videos, and virtual/in-person campus tours. We constantly recruit by maintaining an up-to-date and engaging Department website highlighting the experiences of our Health Education and Promotion majors. The Primary Department Advisor, HEP Program Director, NHS Department Chair, and Program Faculty respond to prospective student questions via email, in person, or via telephone. All components collaborate to plan and deliver on- and off-campus recruitment programs.	**Office of Undergraduate Admissions**

A2. FACULTY ENGAGEMENT

Faculty (including *full-time and part-time)* regularly interact and are engaged in ways that benefit the instructional program (e.g., instructional workshops, curriculum committee).

1. A description detailing the interactions and engagement among faculty (*full-time and part-time faculty)* that benefit the instructional program (e.g., instructional workshops, curriculum committee).

Health Science faculty engage in consistent and structured interactions designed to maintain and improve the delivery of the Health Education and Promotion major for our students. At the beginning of each academic year, the Dean of the College of Health delivers a "state of the College" presentation to all College faculty, which includes updates and information pertaining to all academic programs in the College.

In addition to the College meeting, the Department of Nutrition and Health Science holds monthly faculty meetings; attendance is required by all faculty. During these meetings, information and updates relating to academic programs, professional development, and research are provided. Specifically, the Health Education and Promotion Program Director, as well as Health Science faculty with specific roles related to curriculum/program areas, provide updates, solicit suggestions, and gather preliminary information.

The Health Education and Promotion Program Director schedules and leads monthly Health Education and Promotion Unit meetings. These meetings generally last one hour; attendance is required by all Health Science full-time faculty. Any part-time, adjunct faculty teaching in the Unit are invited to attend Unit meetings. A designated faculty member takes minutes during the meetings. The minutes are reviewed and approved by the faculty at the subsequent meeting. Electronic copies of meeting agendas, approved meeting minutes/notes, and supporting materials are distributed to the faculty prior to the meeting. In addition, all meeting materials are stored on a Health Science Unit Meeting Box Account. All Health Science faculty can access as well as post materials to the account.

In addition to the Health Education and Promotion Unit Meetings, work groups/sub-committees of faculty work together on specific curriculum issues, which may include curriculum revisions, class scheduling, class enrollment, student/program assessment, and professional development. Specific examples include: Digital Measures (faculty accomplishment database) training, revision of Health Education and Promotion program elective courses, structure of service learning in selected courses, and internship preparation.

2. Supporting documentation (e.g., minutes, attendee lists) that demonstrates regular engagement and interactions among faculty.

Zipped folders containing faculty meeting minutes for AY 2018/2019, 2019/2020, and 2020/2021 are located in the ERF, Criterion A.

B1. PUBLIC HEALTH CURRICULUM

The requirements for the public health major or concentration provide instruction in the domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (i.e., the program may identify multiple learning experiences that address a domain --- the domains do not each require a single designated course).

1. **A list of all required coursework and components for the program's degree(s), including the total number of credits required for degree completion in the format of a one-page summary. Provide hyperlinks to relevant documents if they are available online, or include in the resource file electronic copies of any documents that are not available online.**

MAJOR IN HEALTH EDUCATION AND PROMOTION (BA/BS)

Link to course descriptions in BSU Undergraduate Catalog
Link to University Core Curriculum in BSU Undergraduate Catalog

PREFIX	NO	SHORT TITLE	CREDITS
		MAJOR IN HEALTH EDUCATION AND PROMOTION (BA/BS)	
ANAT	201	Fundamentals of Human Anatomy	3
HSC	160	Fundamentals of Human Health	3
	180	Principles of Community Health	3
	200	Introduction to Health Education and Promotion	3
	210	Health Behavior Theories	3
	220	Population, Race, and Culture in Health Promotion	3
	301	Program Planning in Health Promotion 1	3
	302	Program Planning in Health Promotion 2	3
	310	Healthcare Systems	3
	344	Disease Management in Health Promotion	3
	387	Quantitative Methods and Epidemiology in Health Promotion	3
	388	Organization and Administration in Health Promotion	3
	479	Internship	6
	482	Environmental Health	3
	487	Applied Research, Writing, and Evaluation in Health Promotion	3
	494	Health Communication	3
	495	Professional Preparation in Health Promotion	3
PHYS	205	Fundamentals of Human Physiology	3
NUTR	340	Principles of Human Nutrition	3
3 credits from			
EXSC	302	Physical Activity Throughout the Lifespan (3)	
HSC	365	Health and Aging (3)	
HSC	372	Women and Health (3)	
GERO	440	Women and Aging (3)	
NUTR	360	Nutrition and Cardiometabolic Disease (3)	
NUTR	448	Nutrition and Weight Management (3)	
PSYS	324	Psychology of Women (3)	
SOC	341	Sociology of Health and Illness (3)	
WWIN	201	Improving Worker Wellbeing: A Multidisciplinary Approach (3)	3
3 credits from			
CPSY	470	Introduction to Cross-Cultural Counseling (3)	
HSC	261	Health, Sexuality, and Family Life (3)	3

SOC	320	Social Inequality (3)		
SOC	328	Global and the Social World (3)		
SOC	434	Sociology of Human Sexuality (3)		
WGS	220	International Women's Issues (3)		
HOSP	395	Food and Culture (3)		
3 credits from				
COMM	320	Persuasion (3)		
COMM	335	Communication and Health (3)		
CPSY	420	Techniques of Psychological Interventions (3)		
EMHS	350	Hazardous Materials Health and Safety (3)		
EMHS	351	Introduction to Emergency Mgmt. & Homeland Security (3)		
HSC	295 or	Reading, Technology, & Instructional Strategies in School Hlth (3)		
HSC	350	Elementary School Health Program (3)		
MGT	300	Managing Behavior in Organizations (3)		
MKG	375	Social Media Marketing (3)		
WWIN	310	Workplace Wellness Administration (3)		
WWIN	405	Workplace Wellness Coaching (3)		3
3 credits from				
CPSY	400	Fundamentals of Counseling (3)		
EDPS	351	Adolescent Psychology (3)		
EDPS	355	Adult Psychology (3)		
HSC	367	Drug Dependency and Abuse (3)		
HSC	371	Death and Dying (3)		
HSC	381	Stress Management (3)		
PSYS	301	Health Psychology (3)		3
		Subtotal, Major in Health Education and Promotion (BA/BS)		**72 crs**
		University Core Curriculum		
		Foundation Requirements		
		Written Communication	6	
		Oral Communication	3	
		Mathematics	3-4	
		History	3-6	
		Physical Wellness	2	
		Personal Finance	1-3	
		Tier 1: Domain Requirements		
		Fine Arts	3	
		Humanities	3-5	
		Natural Sciences (HSC 160 is one option)	3-5	
		Social Sciences	2-3	
		Tier 2: Domain Requirements		
		Fine Arts/Design/Humanities	3	
		Natural Sciences/Social Sciences (HSC 180, HSC 261, HSC 371 are options)	3-5	
		Tier 3: Capstone Course/Experience (HSC 479)	6	
		Required Writing Course (HSC 487)	3	**min. 36 crs.**
		Minor/Elective courses		**12**
		Total Needed for Graduation		**120**

Health Education and Promotion majors are required to complete a semester-long professional internship. It serves as the culminating experiential opportunity enabling students to demonstrate their ability to perform the UCC Tier 3

cognitive skills from "experience to information to action." The internship consists of a paid or unpaid experience in an approved environmental, public, community, clinical, worksite, or other health science program setting working a minimum of 360 hours. The internship integrates specified academic elements in addition to on-site work objectives. The internship provides students with experience in a minimum of four of the seven responsibility areas as outlined in the Responsibilities and Competencies for Entry-Level Health Education Specialists (NCHEC).

Admission to internship program, and therefore permission to register for HSC 479, the 6-hour Internship course, requires students to have earned a minimum cumulative GPA of 2.5 in HSC 200, 210, 301, 302, 310, 344, 387, 388, 487 and 494, As a senior capstone, this course should be the last course taken and students should not plan to take other courses.

2. A matrix, in the format of Template B1-1, which indicates the experience(s) that ensure that students are exposed to each of the domains indicated in this criterion.

TEMPLATE B1-1

Key

I-Introduced: ***Topic is discussed within the course as a base of information to build upon.***

C-Covered: ***Topic is discussed within the course as a main concept and assessed in one of the assignments/projects.***

HSC 160	Fund Human Health	HSC 301	Prog Plan Hlth Prom 1	HSC 388	Org Admin in Hlth Promotion
HSC 180	Prin Comty Health	HSC 302	Prog Plan Hlth Prom 2	HSC 487	Applied Res Writ Eval Hlth Pro
HSC 200	Intro to Hlth Ed Prom	HSC 310	Healthcare Systems	HSC 494	Health Communication
HSC 210	Health Beh Theories	HSC 344	Disease Mgt in Hlth Promotion	HSC 495	Prof Prep in Hlth Promotion
HSC 220	Pop Race Cult H Prom	HSC 387	Quant Mthds and Epid Hlth Pro		

PUBLIC HEALTH DOMAINS														
	HSC 160	**HSC 180**	**HSC 200**	**HSC 210**	**HSC 220**	**HSC 301**	**HSC 302**	**HSC 310**	**HSC 344**	**HSC 387**	**HSC 388**	**HSC 487**	**HSC 494**	**HSC 495**
1. Concepts and applications of basic statistics: Identify and apply the principles of basic statistics														
Concepts of basic statistics										IC				
Applications of basic statistics										IC				I
2. Foundations of biological and life sciences: Address the foundations of biological and life sciences and the concepts of health and disease														
Foundations of biological and life sciences	IC													
Concepts of health and disease	IC													

HSC 160	Fund Human Health	HSC 301	Prog Plan Hlth Prom 1	HSC 388	Org Admin in Hlth Promotion
HSC 180	Prin Comty Health	HSC 302	Prog Plan Hlth Prom 2	HSC 487	Applied Res Writ Eval Hlth Pro
HSC 200	Intro to Hlth Ed Prom	HSC 310	Healthcare Systems	HSC 494	Health Communication
HSC 210	Health Beh Theories	HSC 344	Disease Mgt in Hlth Promotion	HSC 495	Prof Prep in Hlth Promotion
HSC 220	Pop Race Cult H Prom	HSC 387	Quant Mthds and Epid Hlth Pro		

	HSC 160	HSC 180	HSC 200	HSC 210	HSC 220	HSC 301	HSC 302	HSC 310	HSC 344	HSC 387	HSC 388	HSC 487	HSC 494	HSC 495
3. Overview of public health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society														
Public health history		IC								IC				
Public health philosophy		IC												
Core PH values		IC												
Core PH concepts		IC		I						I				
Global functions of public health		I								I				
Societal functions of public health		IC								I				I
4. Role and importance of data in public health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice														
Basic concepts of data collection										IC	I	IC		IC
Basic methods of data collection										IC	I	IC		IC
Basic tools of data collection										IC	I	IC		

HSC 160	Fund Human Health	HSC 301	Prog Plan Hlth Prom 1	HSC 388	Org Admin in Hlth Promotion
HSC 180	Prin Comty Health	HSC 302	Prog Plan Hlth Prom 2	HSC 487	Applied Res Writ Eval Hlth Pro
HSC 200	Intro to Hlth Ed Prom	HSC 310	Healthcare Systems	HSC 494	Health Communication
HSC 210	Health Beh Theories	HSC 344	Disease Mgt in Hlth Promotion	HSC 495	Prof Prep in Hlth Promotion
HSC 220	Pop Race Cult H Prom	HSC 387	Quant Mthds and Epid Hlth Pro		

	HSC 160	HSC 180	HSC 200	HSC 210	HSC 220	HSC 301	HSC 302	HSC 310	HSC 344	HSC 387	HSC 388	HSC 487	HSC 494	HSC 495
Data usage										IC	IC	IC		IC
Data analysis										IC		IC		
Evidence-based approaches				I						I	I	IC		I
5. Identifying and addressing population health challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations														
Population health concepts										IC	IC			IC
Introduction to processes and approaches to identify needs and concerns of populations					IC					I	I			I
Introduction to approaches and interventions to address needs and concerns of populations					IC					I	I			IC
6. Human health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course														

HSC 160	Fund Human Health	HSC 301	Prog Plan Hlth Prom 1	HSC 388	Org Admin in Hlth Promotion
HSC 180	Prin Comty Health	HSC 302	Prog Plan Hlth Prom 2	HSC 487	Applied Res Writ Eval Hlth Pro
HSC 200	Intro to Hlth Ed Prom	HSC 310	Healthcare Systems	HSC 494	Health Communication
HSC 210	Health Beh Theories	HSC 344	Disease Mgt in Hlth Promotion	HSC 495	Prof Prep in Hlth Promotion
HSC 220	Pop Race Cult H Prom	HSC 387	Quant Mthds and Epid Hlth Pro		

	HSC 160	HSC 180	HSC 200	HSC 210	HSC 220	HSC 301	HSC 302	HSC 310	HSC 344	HSC 387	HSC 388	HSC 487	HSC 494	HSC 495
Science of human health and disease	IC								IC					
Health promotion	I			I					IC	I	I			I
Health protection	I			I					IC	I				
7. Determinants of health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities														
Socio-economic impacts on human health and health disparities	I		IC	I						IC	I			
Behavioral factors impacts on human health and health disparities	IC		IC	IC						IC	I			IC
Biological factors impacts on human health and health disparities	IC		IC							I	I			
Environmental factors impacts on human health and health disparities	IC		IC							I	I			I

HSC 160	Fund Human Health	HSC 301	Prog Plan Hlth Prom 1	HSC 388	Org Admin in Hlth Promotion
HSC 180	Prin Comty Health	HSC 302	Prog Plan Hlth Prom 2	HSC 487	Applied Res Writ Eval Hlth Pro
HSC 200	Intro to Hlth Ed Prom	HSC 310	Healthcare Systems	HSC 494	Health Communication
HSC 210	Health Beh Theories	HSC 344	Disease Mgt in Hlth Promotion	HSC 495	Prof Prep in Hlth Promotion
HSC 220	Pop Race Cult H Prom	HSC 387	Quant Mthds and Epid Hlth Pro		

	HSC 160	HSC 180	HSC 200	HSC 210	HSC 220	HSC 301	HSC 302	HSC 310	HSC 344	HSC 387	HSC 388	HSC 487	HSC 494	HSC 495
8. Project implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation														
Introduction to planning concepts and features						IC					I			I
Introduction to assessment concepts and features						IC					I			I
Introduction to evaluation concepts and features							IC				I			I
9. Overview of the health system: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries														
Characteristics and structures of the U.S. health system								IC						
Comparative health systems								IC						

HSC 160	Fund Human Health	HSC 301	Prog Plan Hlth Prom 1	HSC 388	Org Admin in Hlth Promotion
HSC 180	Prin Comty Health	HSC 302	Prog Plan Hlth Prom 2	HSC 487	Applied Res Writ Eval Hlth Pro
HSC 200	Intro to Hlth Ed Prom	HSC 310	Healthcare Systems	HSC 494	Health Communication
HSC 210	Health Beh Theories	HSC 344	Disease Mgt in Hlth Promotion	HSC 495	Prof Prep in Hlth Promotion
HSC 220	Pop Race Cult H Prom	HSC 387	Quant Mthds and Epid Hlth Pro		

	HSC 160	HSC 180	HSC 200	HSC 210	HSC 220	HSC 301	HSC 302	HSC 310	HSC 344	HSC 387	HSC 388	HSC 487	HSC 494	HSC 495
10. Health policy, law, ethics, and economics: address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government														
Legal dimensions of health care and public health policy								IC						
Ethical dimensions of health care and public health policy								IC						
Economical dimensions of health care and public health policy								IC						
Regulatory dimensions of health care and public health policy								IC						
Governmental agency roles in health care and public health policy								IC						

HSC 160	Fund Human Health	HSC 301	Prog Plan Hlth Prom 1	HSC 388	Org Admin in Hlth Promotion
HSC 180	Prin Comty Health	HSC 302	Prog Plan Hlth Prom 2	HSC 487	Applied Res Writ Eval Hlth Pro
HSC 200	Intro to Hlth Ed Prom	HSC 310	Healthcare Systems	HSC 494	Health Communication
HSC 210	Health Beh Theories	HSC 344	Disease Mgt in Hlth Promotion	HSC 495	Prof Prep in Hlth Promotion
HSC 220	Pop Race Cult H Prom	HSC 387	Quant Mthds and Epid Hlth Pro		

	HSC 160	HSC 180	HSC 200	HSC 210	HSC 220	HSC 301	HSC 302	HSC 310	HSC 344	HSC 387	HSC 388	HSC 487	HSC 494	HSC 495
11. Health communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology														
Technical writing										I	I		IC	
Professional writing											I		IC	I
Use of mass media											I		IC	I
Use of electronic technology											I		IC	I

3. **Syllabi for all courses required for the major. Syllabi must contain sufficient detail to allow reviewers to understand the content of each course and any assessment activities. Syllabi must contain sufficient detail to allow reviewers to verify the courses' alignment with the elements presented throughout Criterion B, including assessment of student learning outcomes, public health domains, public health competencies, etc. If the syllabus does not contain sufficient information to support Criterion B, the program should append supplemental information to the syllabus, such as handouts with detailed instructions for required papers, assignments, etc.**

   Master syllabi, and one recent semester syllabus, for all courses in the major are located in the ERF, Criterion B, Criterion B1-3 - Syllabi.

4. **Include examples of student work that relate to assessment of each of the public health domains.**

   Examples of student work related to assessment of each of the public health domains are located in the ERF, Criterion B, Criterion B1-4 - Domains student work, organized in folders by Domain.

B2. COMPETENCIES

Students must demonstrate the following foundational competencies:

1. **Communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences**
2. **Locate, use, evaluate and synthesize public health information**

In addition, the program defines at least three distinct <u>additional</u> competencies for each concentration area identified in the instructional matrix that define the skills with a student will attain in the public health major. The competencies align with the program's defined mission and the institution's regional accreditation standards and guide 1) the design and implementation of the curriculum and 2) student assessment. These are not re-statements of the public health domains, but define skills that the student will be able to demonstrate at the conclusion of the program.

A general public health curriculum (e.g., BA, BS, BSPH in general public health) is also considered a *concentration.*

These competencies may be established by other bodies, if applicable and relevant to the program's intended outcomes. Specifically, if the program intends to prepare students for a specific credential, then the competencies must address the areas of responsibility required for credential eligibility (e.g., CHES).

1. A list of the program's foundational competencies including, at a minimum, the two competencies defined by CEPH.

1. Communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences.

2. Locate, use, evaluate, and synthesize public health information

2. A list of the program's concentration competencies, including the relevant competencies addressing the areas of responsibility for credential eligibility, if applicable.

1. Plan strategies for health behavior interventions.

2. Implement, coordinate, and manage health programs.

3. Perform health promotion evaluation and research.

4. Advocate for health education/promotion.

3. **A matrix, in the format of Template B2-1 that indicates the assessment activity for each of the competencies defined in documentation requests 1 and 2 above. The template requires the program to identify the required course and the specific assessment and/or evidence within the class for each competency. If the program offers more than one concentration, multiple matrices may be required.**

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Public Health Communication		
1. Communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences.	HSC 494	Group: Social marketing plan (including a written integrative summary and oral presentation), where students plan, draft, and create materials (flyers, storyboards, radio scripts, social media posts, etc.) that include health information for diverse community audiences.
	HSC 495	Individual: Simulation #6, in which students compose a press release for the purpose of announcing a health-related program/event tied to the intervention they have described in previous simulations; Simulation #7, in which students develop a promotional piece geared toward communicating key intervention details and/or informational content to the target audience.
Public Health Information Literacy		
2. Locate, use, evaluate, and synthesize public health information	HSC 387	Group: Epidemiology Research Project: Students navigate multiple diverse health-related statistics from state, national, and international websites and databases. These data are evaluated, synthesized, and reported in the Prevalence section of the large, semester-long project.
	HSC 387	Individual: Lab #1: Health data research. Students identify proper health data sources in order to locate diverse national and international health data points, and to interpret the data in a broader context.
	HSC 495	Individual: Simulation #1, in which students access and prioritize health assessment data in order to create a brief report of health promotion needs at Ball State University, serves as basis for semester-long set of related simulation exercises.
Additional Foundational Competencies as defined by the program (if applicable)		

Assessment of Competencies for BA/BS in Health Education and Promotion		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Plan strategies for health behavior interventions	HSC 388	Group: Grant proposal project: Students develop all components of a grant proposal to support a community health-focused project, incl. background/significance, goals/objectives, methods, evaluation, timeline, and budget/budget narrative.
	HSC 495	Individual: Simulation #2, in which students develop a health promotion program proposal for BSU students derived from the health assessment report submitted for Simulation #1, addressing one of the priority issues from that report.
2. Implement, coordinate, and manage health programs	HSC 494	Group: Social marketing project, Worksheet #6, Social media strategy, in support of a major social marketing campaign, this plan includes an estimation of costs for successfully implementing their campaign using Facebook, text "push" notifications, etc.
	HSC 495	Individual: Simulation #3, in which students develop a plan of action for implementation of their program, using the proposed program presented in Simulation #2 with the aim of addressing a priority health issue at Ball State University.
3. Perform health promotion evaluation and research	HSC 487	Individual: Research instrument (survey or interview guide) for a student-designed data collection that culminates in a scientific manuscript.
4. Advocate for health education/promotion	HSC 388	Individual: Advocacy letter. Students research current health-related legislation at the state or federal level, select a pending bill, and compose/send a communication to a legislator of whom they are a constituent, advocating for a course of action.

4. Include the most recent syllabus from each course listed in Template B2-1, or written guidelines such as handbook, for any required elements listed in Template B2-1 that do not have a syllabus.

One recent semester syllabus, for all courses listed in Template B2-1 are located in the ERF, Criterion B, Criterion B2-4.

B3. CROSS-CUTTING CONCEPTS AND EXPERIENCES

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and life-long learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences.

1. A brief narrative description, in the format of Template B3-1 of the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion B3.

Template B3-1

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
1. Advocacy for protection and promotion of the public's health at all levels of society	Curriculum-based. The topic of advocacy in public health education is addressed through textbook readings, course lectures, and in-class activities, in several foundational HSC courses (including HSC 160 and HSC 180), and it constitutes a standalone curricular unit in HSC 200. Advocacy is a significant part of the Health Promotion Programs (HPP) final project in HSC 301. Students in HSC 388 (Organization and Administration in Health Promotion) are required to write an advocacy letter to a state or federal legislator in whose district they live (at home or in Muncie). They research on-going bills related to health issues about which they are passionate. Although not an explicit requirement of the internship course (HSC 479), nearly all internships involve some degree of advocacy within the communities where they intern. Co-curricular experiences. On occasion, individuals and groups of students, including Alpha Chapter of Eta Sigma Gamma, have attended Advocacy Day at the Indiana Statehouse, organized by the Indiana chapter of SOPHE, in collaboration with other Indianapolis-area organizations and university/college public health programs. When such Advocacy Days occur, students from HSC 388, Organization and Administration in Health Promotion, attend as a group, for a course requirement.
2. Community dynamics	Curriculum-based. The impact of community dynamics on public health education programming is addressed in numerous core courses. In HSC 180, Principles of Community Health, students engage in volunteer work with community organizations through a required service learning assignment, exposing them firsthand to the interconnectedness of community organizations. In HSC 302, Program Planning in Health Promotion II, students consider the ways in which socioeconomic and community factors may impact the success of their program efforts as they develop implementation and evaluation plans. Control and prevention of chronic diseases in community settings are part of ten activities and assessments in HSC 344, Disease Management in Health Promotion. And although it is not an explicit requirement HSC 479 and the internship, nearly all internships result in enhanced understanding of dynamics within the communities where they intern. Co-curricular experiences. Major students are exposed to community dynamics in their engagement with citizens while taking part in the Cardinal Wellness program, a grant-funded, interprofessional initiative originated by department faculty and colleagues from other departments in the College of Health. In the course of conversations with participants, students learn about the extent and nature of socioeconomic influences on community activities.
3. Critical thinking and creativity	Curriculum-based. Critical reasoning and creativity are key elements of the University Core Curriculum and are emphasized throughout the Health Education and Promotion curriculum. Students in core HEP courses are encouraged to engage in self-assessment (HSC 160, HSC 180, HSC 344), the analysis of case scenarios (HSC 180, HSC 301, HSC 388,

	HSC 494), group problem-solving as part of individual and team projects (HSC 301, HSC 302, HSC 387, HSC 388), and real-world profession simulations (HSC 495), interactive student-led panel discussions and debates (HSC 301, HSC 482), and conception and planning of an extensive social marketing campaign (HSC 494). Regardless of internship location, responsibilities, etc., all students enrolled in HSC 479 complete midterm and final papers in which they critically consider how their personal activity, and the activities of their internship site, contribute in multiple ways to the improved health of the population. Co-curricular experiences. Students taking part in the Cardinal Wellness program design health education and nutrition programming for participants, which nearly always requires and reinforces creative thinking relative to program activities and material design. For the past approximately 10 years, teams of majors, mentored by program faculty, have participated in the national case study competition. Originally a function of AAHE and held at the annual AAHPERD conference, the competition was later sponsored by SOPHE, and is now a standalone virtual competition. Finally, every semester, self-selected and/or recruited students are mentored by faculty in independent research and writing projects. Although they usually receive course credit for their projects (HSC 498), the projects are not tied to a specific course.
4. Cultural contexts in which public health professionals work	Curriculum-based. The program prioritizes the cultural competence of our students, and embeds related experiences and assignments in numerous core courses. Applications of specific course content to culturally diverse populations, in both lecture and textbooks, happens in nearly every course. HSC 220, Population, Race, and Culture in Health Promotion, is a core course dedicated to developing cultural competence in majors, and informing them of ways public health professionals adapt their methods to culturally diverse audiences. Students have the opportunity to engage with culturally varied populations during their service learning experience in HSC 180, Principles of Community Health, and in fulfillment of required professional development hours in HSC 200, Introduction to Health Education and Promotion. In HSC 388 (Organization and Administration in Health Promotion) teams of students working on a grant project have the option to focus on health disparities tied to poverty. Frequently this results in a focus on an underserved community as defined by race, ethnicity, or culture. Students' internship experiences vary greatly, but nearly all involve some degree of interaction with diverse communities and cultures, resulting in enhanced understanding of the impact of ethnicity and culture on public health practice.
5. Ethical decision making as related to self and society	Curriculum-based. The introduction of students to issues related to ethical decision making in life and work is a key element of the Ball State University Strategic Plan, and thus, of the Health Education and Promotion major. Students are exposed to ethics topics and applications in numerous course lectures and textbooks (HSC 160, HSC 180, HSC 301, etc.). Students in HSC 200 read and discuss case studies where ethical challenges were presented to health educators in practice - across the primary settings of health education. In HSC 487 (Applied Research, Writing, and Evaluation in Health Promotion), students complete an "informed consent" for potential research participants. And in multiple immersive and experiential course assignments and projects, students learn about and apply concepts of ethics as they relate to research and practice.
6. Independent work and a personal work ethic	Curriculum-based. Although it is not an explicit component of the Health Education and Promotion curriculum or mission, faculty strive to reinforce the importance of personal accountability and clear, high standards of performance, in all their courses. In numerous courses (for example, HSC 180, HSC 200, HSC 301, etc.), students engage in individual assessments to explore their individual role in professional development. In multiple courses, some of them utilizing “flipped” pedagogical models, students assume real responsibility for class activities. For example, in HSC 180, students take turns leading a discussion of a case study, having identified a case/event/research on the assigned public health

	topics. Although not an explicit requirement of the course (HSC 479) and internship, all students are expected to work independently under the supervision of site staff, and to independently produce significant work. Because this is the first professional work experience for many students, it nearly always results in professional growth and a clearer sense of their own professional identity. Co-curricular experiences. Students taking part in the Cardinal Wellness program are provided with weekly programming tasks, and each student is asked to complete their individualized tasks with independent direction to meet the program schedule and requirements. Students engaged in their own independent research projects, or assisting program faculty in various components of their research, are given significant responsibility and work independently. And teams of BSU students participating in the case study competition receive substantial additional exposure to independent work.
7. Networking	Curriculum-based. Community engagement is "baked into" several core courses in the HEP major, providing students with the opportunity to network with practitioners and scholars in a wide variety of settings. In HSC 200, Introduction to Health Education and Promotion, students complete an informational interview assignment where they are asked to use networking skills to identify a current health educator in practice. They then interview that individual to learn more about work in the profession. In HSC 301 (Program Planning in Health Promotion 1), instructors and carefully selected guest speakers encourage student participation in organizations such as InSOPHE and APHA, and attendance at state and national conferences/events, and participation in health advocacy events. Although students' internship experiences vary greatly, including the extensiveness of their professional network, all interns have the opportunity to make and nurture career connections, and they are encouraged to do so. Co-curricular experiences. Through their involvement in faculty research and community engagement, as part of courses and independent of them, students have the opportunity to interact intimately with community partners, public health practitioners, and community members in a variety of settings. At all times, faculty mentors encourage student participants to be alert for networking moments and to follow up any connections made in order to lock them in. Every year, the Department of Nutrition and Health Science awards the McGovern Lectureship to an individual who has had a significant impact on health and/or healthcare. Individuals who receive this honor have distinguished themselves nationally and internationally. As part of the award, McGovern Lecturers spend 2-3 days on campus, meeting with classes, speaking to community groups, and they deliver a very well-attended lecture on a subject of their choosing. This annual event provides multiple opportunities for students to interact with highly successful professionals.
8. Organizational dynamics	Curriculum-based. The principal course in this area is HSC 388, Organization and Administration in Health Promotion, in which the topic is discussed at length and covered in text, and the fundamentals are reinforced in group activities and projects. In other courses, students engage in volunteer work with community organizations as part of a service learning experience (HSC 180). Finally, nearly all student internships result in enhanced understanding of organizational dynamics, in general and within their specific site.
9. Professionalism	Curriculum-based. At each site where students perform volunteer work for the service learning experience (HSC 180) they are asked to serve as role models of the Ball State community, exhibiting professional communication. In other courses (HSC 200, HSC 302, HSC 388, HSC 494), assignments require that students interact directly with public health education practitioners, and in so doing reinforce content related to professional behavior. In numerous immersive learning experiences, in and out of specific core courses, students carry out community-based research. In preparation for the important role students will play in the research process, HSC 302 students role play optimal ways of interfacing

	with community members using various channels of communication. At multiple steps in the research process, students are guided through direct communication with research partners, key informants, and research subjects. During experiential learning activities in HSC 494, Health Communication, students engage in all stages of social marketing research, including recruiting for and carrying out focus groups in the target audience. Because the internship (HSC 479) is the first professional work experience for many students, it nearly always results in professional growth and a clearer sense of their own professional identity. Co-curricular experiences. Individuals and extracurricular groups of major students frequently come into contact with community health practitioners, decision- and policymakers, in the course of their out-of-class activities. The department maintains high standards for professional behavior and communication on the part of students, which is reinforced during these contacts. For example, students taking part in the Cardinal Wellness program are instructed to remain professional in all interactions with community members, as they serve as representatives of the broader Ball State community. The contact between students and community participants in Cardinal Wellness is consistent and considerable. Individuals and groups of students are encouraged to attend state and national professional conferences, workshops, and meetings, especially when they occur within driving distance of campus. In some cases, these students are accompanied by program faculty, but they frequently attend these events unaccompanied. Regardless, participating in state and national professional events exposes students to the highest levels of professional activity.
10. Research methods	Curriculum-based. Research methodology is expressly covered in HSC 487, Applied Research, Writing, and Evaluation in Health Promotion, where students conceive of and compose a research proposal on a topic of their choice. Basic research methods, especially as a foundation for understanding the use of biostatistics, are covered extensively in HSC 387, Quantitative Methods and Epidemiology in Health Promotion. Fundamentals of research, including sampling and data collection, are discussed in lecture, and 50%+ of course content and assignments are connected to statistical analysis with direct application to public health research. Research methods are covered in other courses (HSC 180, HSC 301, HSC 302, HSC 388, HSC 494), where the topic may be addressed in lecture and text, or it may be applied in immersive and experiential activities. Many interns (HSC 479) take part in data collection, analysis, and reporting in the course of their internship experience. Co-curricular experiences. It is very common for students to assist faculty in their ongoing research and community service activities. For example, students volunteering at Cardinal Zumba engage as research assistants, aiding with data collection of anthropometric and nutrition-based data using physical assessments and quantitative methodology.
11. Systems thinking	Curriculum-based. Systems thinking is not the emphasis or "territory" of any one core course. Systems thinking is discussed in HSC 388, and its precepts are applied in more than one course project/assignment. In HSC 180, Principles of Community Health, and HSC 210, Health Behavior Theories, students learn various health behavior models, several of which employ elements of systems thinking. In HSC 302, students are asked to consider the influence of organizational and institutional influence on their target health behavior as part of the development of their program plan. Finally, as part of the situational analysis worksheet in HSC 494, Health Communication, students are asked to consider the various systems (interpersonal, family, organizational, community, policy) that may come to influence the social product adoption in their target audience.
12. Teamwork and leadership	Curriculum-based. The Health Education and Promotion program is dedicated to providing its students ample opportunities, in and out of core courses, to experience high quality group projects and to develop a sense of teamwork and their own leadership potential. Nearly every course in the major utilizes group assignments of varying degrees of importance to the total course grade. In HSC 301 and HSC 302, the two program planning courses, students work in

	teams to take a public health education program from conception through every stage of planning. In HSC 200, students complete a professional organization report where they are asked to join together with other students to investigate and present information on a professional organization of their choice. The entirety of the social marketing campaign developed in HSC 494 (Health Communication), including planning worksheets, a final written report, and a final oral presentation, is done in conjunction with a team of other students. Although students' internship experiences vary greatly, they nearly always results in a clearer notion of how work is accomplished by groups/teams, and what roles they are best suited to fill. Co-curricular experiences. Students at the Cardinal Wellness program engage in team-based projects. For example, students in the kitchen work together as the nutrition team, students who conduct physical assessments of participants work together as the assessment team, and other student leaders take ownership over their roles as data managers and program administrators. Similarly, promising HEP students recruited to participate in the case study competition are organized into groups (competition team, marketing and fundraising team), in which they are either assigned leadership roles or encouraged to appoint their own leaders.

B4. CUMULATIVE AND EXPERIENTIAL ACTIVITIES

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honor theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

1. **A matrix, in the format of Template B4-1, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated in this criterion.**

TEMPLATE B4-1

Cumulative and/or Experiential Activity (internships, research papers, service-learning projects, etc.)	**Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.**
Internship (HSC 479)	**Principal cumulative and experiential activity in the major** Students are required to complete a 360-hour professional internship in a public health organization, agency, healthcare facility, or business. This capstone experience, the program's Tier 3 course in the University Core Curriculum, may only be taken after all other core HEP courses have been completed, with a cumulative GPA on HEP core courses of at least 2.50. Internship sites and assigned tasks and responsibilities, are extremely varied. That said, interns must be exposed to a minimum of four of the seven NCHEC Areas of Responsibility (HESPA 2015), regardless of the nature of the site, its mission and work, and the precise professional preparation of the site supervisor. Sites and internships are approved, in part, based on their capacity to facilitate integration, synthesis, and application of knowledge and skills acquired through major courses. Students demonstrate their having fully integrated, synthesized, and applied knowledge and skills acquired in core courses through several required assignments. Among these are (a) Poster and Poster Presentation, and (b) Artifact. Students customize a poster template provided for them, which includes common sections that require integrating course material with internship experiences. The internship Artifact is intended to demonstrate the manner in which students have leveraged knowledge and skills from program courses, and integrated with new information obtained as an intern to synthesize products of which they have ownership. ***For a full explanation of HSC 479 and the Health Education and Promotion internship program, refer to the Internship Handbook, in the ERF, Criterion B.***

2. A brief description of the means through which the program implements the cumulative experience and field exposure requirements.

Health Education and Promotion Internship Program

Organization and administration of the Health Education and Promotion Internship Program is a collaborative effort. In its current formulation, the program is led by the Health Education and Promotion Program Director, with input from the assigned Academic Advisor for Upper Division Advising, the Department of Nutrition and Health Science Chair, and College of Health leadership.

The internship is intended to be a capstone experience in the major. The internship course, HSC 479 (6 credit hours), is appropriately classified as a University Core Curriculum Tier 3, Capstone Course/Experience. Students qualify to do their internship by completing the following core major courses, with a minimum cumulative GPA of 2.5:

- HSC 200 Introduction to Health Education and Promotion
- HSC 210 Health Behavior Theories
- HSC 301 Program Planning in Health Promotion 1
- HSC 302 Program Planning in Health Promotion 2
- HSC 310 Healthcare Systems
- HSC 344 Disease Management in Health Promotion
- HSC 387 Quantitative Methods and Epidemiology in Health Promotion
- HSC 388 Organization and Administration in Health Promotion
- HSC 487 Applied Research, Writing, and Evaluation in Health Promotion
- HSC 494 Health Communication

Students are welcome and encouraged to discuss their internship, to collect information and referrals from program and College of Health faculty, to clarify their personal internship interests and objectives, at any stage in their coursework. However, formalized preparation for the internship begins in earnest in HSC 495, Professional Preparation in Health Promotion. Conceived of as a curricular "bridge" between their content and skills courses, and the professional world, HSC 495 is taken in the Fall semester of students' last year in the program. A requirement of HSC 495 is that students planning Spring or Summer term internships meet with the Program Director (currently the instructor of HSC 495) during the first month of the semester. At this formal internship advising appointment, students discuss important contents of the Internship Handbook, which they have received in HSC 495, as well as the Site Supervisors Guide, and the Internship Guide for Students. Before their internship advising appointment, students are encouraged to fill out the Internship Interest Inventory, a checklist of professional settings, prospective internship tasks and responsibilities (linked to the NCHEC Areas of Responsibility and Competencies), health topics, prospective client demographic characteristics, and geographic locations. This helps students clarify their professional interests, to narrow down and refine their internship search. During the internship advising appointment, students are provided with a variety of search strategies and tools.

Although the Program Director, as well as Health Education and Promotion program faculty, are available to offer advice and referrals, students are made to understand that they are responsible for researching, applying and interviewing for internships that have been approved. When students have been offered an internship, their prospective site supervisor completes and signs the Confirmation Form, indicating their commitment to mentoring the student intern, and detailing important elements of the internship arrangement: site supervisor and site contact information, start/end date of the internship, and agreed compensation (if any). Upon receipt of the Confirmation Form, the Program Director requests the office staff to process permission for the student to enroll in HSC 479, the 6 credit-hour internship course which is by permission only.

Interns begin accruing work hours toward the required 360 internship hours on the agreed upon start date, which normally coincides with the start of the BSU term in which the student is enrolled in HSC 479. Key required components of the internship exercise include:

- Work Project List: the detailed listing of proposed work projects, tasks, and responsibilities to be assigned to the intern. Generally this is submitted at the end of the first week of the internship. However, in response to the COVID-19 pandemic, a draft Work Project List must be submitted by the student and site supervisor as a

condition for approval of the internship. Under these circumstances, the Work Project List must also contain notations of how each task/responsibility will/would be accomplished should the internship have to pivot to remote or partially remote operations.

- Weekly work log: a comprehensive outline and description of tasks and activities performed by the intern each day. Daily entries include time in/out, on-site vs. off-site daily hours totals, detailed description of the day's activities, and alignment, where relevant, of the day's activities with specific NCHEC Areas of Responsibility, competencies and sub-competencies.
- Midterm and final papers: Each paper incorporates an explanation of five of the ten General Objectives of the Internship Program, as well as a reflection of how the intern has gained experience in specific NCHEC Areas of Responsibility and Competencies.
- Presentation: The culmination of the internship term is a public presentation by the student. For the past approximately five years, this has amounted to a poster presentation event patterned after poster sessions at professional conferences. Students are provided with a poster template, which they customize with text and art that describes and captures their internship experience. When possible, the poster presentation event is conducted in person during the final week of the semester. In response to the COVID-19 pandemic, recent poster presentations have been conducted remotely using Webex or Zoom, with similar fine results.
- Artifact: Interns submit one product they deem to be representative of their internship experience and completed work projects. Typically these are digital artifacts which may be submitted on Canvas.
- Midterm and final evaluations of the intern by the site supervisor: a critical aspect of the assessment of student competency, carrying the largest single point value of any HSC 479 assignment. Site supervisors evaluate intern performance in two broad sections: general professional behavior and degree of competency in those NCHEC Areas of Responsibility to which the intern has been exposed.
- Evaluations of the site and the site supervisor by the intern: Student evaluations permit the program to vet internship sites and site supervisors on an on-going basis, and to eliminate sites and/or site supervisors that are not providing the high caliber of internship experience required by the program.

3. Handbooks, websites, forms and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are available online.

Course/Experience/Field exposure	Document uploaded to ERF/Box
HSC 479, Internship	Internship Handbook – Spring 2021.pdf
	Internship Planner for Seniors.pdf
	Internship Site Supervisor Guide – Fall 2020.pdf
	495 Internship Interest Inventory.pdf
	Internship confirmation Form

Documents related to cumulative experience and field exposure (internship) are located in the ERF, Criterion B, Criterion B4-3 – Internship documents.

4. Samples of student work that relate to the cumulative and experiential activities. The program must include samples from at least 10% of the number of degrees granted in the most recent year or five samples, whichever is greater.

Course/Experience/Field exposure	Student work uploaded to ERF/Box
HSC 479, Internship	Poster (5 from Spring 2021)
HSC 479, Internship	Artifact (5 from Spring 2021)
HSC 479, Internship	Midterm/Final paper (5 from Spring 2021)

Samples of student work relative to cumulative and experiential activities (internship) are located in the ERF, Criterion B, Criterion B4-4 – Student work.

C1. SUMMARY DATA ON STUDENT COMPETENCY ATTAINMENT

The program collects and analyzes aggregate data on student competency attainment, using the competencies defined in Criterion B2 as a framework. Data collection allows the program to track trends in student learning and adjust curricula and assessment activities as needed.

1. A brief summary of the results of data collected on student competency attainment listed in Criterion B2 for the last three years.

a. Course-based assessment

Course-based assessment data collected over the preceding three years have demonstrated a high degree of student competency on the foundational competencies, as well as additional concentration competencies, identified in Criterion B2. When students fail to reach competence for an individual artifact or course, faculty make every effort to remediate and bring the student up to and beyond the threshold for competence. Furthermore, competency is not dependent on any single course or assignment, but rather results from the totality of targeted experiences throughout the major. Finally, attainment of selected competencies is determined using a combination of a group and an individual assignment.

For the foundational competency, *communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences*, the program utilizes both a group project (the Social marketing plan (integrative summary), major assignment in HSC 494, Health Communication), and two individual assignments (Simulations #6 and #7, in HSC 495, Professional Preparation in Health Promotion). In each of the past three HSC 494 cohorts, 100% of students have achieved competency as measured by this assignment, with project scores over the three years averaging 88.3%. Mean scores on Simulations #6 and #7 were variable over the past three years of accumulated data (Mean mean score, Simulation #6: 70.3%; Mean mean score, two years data, Simulation #7: 84.6%). However, with remediation, 100% of students in each cohort reached competency on these assignments. For the second required foundational competency (*locate, use, evaluate, and synthesize public health information*), group work on the major Epidemiology Research Project in HSC 387, especially the Distribution section, is measured, as well as individual student scores on the first lab assignment which requires the use of health data sources. High levels of student competency have been observed on both the full Epidemiology Research Project, and the Distribution subsection. For the full Project, at initial assessment, the class cohort competency was 100% and 85.7%, in 2019 and 2020, respectively. For Lab #1 in HSC 387, an exercise in which students must identify health data sources, locate precise data points, and interpret data in a broader context, class competency rates were 100% and 90%, in 2019 and 2020, respectively. For the individual assignment, Simulation #1, in HSC 495, the mean mean of student scores over the preceding three years was 80.2%, with 82.5% of students achieving competency before remediation.

On the additional concentration competencies listed in Criterion B2, class cohort competency levels and individual student competency were similarly high for the years in which they were measured, for both group and individual artifacts. For example, the program measures achievement of the competency, *Implement, coordinate, and manage health programs*, using the group project, Social marketing project, Worksheet #6, Social media strategy, from HSC 494, Health Communication. In each year between 2018 and 2020, 100% of class cohorts achieved competence as measured by the assignment. Measurement of attainment of this competency is supplemented by the use of the individual assignment, Simulation #3, from HSC 495, Professional Preparation in Health Promotion. The mean mean score for this assignment between 2018 and 2020 was 76.1%, and 85.6% of students reached competency before remediation. On the critically important competency, *plan strategies for health behavior interventions,* 100% of HSC 494 cohorts achieved competence as measured by the group Comprehensive Marketing Plan assignment, for each year between 2018 and 2020. For the same competency, 100% of students in HSC 388 (Organization and Administration in Health Promotion) reached competency as measured by the group Grant Proposal project assignment. Finally, using the individual assignment, Simulation #2, from HSC 495, as an indicator of this competency, mean mean over the preceding three years was 79.5%, with 83.4% of individuals achieving competency before remediation. In attainment of the competency, *perform health promotion evaluation and research*, an average of 94.5% of individual students in each of the last three cohorts achieved competency, as measured by the research instrument (survey or interview guide) they created in HSC 487. For the competency, *advocate for health*

education/promotion, 100% and 86.8% of individual students in HSC 388 class cohorts achieved competency on the Advocacy Letter assignment, in 2020 and 2019, respectively.

Midterm/Final Evaluation of Student Intern by Site Supervisor (HSC 479). As mentioned previously in this document, a critical aspect of the assessment of student competency, carrying the largest single point value of any HSC 479 assignment, are the evaluations by site supervisors. Site supervisors evaluate intern performance in two broad sections: general professional behavior and degree of competency in those NCHEC Areas of Responsibility to which the intern has been exposed. Because the exact experiences of each intern vary, as do the specific NCHEC Areas of Responsibility to which they are exposed, it is impractical to map the Site Supervisor evaluations to any of the foundational or concentration competencies listed in Template B2-1. Nevertheless, Site Supervisor evaluations remain important and useful indicators of student competency attainment related to the NCHEC Areas of Responsibility. Across the last four academic years (2017/18 through 2020/21), mean Site Supervisor Final Evaluations of intern competencies ranged from 4.35 (#5, Administer and manage health education/promotion) to 4.53 (#7, Communicate, promote and advocate for health, health education, and the profession). The rating scale ranged from 1 (Not enough information to evaluate) to 5 (Distinguished).

Site Supervisor Midterm Intern Evaluation and Final Intern Evaluation Data, refer to the ERF, Criterion C, ARD Criterion C4

b. Exit/Practice exam.

The purpose of the Exit/Practice Exam for undergraduate majors in Health Education and Promotion is twofold: (a) to provide the department with valuable evidence of student mastery of essential health education content and skills, and (b) to create an indicator for students wishing to prepare for the Certified Health Education Specialist [CHES] credentialing examination. From its inception, the intent was to create an instrument that closely resembled the actual CHES exam, both in format and in proportional representation of each of the seven Responsibilities of the Entry-level Health Educator. The result was a 150-item exam, administered electronically, with the same 3-hour time limit applied to the CHES exam. The proportion of exam items in each Area of Responsibility mirrored that of the actual exam at the time of the Exit/Practice Exam's creation. In 2016, one duplicative Responsibility Area #1 item was deleted, reducing the total exam size to 149 items, and Responsibility Area #1 from 18 to 17 items.

Total exam scores/percentages, and scores/percentages for each of the Areas of Responsibility, are computed for all subjects, and immediately emailed to the subject along with the most current CHES exam pass thresholds and percentages.

The Exit/Practice Exam is administered at the end of HSC 495, currently a Fall semester course. Analysis of data for the purpose of program assessment, however, occurs at the end of the academic year and is two-tiered. Simple descriptive statistics (maximum, minimum, mean, standard deviation) are generated for all 150/149 exam items. Furthermore, mean and standard deviation of percentages earned in each of the Responsibility Areas are computed for the cohort. Although the results of these analyses for a single academic year will not generally initiate changes to the curriculum or to specific courses, findings of multiple years' cohorts do, at times, result in such program revisions. Lower than expected or acceptable mean scores for items in specific Areas of Responsibility spur evaluation of program curriculum and course content with the aim of correcting any perceived gaps.

For the full data set (2013/2014 through 2020/2021), total exam scores have ranged from 133 (89.3%) to 18 (12.1%) (mean = 88.53, standard deviation = 21.6). Scores/percents on each of the Areas of Responsibility are indicated in the table below:

	Max. score/percent	Min. score/percent	Mean/%	Standard deviation
Responsibility 1	16/94.1	2/11.8	10.74/63.2	2.93
Responsibility 2	24/100.0	3/12.5	15.56/65.0	4.33
Responsibility 3	33/91.7	2/5.6	21.50/59.7	5.96
Responsibility 4	20/100.0	1/5.0	11.17/55.9	3.73
Responsibility 5	16/100.0	0/0	9.54/59.6	2.85

Responsibility 6	21/91.3	3/13.0	13.14/57.1	3.42
Responsibility 7	12/92.3	1/7.7	6.88/52.9	2.18

**Full data set through 2019/2020

IMPORTANT NOTE about the Exit/Practice Exam. In the current arrangement, students are required to take the Exit/Practice Exam as a requirement in HSC 495, Professional Preparation in Health Promotion. As with many elements of the course, Exit/Practice Exam performance is intended to introduce students to the exam, its format and process, to allow them to practice before officially taking the exam, and to communicate to students the areas of professional competency that they need to especially review in order to improve their likelihood of success taking the CHES credentialing exam. HSC 495 students' score for this assignment, for taking the Exit/Practice Exam at the end of the semester, is Pass/Fail. They do not receive an assignment score that is proportional to how well they do on the Exit/Practice Exam itself. As a result, students do not typically prepare for this assignment like they would prepare for the actual exam, and they tend to not take it terribly seriously. This undoubtedly explains the discrepancy between the practice assignment and national data for the actual CHES Exam. Nonetheless, it is a helpful preparatory exercise for students. The Unit continues to assess the use and application of the Exit/Practice Exam, and means by which it could serve as a more accurate predictor of student success on the CHES Exam. Further incentivizing student preparation for and performance on the Exit/Practice Exam would make it a more useful tool in program assessment, as well.

Additional Exit/Practice Exam data are located in the ERF, Criterion C1, ARD Criterion C, ARD Criterion C1 – Exit Exam.docx. The full Exit/Practice Exam is located in the ERF, Criterion C.

c. CHES exam.

The Health Education and Promotion program is constructed on the framework of the NCHEC Areas of Responsibility and Competencies. Program course syllabi list NCHEC Responsibilities and Competencies that are aligned with course content and skill development, thus reinforcing the significance of the Certified Health Education Specialist credential, and preparation for the CHES Exam. Nearly every core course devotes time to discussion of the CHES credential, some courses more than others. More than half of the points leading to a grade in HSC 495, Professional Preparation, come from NCHEC simulation exercises and NCHEC Responsibility Area quizzes. The last significant curriculum overhaul resulted from an updating of the NCHEC framework following HESPA [Health Education Specialist practice Analysis] 2015. In short, CHES is important to the program and department!

Despite this reality, Health Education and Promotion majors are not required to take the CHES Exam as a condition for graduation. Although they are indoctrinated with the importance of the CHES credential from their entry into the major, a relatively small proportion of graduates take the test. Program graduates have compiled a respectable pass rate on the CHES Exam, as high as 100% in 2014.

The Health Education and Promotion program and Unit will be conducting a formal revision and update of the curriculum in response to HESPA II 2020, and following the CEPH accreditation cycle, most likely in Spring 2022.

Full CHES Exam results for Ball State University graduates are located in the ERF, Criterion C1, ARD Criterion C, ARD Criterion C1 - CHES Exam.docx.

2. Evidence and documentation of the program's regular review of data related to student attainment of the competencies defined in Criterion B2. Evidence may include reports, committee meeting minutes or other sources. For each piece of evidence provided, list the relevant document(s) and page(s) (e.g., Faculty meeting minutes, May 12, 2012, pp. 3-4).

Documentation	Description	Location
Intern evaluations	Midterm/Final evaluation data, Evaluation of Student Intern by Site Supervisor, 2017/18 to 2020/21	***ERF – Criterion C, ARD Criterion C, ARD Criterion C4.docx***
CHES Exam data	CHES Exam pass rates and Responsibility Area scores, by testing, 2013 to present	***ERF – Criterion C, ARD Criterion C, ARD Criterion C1 - CHES Exam.docx***

NHS retreat documentation	Retreat spreadsheet, notes, and memo; faculty post-retreat survey results; related to curriculum revision	***ERF – Criterion C, Criterion C1-2***
Cascade update	May 2021 Priorities for Action (PFA) annual update	***ERF – Criterion C, Criterion C1-2***
Meeting minutes	HEP Unit meeting minutes 22 February 2021, p. 1 HEP Unit meeting minutes 31 August 2020, p. 2 HEP Unit meeting minutes 23 March 2020, pp. 1-2 HEP Unit meeting minutes 28 January 2019, p. 2 HEP Unit meeting minutes, 24 September 2018, p. 1 NHS Faculty meeting minutes, 16 August 2019, p. 2 NHS Faculty meeting minutes, 14 November 2018, pp. 1-2	***ERF – Criterion C, Criterion C1-2***

3. A description of the ways in which the program uses data to make improvements and at least three examples of recent changes based on data.

a. HSC 495, Professional Preparation in Health Promotion. Analysis of CHES exam pass rates by program graduates, together with scores on the in-house Exit/Practice Exam, led to a systematic discussion of student preparation for the CHES Exam. Although the program had ample evidence of student competency attainment derived from course-based assessment, there was an apparent gap separating student academic success from CHES Exam success. The result was the creation of HSC 495, a curricular "bridge" between the other major core coursework, and professional practice beyond (internship, professional position). In HSC 495, students are now exposed to a systematic, intense review of each of the NCHEC Areas of Responsibility, on which the program is built. They take a 20-30 point multiple-choice quiz (content contained in *The Health education specialist: A companion guide for professional excellence* (7th ed.) (National Commission for Health Education Credentialing, Inc., 2015)), and they complete a rigorous simulation exercise, for each Area of Responsibility. This targeted CHES Exam content review and testing in HSC 495 has intensified in the past three academic years. Although we are confident that this focus will result in short time in improved CHES Exam scores and pass rates for program graduates, significant improvements have not yet been observed in the brief time since major revisions to the course were made. In addition to this CHES Exam review, students engage in numerous professional development activities, including resume/cover letter development, mock interviews, and professionalism workshops.

b. Elective categories revision. The Department held a weekend-long faculty retreat in Fall 2018, around the time that the Department of Physiology and Health Science merged with Nutrition faculty from the Department of Family and Consumer Sciences. Although a principal aim of the retreat was to ease the transition into a new, combined administrative entity, the retreat included sessions that addressed the curriculum. Health Education and Promotion majors are required to take at least one 3-hour course from each of four categories of electives. At the time, the four elective categories were Population Health and Policy, Diversity Studies in Health, Biomechanical and Clinical Sciences, and Applied Public Health. It was agreed that patterns of student elective choice did not optimally contribute to competency in the major core courses, and that redistribution/revision of the elective categories would be justified. The resulting realignment created the following elective categories, still in place: Population Health; Class, Culture & Diversity; Applied Health Practice; and Special Topics in Health.

c. Immersive learning/Experiential learning. The program is attentive to the crucial transition majors make between their core Health Education and Promotion coursework and professional practice via their internship and subsequent public health careers. As such, competency attainment data related to each foundational and concentration competency highlighted in Template B2-1 are routinely interpreted in relation to professional preparation. In recent

years, lower than projected pre-remediation individual competency rates for targeted competencies (i.e., Communicate public health information; Plan strategies for health behavior interventions; Implement, coordinate, and manage health promotion programs) spurred an examination of course delivery methods, not simply in those courses aligned to these competencies. Determination was made to incorporate immersive/experiential learning components in key core courses (i.e., HSC 302, HSC 494), and in so doing, provide students with opportunities for more hands-on, practical application of skills and knowledge acquired in HEP courses. Although it is early to suggest the benefit of this course-based experiential learning, anecdotal evidence from internship sites and prospective post-BSU employers has cited the experiential learning as an attractive enhancement to graduates' resumes.

d. Intern evaluations. The primary source of points in the internship course, HSC 479, are the Midterm and Final Student Intern Evaluations by Site Supervisor. These surveys, administered electronically using Qualtrics, measure the site supervisor's perceptions of their intern's professional skills and abilities, personal attributes, and competence in each of the seven NCHEC Areas of Responsibility. These survey data are compiled and analyzed annually, and the Unit determines what, if any, curricular changes are warranted. Site supervisors' responses on a number of the professional skills and abilities items contributed to the creation of HSC 495, Professional Preparation in Health Promotion, and have influenced course content and revisions since its inception. Furthermore, response patterns on the NCHEC items have spurred reorganization of content in major core courses in order to better reinforce relevant content and skills, as well as adjustments to the sequencing of those core courses.

C2. GRADUATION RATES

The program demonstrates that at least 70% students for whom data are available graduate within six years or the maximum time to graduation as defined by the institution, whichever is longer.

For the purpose of calculating graduation rates the program should only include students who declared the major and have at least 75 credit hours.

If the program cannot demonstrate that it meets this threshold, the program must 1) document that its rates comparable to similar baccalaureate programs in the home unit (typically a school or college) and 2) provide a detailed analysis of factors contributing to the reduced rate and a specific plan for future improvement that is based on this analysis.

The program defines a plan, including data sources and methodologies, for collecting this information. The program identifies limitations and continually works to address data limitations and improve data accuracy. The program does not rely exclusively on institution – or unit-collected data, unless those data are sufficiently detailed and descriptive.

1. **Graduation rates in the form of Template C2-1.**

TEMPLATE C2-1
Students in BS/BA in Health Education and Promotion Degree, by Cohorts Entering Between 2015-16 and 2020-21

	Cohort of Students	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
2015-16	# Students entered	33					
	# Students withdrew, dropped, etc.	0					
	# Students graduated	7					
	Cumulative graduation rate	21.2%					
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	26	35				
	# Students withdrew, dropped, etc.	1	2				
	# Students graduated	18	7				
	Cumulative graduation rate	75.8%	20.0%				
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	26	41			
	# Students withdrew, dropped, etc.	1	0	1			
	# Students graduated	5	15	5			
	Cumulative graduation rate	90.9%	62.9%	12.2%			
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	11	35	32		
	# Students withdrew, dropped, etc.	0	1	5	1		
	# Students graduated	0	7	22	1		
	Cumulative graduation rate	90.9%	82.9%	65.9%	3.1%		
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	3	8	30	37	
	# Students withdrew, dropped, etc.	0	0	0	3	0	
	# Students graduated	0	2	7	14	2	
	Cumulative graduation rate	90.9%	88.6%	82.9%	46.9%	5.4%	
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	1	13	35	21
	# Students withdrew, dropped, etc.	0	0	0	0	2	1
	# Students graduated	0	0	0	10	18	4
	Cumulative graduation rate	90.9%	88.6%	82.9%	78.1%	54.1%	0%

It is customary at Ball State University to report academic program **6-year graduation rates**; i.e., the percentage of students who have graduated with the major within six years of declaring it. The Health Science (Community Health Education) program was discontinued in 2015, following a significant curriculum revision. The Health Education and Promotion program began accepting new students in Fall 2015. Therefore, it will not be possible, to calculate full 6-year graduation rates for a Health Education and Promotion program cohort until the end of Summer 2021.

Enrollment in the major has remained relatively consistent over the past six cohort years. The number of students entering the major at the beginning of AY 2020/2021 is lower because it only includes enrollments from Fall 2020, and has not been updated with new enrollments in Spring and Summer terms.

2. A brief narrative description of how the program collects and analyzes data to calculate its graduation rates.

The Health Education and Promotion Unit assesses progress of majors through the program with the assistance of matriculation data routinely collected by the Office of Academic Systems and the Office of Institutional Research and Decision Support. Statistics are computed for cohorts of program majors, classified by academic year in which they first enrolled as a Health Education and Promotion major. The program is particularly attentive to graduation rates, as well as incidence of student withdrawals from the program. In addition, considerable effort is made to assure that students who apply themselves appropriately and enroll in recommended course loads each semester are able to complete the major in approximately eight semesters.

As explained in the preceding section, it is customary at Ball State University to report academic program **6-year graduation rates**; i.e., the percentage of students who have graduated with the major within six years of declaring it.

3. If applicable, a discussion of limitations of the current data on graduation rate data.

The program is working with individuals from the Office of Institutional Research and Decision Support to develop a more self-sustaining and technologically maneuverable system for collecting, analyzing, and reporting on graduation rate data, with a soft launch target date of Fall 2021. The current strategy, which was utilized for this self-study, is very laborious, requiring careful scrutiny of student transcripts and course registration records, one student at a time, from more than one database/system, and manual manipulation of those data to arrive at the figures in Template C2-1. A more easily institutionalized method is being developed and will be operational by the start of AY 2021/2022.

4. If applicable, a description of plans to improve the accuracy of graduation rate data.

The strategy used to compile and compute graduation data for Template C2-1, described above, presents opportunities for error and misjudgment. For example, the timing of student decisions regarding majors and minors, and the extent to which the records on transcripts and course registrations accurately reflect that timing, is questionable. We expect these sources of possible error to be largely eliminated by the new system under development.

5. If data do not indicate that 70% or more of students graduate within the maximum time to allowable time AND this shortfall is not solely attributable to concerns with data collection methods, evidence that the program's response rates are comparable to similar baccalaureate programs in the same institution.

Does not apply. The only cohort for which a full six years of data are available, 2015/2016, has a cumulative graduation rate of 90.9%.

6. If data do not indicate that 70% or more students graduate within the maximum time allowable time AND this shortfall is not solely attributable to concerns with data collection methods, a detailed analysis of factors contributing to the reduced rate and a specific plan for improvement that is based on analysis.

Does not apply. The only cohort for which a full six years of data are available, 2015/2016, has a cumulative graduation rate of 90.9%.

C3. POST-GRADUATION OUTCOMES

The program demonstrates that at least 80% of graduates from the major have secured employment or enrolled in further education within one year of graduation. This rate calculated based on the number of students for whom outcomes are known.

If the program cannot demonstrate that it meets this threshold, the program must 1) document that its rates are comparable to similar baccalaureate programs in the home unit (typically a school or college) and 2) provide a detailed analysis of factors contributing to the reduced rate and a specific plan for future improvement that is based on the analysis.

The program collects and analyzes the data on the types of employment and further education graduates pursue.

The program defines a plan, including data sources and methodologies, for collecting information on post-graduation outcomes. Data collection methods for graduates' destinations are sufficient to ensure that data are available for at least 30% of graduates each year.

The program identifies limitations and continually works to improve data accuracy. Multiple methods, both quantitative and qualitative, may be required, and multiple data collection points may be required. The program does not rely exclusively on institution- or unit-collected data, unless those data are sufficiently detailed and descriptive.

1. **Job placement and further education rates for the last three classes of students who would have been expected to report destinations at one year post-graduation. Present information in the format of Template C3-1.**

TEMPLATE C3-1

Job placement of Health Science, Health Education and Promotion graduates

Destination of Graduates by Employment Type	**Job Placement/Further Education Rate by Graduating Class**								
	Year 1 (2017)			**Year 2 (2018)**			**Year 3 (2019)**		
	Fa17	**Sp18**	**Su18**	**Fa18**	**Sp19**	**Su19**	**Fa19**	**Sp20**	**Su20**
Employed									
Employed full-time	1	9	8	1	12	8	4	10	1
Employed part-time		3						1	
Continuing education/training (not employed)		5	1		5	3		4	1
Actively seeking employment								2	
Not seeking employment (not employed and not continuing education/training, by choice)									
Unknown (% not responding)	0	0	0	0	1	1	0	0	1
Total	**1**	**17**	**9**	**1**	**18**	**12**	**4**	**17**	**3**
Percent placement by year	**100%**			**100%**			**91.3%**		
Cumulative percent placement	**97.5%**								
Response rate by year	**100%**			**93.6%**			**95.8%**		
Cumulative response rate	**96.3%**								

2. Qualitative and/or quantitative information on the types of employment and further education graduates pursue.

Among responding 2017-2019 program graduates composing the sample compiled for Criterion C3, 85.6% were working in a health setting one year post graduation. Those settings included:

- Health-related - not stipulated (13.3%)
- Community-based health agency/organization/nonprofit/voluntary health organization (6.0%)
- Health research institution/facility/operation, university based or not tied to educational institution (1.2%)
- Healthcare/clinical/hospital/long-term care facility (6.0%)
- Worksite/corporate health promotion/Insurance/employee wellness (3.6%)
- Health-related government agency: city/county/regional/state/federal health agency/organization (4.8%)
- Health/fitness club/gym/organization not tied to educ. institution (1.2%)

Program graduates reported an enormous variety of employers one year post graduation, including state and local health departments (Kentucky; Marion County, Indiana; Henry County, Indiana), healthcare institutions (IU School of Medicine, Parkview Hospital, Trilogy Health Services, Midwest Sport and Spine), corporate wellness (Anthem Blue Cross/Blue Shield, Abbott Laboratories, Genesys, Webmd) and community or nonprofit health organizations (Little Red Door Cancer Agency of Indianapolis, Indiana Donor Network, Indianapolis Urban League, Special Olympics of Indiana).

In the post-graduation outcomes survey data cited above, 22.9% of graduates reported being enrolled in a program of continuing education (e.g., graduate or professional degree, additional undergraduate degree, technical training) at one year post-BSU. The largest proportion indicated they were pursuing an MPH, stipulating majors of health informatics, epidemiology, and social/behavioral sciences. Other respondents reported being enrolled in programs to earn the Doctor of Osteopathic Medicine, Masters in Healthcare Administration, Master of Occupational Therapy, and Accelerated Nursing (ABSN). Diverse institutions of graduate or professional education were reported by survey respondents, in both the data collection efforts reported above, and in the annual *BSU Alumni Survey*, conducted by the Office of Institutional Research and Decision Support. The most frequently cited institution was Indiana University-Purdue University in Indianapolis, Fairbanks School of Public Health. Other institutions included:

- Ball State University
- Indiana University, Bloomington
- Purdue University
- Emory University
- Clemson University
- DePaul University
- University of Texas, Arlington
- University of New Mexico

Comprehensive qualitative and quantitative data related to post-graduation outcomes are located in the ERF, in Criterion C, ARD Criterion C3.docx.

3. A brief narrative description of how the program collects data on post-graduation outcomes.

Post-graduation employment/continuing education data are collected and compiled annually, using a number of different strategies and data collection methods. Survey data on program graduates are collected every Spring by the BSU Career Center, in cooperation with the *First-Destinations Survey*. The *First-Destinations Survey* is a nationwide initiative by the National Association of Colleges and Employers, and surveys the primary activities one year post graduation for Spring graduates from over 350 university and college career centers, and more than 25% of all Spring college graduates. Annually, when program-specific results are available, they are shared with program and department leadership. Because the *First-Destinations Survey* examines only Spring graduates, the program developed its own, in-house survey of alumni professional and educational activities one year post Ball State, the *One Year Post-BSU Primary Activity Survey*. All Health Education and Promotion graduates from the cohort graduating one year prior receive an emailed link to the simple 7-item Qualtrics-based survey. Variables measured by the *One Year Post-BSU Primary Activity Survey* largely duplicate those measured by the *First-Destinations Survey*, some items having been adapted to the public health education/promotion discipline. As a result, it is possible to merge data from the two survey sources in order to increase overall response rates. Finally, where necessary, and in an effort to reach all program graduates, social media

sources (e.g., Facebook, Instagram, LinkedIn), as well as faculty professional and personal networks, are leveraged to locate and solicit survey responses.

Both the One Year Post-BSU Primary Activity Survey, and the First-Destinations Survey, are located in the ERF, Criterion C.

***HEP Exit Survey*.** A paper-pencil *HEP Exit Survey* was developed by the program in the mid-1990s, and was administered continuously to graduating students following completion of their internship, until Spring 2015. The *HEP Exit Survey* was resurrected, revised, and launched on Qualtrics in Spring 2020, and was administered to the first cohort of program graduates in Summer 2020. It continues to be administered to majors following the completion of their internship. The *HEP Exit Survey* addresses the following issues:

- Internship timing, professional setting, and geography;
- Evaluation of relevance of core courses to internship work;
- Format of core courses taken (face-to-face vs. remote);
- Post-graduation employment, current and planned;
- Post-graduation continuing education plans;
- Certified Health Education Specialist (CHES) plans;
- Evaluation of Health Education and Promotion program, instruction, advising, and professional mentoring;
- Discipline-specific extracurricular activities and organizations while at BSU;

At the end of the survey, respondents are asked to provide a primary and secondary email address that they intend to maintain into the future, as well as LinkedIn address. The purpose of this request is to provide the program with a relatively reliable means of staying in contact with the graduate going forward.

The HEP Exit Survey is located in the ERF, Criterion C.

LinkedIn Health Education and Promotion Students and Alumni Group. In August, 2020, the Program Director created the Ball State University Health Education and Promotion Students and Alumni Group on the professional networking site, LinkedIn. The description of the Group is below:

> *This moderated group targets students and graduates of public health programs from the Dept. of Nutrition and Health Science at Ball State University, Muncie, Indiana. Current undergraduate programs are the BS/BA in Health Education and Promotion, and the Minor in Public Health. Previous undergraduate degree programs include the BS in Health Science, Minor in Community Health Education, and Minor in Environmental Health. Also invited to participate are graduates of the MS/MA in Health Science (Community Health Education), and doctoral graduates with the Health Science cognate. As with all LinkedIn groups, the purpose of this group is to facilitate the sharing of professional development information and employment opportunities among BSU public health graduates, recent and less recent.*

The Group provides potential professional networking benefits that are not directly related to the aims of the Health Education and Promotion program, nor the well-being of the Department of Nutrition and Health Science. However, a principal aim in setting up and moderating the Group is to facilitate the ongoing collection and analysis of post-graduation professional growth and development among our alumni. Although graduates are likely to change street and email addresses, as well as phone numbers, it is hoped that they will remain connected through a consistent LinkedIn profile and our Group, regardless of their movement.

As of July 6, 2021, there were 106 members of the Health Education and Promotion Students and Alumni Group.

4. If applicable, a discussion of limitations of the current data that are based on data collection.

There are challenges and obstacles inherent in any attempt to collect survey data from graduates who no longer receive university email. Both the program and the university, more generally, attempt to acquire non-BSU email addresses from departing graduates, for purposes like program assessment and alumni fundraising. However, graduates may not carefully monitor non-BSU email addresses, or discontinue them entirely. As attempts to communicate with alumni proliferate, “survey exhaustion” can set in, causing graduates to ignore requests for survey participation. All of these factors can inhibit response rates and limit the validity of data collected and reported. The university makes attempts to

limit the surveys sent by any and all university entities to alumni, such that ambivalence to survey requests is controlled. The program, as well, attempts to limit surveys sent to current students as well as graduates, with the same aim, to control threats to the response rates, and thus, to survey data validity. Finally, the program uses multiple methods to collect post-graduation outcomes data, besides survey data. Not only can basic employment and education data be effectively collected using sources like social media and professional contacts, but these sources may also provide unforeseen qualitative nuance that is useful in program planning.

5. **If applicable, a description of specific plans (with timelines) to improve the accuracy of data.**

   Efforts on the part of the program to collect post-graduation outcomes data are relatively recent. In addition, the *HEP Exit Survey*, which collects graduating students' non-BSU email and LinkedIn addresses, was only recently resurrected. It is hoped that improvements in program methodology will result from increased use. Similarly, it is expected that contact information collected by the *HEP Exit Survey* will turn out to be more reliable than contact information used up to this point for the department's in-house post-graduation outcomes survey.

6. **If data do not indicate that 80% or more of graduates from the public health major secure employment or enroll in additional education within one year of graduation AND this shortfall is not solely attributable to concerns with data collection methods, evidence that the program's rates are comparable to similar baccalaureate program in the same institution.**

   Does not apply.

7. **If data do not indicate that 80% or more graduates from the public health major secure employment or enroll in additional education within one year of graduation AND this shortfall is not solely attributable to concerns with data collection methods, a detailed analysis of factors contributing to the reduced rate and a specified plan for future improvement that is based on this analysis.**

   Does not apply.

C4. STAKEHOLDER FEEDBACK

The program collects information about the following through surveys or other data collection (e.g., focus groups, documented key informant interviews):

- **alignment of the curriculum with workforce needs**
- **preparation of graduates for the workforce**
- **alumni perceptions of readiness and preparation for the workforce and/or further education**

The program must collect this information from BOTH of the following stakeholder groups:

- **alumni**
- **relevant community stakeholders (e.g., practitioners who teach in the program, service learning community partners, internship preceptors, employers of graduates, etc.)**

The program establishes a schedule for reviewing data and uses data on student outcomes and program effectiveness to improve student learning and the program.

1. A list of tools used to collect data from each of the following groups:

- **alumni**
- **relevant community stakeholders**

a. Alumni

HEP Exit Survey

The program utilizes an *HEP Exit Survey* first developed in Summer 2012, as part of a Summer Assessment Grant project. Originally a pencil-paper survey, it was thoroughly revised and updated in 2020 for administration using Qualtrics survey software. Majors take the survey at the end of their internships, typically their last contact with the department. Variables measured are:

- Internship timing, professional setting, and geography;
- Evaluation of relevance of core courses to internship work;
- Format of core courses taken (face-to-face vs. remote);
- Post-graduation employment, current and planned;
- Post-graduation continuing education plans;
- Certified Health Education Specialist (CHES) plans;
- Evaluation of Health Education and Promotion program, instruction, advising, and professional mentoring;
- Discipline-specific extracurricular activities and organizations while at BSU;

In addition, three items were added in the 2020 revision which solicit two non-Ball State University, relatively enduring, long-term email addresses, and a LinkedIn address. These last three items provide the department with a means of collecting follow-up data on graduate professional and academic progress in the years after they leave Ball State.

The HEP Exit Survey is located in the ERF, Criterion C.

BSU Alumni Survey

The Office of Institutional Research and Decision Support engages in two alumni surveys each year designed to determine the extent to which Ball State met alumni needs in academic offerings and the overall collegiate experience. The surveys also address employment, educational plans, and skills used on the job. Each graduating cohort (those alumni for whom the university has a valid current email address) is surveyed in the late summer of the year after they complete their undergraduate degree. Alumni may also expect to receive this survey five years post-graduation.

The BSU Alumni Survey is located in the ERF, Criterion C.

Health Education and Promotion Program One Year Post-BSU Primary Activity Survey

The program developed its own, in-house survey of alumni professional and educational activities one year post Ball State, as a supplement to a similar post-graduation outcomes survey, the First-Destinations Survey, conducted by the BSU Career Center. Neither the program survey, nor the First-Destinations Survey, have as a primary purpose measuring the extent to which the HEP curriculum aligns with workforce needs, graduates are prepared for the workforce, and alumni perceive themselves to be ready and prepared for the workforce and/or further education. Nevertheless, a small number of items in each survey address the nature of the graduate's employer, and whether or not it is health-related, as well as the graduate degree program and emphasis, if they indicate they are enrolled in continuing education. In so doing, these items indirectly suggest how well the program has prepared students to work in a public health position. All Health Education and Promotion graduates from the cohort graduating one year prior receive an emailed link to the simple 7-item Qualtrics-based survey. Furthermore, the extent to which the HEP curriculum aligns with workforce needs, graduates are prepared for the workforce, and alumni perceive themselves to be ready and prepared for the workforce and/or further education are assessed using the HEP Graduate Employer Survey, described below.

b. Community stakeholders: Employers

Employers of Health Education and Promotion graduates, particularly those in health-related agencies, organizations, businesses, etc., are especially apt judges of the preparation of program majors for positions in public health education and related disciplines. Surveying employers of graduates within their first year post-BSU isolates the professional development effects of the program from on-the-job learning and skill development not related to academic preparation. The program utilizes the HEP Graduate Employer Survey, a 7-item online (Qualtrics) survey for the purpose of collecting the evaluative perceptions of first year employers of Health Education and Promotion graduates. Lists of prospective survey subjects are compiled using data collected for other post-graduation outcomes criteria, using surveys created for those purposes (see First Year Destinations Survey, and One Year Post-BSU Primary Activity Survey). When necessary, lists of potential first-year employers are supplemented using social media platforms such as LinkedIn and Facebook, and leveraging personal and professional networks of program faculty and staff

The HEP Graduate Employer Survey assesses perceptions of the HEP program's preparation of students to meet workforce needs. It is administered annually, during the Summer academic term.

The annual HEP Graduate Employer Survey is located in the ERF, Criterion C.

c. Community stakeholders: Internship sites and site supervisors

Health Education and Promotion majors are required to complete a 360-hour professional internship. HEP students intern in a vast array of sites representing the full spectrum of professional public health education practice. The majority of students intern in Indiana, most often at sites in Marion County (greater Indianapolis area) and Muncie/Delaware County. However, students have interned in nearly every Indiana county, in other states, and outside of the US (Brazil, Uganda, Argentina, etc.).

This capstone experience is formalized as HSC 479, Internship, 6 credit hours, and occurs in the student's final semester at Ball State University. Required submissions for HSC 479 include the following surveys, administered on Qualtrics:

- **MIDTERM Evaluation of Student Intern by Site Supervisor**
- **FINAL Evaluation of Student Intern by Site Supervisor**

Site supervisors assess the intern's general professional aptitudes and personal characteristics (i.e., oral and written communication, creativity, site-relevant knowledge, etc.) over 12 Likert-scale items and four open-ended items in the midterm evaluation, and 10 Likert-scale items and four open-ended items in the final evaluation. These surveys also include Likert-scale (with comments) items assessing intern competence in each of the seven NCHEC Responsibility Areas (Distinguished, Competent, Basic, Unsatisfactory, Not enough information to evaluate). Finally, site supervisors rate/comment on intern professional preparation via the following items:

- Please include any comments specific to the student intern that will provide a more complete picture of his/her readiness to enter the health education profession.

- [Final evaluation only] If the student were to apply for a position with your agency, or requested a professional recommendation from you, what type of recommendation would you give in regard to hiring? (Strongly recommend, Recommend, Recommend with reservation, Not recommend).

Scoring for both evaluations is as follows: [recoded in Qualtrics data so that point values match point values on scale for professional skills and personal attributes, and making Responsibility Area point values match Distinguished to Unsatisfactory]

Professional Skills and Abilities
Personal Attributes

Rating	Pt. value
Superior	5.0
	4.5
Above Average/Excellent	4.0
	3.5
Average	3.0
	2.5
Below Average	2.0
	1.5
Unacceptable	1.0

CHES Area of Responsibility (#1-#7)

Rating	Pt. value
Distinguished	5.0
Competent	4.0
Basic	3.0
Unsatisfactory	2.0
Not enough information	*

* Coded "system-missing" in order to not affect descriptive statistics.

Data resulting from site supervisor evaluations of interns are compiled and analyzed by the Health Education and Promotion Program Director. These analyses are examined by the full HEP Unit and recommendations are made for revisions/additions to the major/minor curricula, program procedures, and advising.

2. For each tool identified in documentation request 1, include a copy of the instrument and the most recent year of data.

Tools
Site Supervisor Midterm Intern Evaluation form, Site Supervisor Final Intern Evaluation: ***located in ERF, Criterion C***
HEP Exit Survey located in ERF, Criterion C
BSU Alumni Survey located in ERF, Criterion C
HEP Graduate Employer Survey is located in the ERF, Criterion C

Data
Site Supervisor Midterm Intern Evaluation and Final Intern Evaluation Data, refer to the ERF, Criterion C, ARD Criterion C4
HEP Exit Survey, refer to the ERF, Criterion C
BSU Alumni Survey data, refer to the ERF, Criterion C
HEP Graduate Employer Survey data located in the ERF, Criterion C

3. A description of the ways in which the program uses data to make improvements and at least three examples of recent changes based on data.

1. *HEP Exit Survey*. The *HEP Exit Survey* includes items that touch on alumni intention to take the CHES credentialing exam. Although the program doesn't require students take the CHES exam in order to earn the degree, the program is built on the scaffolding of CHES, and students are encouraged throughout program courses and advising to seriously consider taking the exam. Low reported intention to take the CHES certifying exam has compelled the program to "double down", both informally and in developing and revising course content, on emphasizing the value of CHES certification. Furthermore, the *HEP Exit Survey* measures graduating seniors' perceptions of the core courses in the major, particularly the extent to which each course was useful and utilized during the internship. At the start of each academic year, the HEP unit reviews the preceding graduating cohort's responses to these course items and makes decisions about course content, assignments, evaluation, and scheduling. Finally, graduating seniors respond to items related to their current and future employment, as well as their plans for continuing education. In particular, the unit notes the work settings reported by graduates, where they are currently employed, and where they intend

to seek employment. These data are useful as program faculty and staff advise and direct students in internship placement and post-graduation job searching.

2. *Midterm and Final Evaluation of Student Intern by Site Supervisor*. The Health Education and Promotion program monitors both mean site supervisor evaluation scores for individual items, midterm and final, and also the degree of improvement in those mean item scores. For each academic year internship cohort, and for the cumulative evaluation data, the program is particularly interested in the extent of improvement in site supervisor evaluation of CHES Responsibility Area competency, from midterm to final, as that is a more direct reflection of the effect of the Health Education and Promotion curriculum.

   The program has witnessed statistically significant improvements in mean site supervisor midterm and final evaluation scores, for all seven CHES Responsibility Areas. This finding provides support for the requirement of a practicum experience for our students. They demonstrate the significant benefit of such an immersive professional experience when it comes to enhancing and reinforcing critical health education and promotion knowledge and skills.

   During the last major revision of the Health Education and Promotion curriculum, faculty carefully examined internship site supervisors' assessment of their intern's competency in each of the seven NCHEC Areas of Responsibility. Consistently lower mean evaluation scores on both Responsibility #1 (Assess needs, assets, and capacity for health education/promotion) and Responsibility #6 (Serve as a health education/promotion resource person) compared to other Responsibility Areas led the faculty to create new courses in health behavior theories (HSC 210) to address NCHEC Competency 1.1 (Plan assessment process for health education/promotion), and applied research, writing, and evaluation (HSC 487) to address NCHEC Competency 1.3 (collect primary data to determine needs). Comparative weakness in Responsibility Area #6 motivated the faculty to enhance content in several courses that addresses determination of valid health information sources, evaluating such sources for accuracy, relevance, and currency, and conveying this information to clients (HSC 301, HSC 302, HSC 494, HSC 495).

3. *BSU Alumni Survey*. One item, in particular, in the *BSU Alumni Survey* has more impact on program decisions. Graduates respond to: "what is the main reason you are working an area not related to your major at Ball State?" Response options are "never planned to work in my field", "developed a new career interest", "better pay", "could not find a suitable job related to my major", "would have to relocate for a job in my field", "better opportunity for advancement", and "have not obtained required licensure, registration, or certification required for my field". Response patterns to this item have compelled the program to carefully examine public health advising students received informally from both their academic advisor, and from program faculty. Because many faculty have been away from the discipline's nonacademic workforce for some time, feedback about matters such as job availability/competition and professional salaries is important to how students are guided near the end of the undergraduate program.

D1. DESIGNATED LEADER

The program has a qualified designated leader with ALL of the following characteristics:

- **is a full-time faculty member at the home institution**
- **dedicates at least 0.5 FTE effort to the program, including instruction, advising, administrative responsibilities, etc.**
- **has educational qualifications and professional experience in a public health discipline. Preference is for the designated program leader to have formal doctoral-level training (e.g., PhD, DrPH) in a public health discipline or a terminal academic or professional degree (e.g., MD, JD) in another discipline or profession and an MPH**
    - **if the designated program leader does not have educational qualifications and professional experience in a public health discipline, the program documents that it has sufficient public health educational qualifications, national professional certifications, and professional experience in its primary faculty members**
- **is fully engaged with decision making about the following:**
    - **curricular requirements**
    - **competency development**
    - **teaching assignments**
    - **resource needs**
    - **program evaluation**
    - **student assessment**

1. **The name of and relevant information about the designated leader, in the format of Template D1-1. Template D1-1 also requires a concise statement of the institution or unit's formula for calculating FTE.**

TEMPLATE D1-1

Provide information on the designated leader for the program, including graduate degrees earned, institution where degrees were earned, relevant professional experience, and FTE allocation to the program.

Name of Designated Leader	FTE effort to the program*	Graduate degrees earned	Institution where degrees were earned	Relevant professional experience	FTE definition^
Martin L. Wood	1.0 FTE	MS, Health Promotion PhD, Health Behavior	Indiana University Indiana University	Professor of Health Education and Promotion, Sam Houston State University (1992-1994); Ball State University (1994-present); Instructional designer, computer-assisted instruction and software design, Luther Consulting, LLC (national contractor with CDC for collection, analysis of HIV/AIDS surveillance data)	.25 FTE is the equivalent of a 3-credit hour course teaching load. Program Director receives a 3-hour (.25) administrative release. The remaining .75 FTE equates with 9 credit hours teaching assignment in the program. Program Director may receive a 3-credit hour (.25) release for scholarly activity within the department discipline, which is taken out of the typical 9-hour (.75) teaching assignment.

*including instruction, advising, administrative responsibilities, etc.

^The FTE calculation follows the institution or unit's formula

2. **A concise statement of the designated leader's public health qualifications. If the designated leader does not have public health training and experience, a narrative statement, with names identified, of how the faculty complement, as a whole, demonstrates relevant public health qualifications.**

Martin L. Wood, PhD, Associate Professor, is Program Director for the Bachelor of Arts/Bachelor of Science program in Health Education and Promotion, and the Minor in Public Health. He served as Assistant Professor in the Division of Health and Kinesiology, at Sam Houston State University, Huntsville, Texas, from 1992 to 1994. In 1994, he joined the faculty of the Department of Physiology and Health Science, at Ball State University, as an Assistant Professor, and Graduate Program Director for the Master of Science/Arts in Health Science. He has earned tenure and was promoted to Associate Professor in 2000. The Department became the Department of Nutrition and Health Science in 2016.

3. **A list of the designated leader's duties associated with the program, including teaching, supervision of faculty and/or staff, advising, coordination of evaluation/assessment, administrative duties, etc. Include a job description in the electronic resource file, if available.**

The Health Education and Promotion Program Director position description is located in the ERF, Criterion D.

- Carry the prescribed teaching workload Fall and Spring semesters; minimum 9 credit hours teaching, with 3 credit hours administrative release time each Fall and Spring semester;
- Provide a physical presence at the department office on at least 2 days per week, fall and spring semesters, with at least 4 hours each day to interact with department administration, faculty and students;
- Consult with Department Chair, program faculty, and staff to develop and update academic policies that sustain the excellence and reputation of the program;
- Coordinate accreditation efforts;
    - Serve as liaison between accrediting agencies and program/department;
    - Assign/delegate accreditation work among program faculty and advising;
    - Coordinate the regular, timely collection, analysis, and reporting of graduation rate, post-graduation outcomes, and other data, including the development and maintenance of data systems;
    - Coordinate the collection, analysis, and reporting of program assessment data;
- Provide the Chair with program-specific course scheduling and teaching assignment recommendations as requested;
    - Survey program faculty three times per year to determine teaching preferences and other scheduling, teaching load considerations;
    - Develop a tentative course schedule and faculty teaching assignments three times per year;
    - Submit tentative course schedule and faculty teaching assignments to Department Chair for their approval;
    - Communicate with the assigned Scheduling Specialist and Department Administrative Coordinator to assure classroom/laboratory needs are met;
    - Communicate with the Department Chair to review faculty teaching evaluations and suggest substitutions be considered if there are issues that cannot be addressed with the course instructor;
    - Work with Program faculty and the Chair to identify class coverage or make alternative arrangement due to illness, injury, or family emergency;
- Work with the Primary Department Advisor to assure program majors are receiving timely and appropriate academic advising;
    - Review student requests for course exceptions/substitutions in core courses;
    - Liaison between the advisor and program faculty;
    - Negotiate arrangements for program faculty to mentor majors, instruct special studies and independent student research;
    - Communicate with the Department Chair to review primary advisor evaluation data, and advocate for remedial action when appropriate;
- Perform public health professional advising for majors and minors, provide professional advising to students from other departments/units, on request;
- Prepare reports related to Health Education and Promotion Program activities as requested (i.e., assessments, summary information, etc.);
- Provide leadership and manage the curriculum/academic revision process within the Health Education and Promotion program;

- Consult with the Department Chair to review credentials of highly qualified and experienced instructors for program courses and activities;
- Consult with the Department Chair to assure the financial and logistical support of the program and its faculty;
- Implement program-specific admission and retention policies as defined in the university catalog;
- Contribute to the promotion of the program, and engagement with community partners and stakeholders;
- Assure program representation at important Department, College, and University promotion and recruitment activities, receptions, etc., as a representative of the programmatic area (Cardinal Preview Days, Dean's List Reception, Orientation Breakfast, etc.);
- Provide the Chair with feedback related to programmatic matters as requested;
- Serve as liaison between relevant campus departments (such as Academic Advising and the Career Center) and the Health Education and Promotion Program;
- Communicate program news, highlights, achievement, recognitions, etc. to the Department faculty and monthly reports throughout the year;
- Engage Health Education and Promotion Program faculty regarding issues related to space and equipment;
- Recommend program-specific resources to the Department Chair and prepare an annual equipment replacement needs, as requested.

D2. FACULTY RESOURCES

The program has sufficient faculty resources to accomplish its mission, to teach the required curriculum, to provide student advising, and to achieve expected student outcomes. The following elements, taken together, relate to determining whether the program has sufficient faculty resources.

a. **In addition to the designated leader, the program is supported by AT LEAST an additional 2.0 FTE of qualified faculty effort each semester, trimester, quarter, etc.**

b. **The program's student-faculty ratios (SFR) are sufficient to ensure appropriate instruction, assessment, and advising. The program's SFR are comparable to the SFR of other baccalaureate degree programs in the institution with similar degree objectives and methods of instruction.**

c. **The mix of full-time and part-time faculty is sufficient to accomplish the mission and to achieve expected student outcomes. The program relies primarily on faculty who are full-time institution employees.**

1. **A list of all faculty providing program instruction or educational supervision for the last two years in the format of Template D2-1. Template D2-1 requires each faculty member's name; status (full-time or part-time); and FTE allocation to the program. For the purpose of defining the semesters of required reporting, the program should consider the semester during which the final self-study is due, or the most recent semester for which full information is available, to be semester four and should include information on the three preceding semesters.**

Name	Title/ Academic rank^	FT/ PT	FTE
Arthur, Tya	Assist. Professor	FT	1.0
Beck, Lisa	Assoc. Lecturer	FT	1.0
Brey, Rebecca	Professor	FT	1.0
Jones, Christina	Assist. Professor	FT	1.0
Kotecki, Jerome	Professor	FT	1.0
Melo de Oliveira, Luma	Adjunct Lecturer	PT	.025
Mullins, Dena	Asst. Lecturer	FT	1.0
Place, Jean Marie	Assoc. Professor	FT	1.0
Robertson, Ellen	Adjunct Lecturer	PT	.025
Stassen, Kimberli	Asst. Lecturer	FT	1.0
Whaley, Cathy	Adjunct Lecturer	PT	.025
Wood, Martin	Assoc. Professor	FT	1.0
Zhang, Mengxi	Asst. Professor	FT	1.0

2. **CVs for all individuals listed in Template D2-1.**

   CVs of Health Science faculty, including contract and regular adjunct, are located in the ERF, Criterion D, Criterion D2-Faculty CVs.

3. **A description of the administrative unit's workload policy and expected workload for program faculty. If multiple categories of faculty support the program, address each category. Following the description, cite the relevant supporting document(s) and page(s) (e.g., Faculty Handbook, pp. 12-25; College Bylaws, p. 5). Provide hyperlinks to**

documents if they are available online, or include in the resource file electronic copies of any documents that are not available online.

The workload policy for all Ball State faculty is described in the **Ball State University Faculty and Professional Personnel Handbook**. The academic workload for a University faculty member, which includes both tenure-line and contract (non-tenure track) faculty, is 24 credit hours per academic year. For practical purposes, this amounts to 12 hours each of Fall and Spring semesters. Faculty who demonstrate scholarly productivity have the option to use 3 of those credit hours per semester for research. Department practices include the following: Pre-tenure faculty receive an additional three credits research release time during their first semester (6 credits total for research). The Health Education and Promotion Program Director receives a 3-credit release Fall and Spring semesters for program duties. Teaching release due to research grant awards are 12.5% salary and corresponding benefits for .25 FTE load/course/semester or special arrangements as negotiated with the Department Chair. For Fall semester 2021, one Health Education and Promotion faculty member will have a 1-course buyout. Part-time adjunct faculty with appropriate credentials, that is, doctorate in the content area, or MS with relevant professional experience, may be hired to teach a course as needed, for .25 FTE paid as a stipend as needed. There will be 1-2 courses covered by 1-2 adjunct faculty Fall 2021.

Per the **Ball State University Faculty and Professional Personnel Handbook**, item 21.1, Faculty Load Planning (p. 90): *Academic assignments may include on-campus as well as off-campus classes, assigned time for research or writing, consultative services, or administrative duties. Academic assignments will vary from one faculty member to another. The academic workload for a University faculty member is 24 credit hours for the academic year, 6 credit hours for the summer term, and 12 credit hours for the summer semester*.

Ball State University Faculty and Professional Personnel Handbook (2020-21) LINK. *The Handbook PDF may also be found in the ERF, in Criterion A.*

4. **A table showing the SFR and average class size for program-specific classes for the last two years in the format of Template D2-2. For the purpose of defining the semesters of required reporting, the program should consider the semester during which the final self-study is due, or the most recent semester for which full information is available, to be semester four and should include information on the three preceding semesters.**

Template D2-2

Semester	SBP SFR	Explanation of the data and method used	SBP Ave. Class Size	Explanation of the data and method used
Semester 1: Spring 2021	**30.6 : 1**	The student-to-faculty ratio for each Health Science core curriculum course was calculated in accordance with definition and policy set forward by Ball State University's Office of Institutional Research and Decision Support (OIRDS). Courses that are not part of the required core curriculum for majors (i.e., lower-numbered courses that satisfy university curriculum requirements) were not included in this calculation. The OIRDS suggests that the figure represent the ratio of full-time equivalent students to full-time equivalent instructional faculty. The number of faculty members assigned to each course was calculated based on the premise that the faculty member was full-time and instructional. This definition is that used by the American Association of University Professors (AAUP) in their annual Faculty Compensation Survey. Instructional Faculty is defined as those members of the instructional-research staff whose major regular assignment is instruction, including those with released time for research. All courses	**31**	The average class size for those courses in the Health Science core curriculum course was calculated in accordance with definition and policy set forward by Ball State University's Office of Institutional Research and Decision Support (OIRDS). Courses that are not part of the required core curriculum for majors (i.e., lower-numbered courses that satisfy university curriculum requirements) were not included in this calculation. Class size was determined through reference to the final enrollment figure for each course section. Per OIRDS policy, a class section was defined as an organized course offered for credit, identified by discipline and number, meeting at a stated time or times in a classroom or similar setting, and not a subsection such as a laboratory or discussion session. OIRDS policy notes that calculations should exclude distance-learning classes, students in individualized instruction or independent study, co-operative programs, and internships. The class sizes for all qualifying course sections
Semester 2: Fall 2020	**42.6 : 1**		**43**	
Semester 3: Spring 2020	**34.3 : 1**		**34**	
Semester 4: Fall 2019	**41.8 : 1**		**42**	
Semester 5: Spring 2019	**42.1 : 1**		**42**	
Semester 6: Fall 2018	**43.2 : 1**		**43**	
***Fall 2020 course sections were all online due to the COVID-19 pandemic**				

		in this calculation included one full-time instructional faculty member. Class size was determined through reference to the final enrollment figure for each course section. Per OIRDS policy, a class section was defined as an organized course offered for credit, identified by discipline and number, meeting at a stated time or times in a classroom or similar setting, and not a subsection such as a laboratory or discussion session. OIRDS policy notes that calculations should exclude distance-learning classes, students in individualized instruction or independent study, co-operative programs, and internships.		offered in a given semester were tallied to create a total course enrollment figure. Subsequently, this figure was divided by the total number of course sections included in the particular semester.
Comparable Program Identification and Explanation				
Comparable Baccalaureate Program in the institution		**Narrative explanation of the choice of the comparable program. Include degree objectives and methods of instruction as well as a rationale for the choice**		
Department of Sociology, Bachelor of Science in Sociology, Concentration in Health and Populations		Much like Health Education and Promotion, students in the Department of Sociology are trained to acquire the ability to think critically, situate issues in a larger (macro) context, and make informed decisions through strong preparation in research and training in data analysis skills. In the Health and Populations concentration, students are encouraged to pursue careers in case management and counseling, health research, and public health. In the public health sector, the department notes that students who specialize in this area have the opportunity to explore a broad range of career options, including database management, community health program coordination, intervention specialist, and many more. Both Sociology and Health Education and Promotion require the completion of 120 credits. In Health Education and Promotion, this includes 48 university core curriculum credits and 72 health science-specific credits. In Sociology, this includes 83 required university core curriculum credits and 37 sociology-specific credits. In the Health and Populations concentration, students are required to complete the Sociology of Health and Illness (SOC 341) course, as well as courses in Sociology of Mental Health, Sociology of Human Sexuality, Population Dynamics, and Aging and the Life Course. These courses topically mirror courses offered by Health Education and Promotion. The core Sociology curriculum also includes required courses in research methods, social statistics, sociological theory, and a capstone course integrating a real-world, applied course project. Again, the Health Education and Promotion major includes required		

	courses in research methods, biostatistics, health behavior theory, and a similar capstone experience. Sociology courses are also instructed with a similar faculty-student structure, in that one full-time instructional faculty member oversees the administration of one accompanying course section.			
Comparable Program				
Semester	**Comparable Program SFR**	**Comparable Program Avg. Class Size**		
Semester 1: Spring 2021	**37.1 : 1**	**37**		
Semester 2: Fall 2020*	**49.6 : 1**	**50**		
Semester 3: Spring 2020	**59.1 : 1**	**59**		
Semester 4: Fall 2019	**86.1 : 1**	**86**		
Semester 5: Spring 2019	**71.5 : 1**	**72**		
Semester 6: Fall 2018	**96.5 : 1**	**97**		

5. **A table showing the average advising load for the last two years in the format of Template D2-3. For the purpose of defining the semesters of required reporting, the program should consider the semester during which the final self-study is due, or the most recent semester for which full information is available, to be semester four and should include information on the three preceding semesters.**

Semester	SBP Average Advising Load	Explanation of the data and method used	Comparable Program in the institution	Comparable Baccalaureate Program Average Advising Load	Narrative explanation of the choice of the comparable program
Spring 2021	*Total: 258 HEP: 76	Number of active students currently assigned to advisor regardless of enrollment status	Social Work + Speech Pathology and Audiology	Total: 353 Social Work: 199 Speech Pathology & Audiology: 154	Selected the academic advisor for the Departments of Social Work and Speech Pathology and Audiology because (a) they are also in the College of Health, and (b) the primary advisor for these programs maintains a comparable advising load to that of the primary advisor for Health Education and Promotion.
Fall 2020	Total: 245 HEP: 83	Same as above	Same as above	Total: 354 Social Work: 184 Speech Pathology & Audiology: 170	Same
Spring 2020	Total: 255 HEP: 92	Same as above	Same as above	Total: 363 Social Work: 197 Speech Pathology & Audiology: 166	Same
Fall 2019	Total: 268 HEP: 81	Same as above	Same as above	Total: 384 Social Work: 205 Speech Pathology & Audiology: 179	Same

*The Primary Advisor for Health Education and Promotion also advises students in other programs within the Department of Nutrition and Health Science: BA/BS in Dietetics, BS in Respiratory Therapy, AS in Radiography, and Public Health Minor.

6. **Three examples of how the program has used enrollment data to gauge resource adequacy (e.g., course sequencing, teaching assistants, advising loads, etc.)**

Course scheduling. As a rule, the semester-by-semester timing of major core courses is pre-determined. The arrangement of courses throughout the academic calendar promotes students taking courses in a particular sequence, and facilitates that sequence through the timing of prerequisite courses, as well. It was also intended to promote the creation of informal "cohorts" of students moving together through the major, developing cohesion, camaraderie, and mutual support.

Enrollment in specific core courses is highly predictive of enrollment in subsequent core courses, those that follow in the sequence. Tracking core course enrollments permits the setting of appropriate course section enrollment caps, and decisions regarding the number of course sections to be scheduled.

Teaching assignments. Every attempt is made to limit class size in major courses, facilitating the kind of integration, synthesis, and application of content that produces competent, confident health education specialists. In several core courses (i.e., HSC 301, HSC 302, HSC 494), format and delivery of course content is very experiential and immersive, as opposed to traditionally didactic. This methodology, while beneficial to learning in some aspects of the major, can be more taxing, more labor-intensive, for the instructor. As a result, class size for sections of these more experiential courses is deliberately kept small, where possible even smaller than sections of other major courses. Tracking of enrollments in courses that lead into the more experiential courses allows the program to plan the number of course sections and enrollment caps that optimizes learning.

Advising loads. The program works closely with Academic Advising, specifically the Upper Division Advising Center, to assure that majors and minors are guided expeditiously through the program and Ball State University. In a relationship that can be described as symbiotic, the primary program advisor keeps the program abreast of real and anticipated enrollment developments, and program leaders and faculty inform advising when significant changes in course and program enrollments occur or are expected.

D3. STUDENT ENROLLMENT

To adequately gauge resource needs, the program defines accurate and useful means to track student enrollment, including tracking the number of majors in the program. Given the complexity of defining "enrollment" in an undergraduate major or baccalaureate degree program, the program uses consistent, appropriate quantitative measures to track student enrollment at specific, regular intervals.

1. **A table showing student headcount and student FTE for the last two years in the format of Template D3-1. For the purpose of defining the semesters of required reporting, the program should consider the semester during which the final self-study is due, or the most recent semester for which full information is available, to be semester four and should include information on the three preceding semesters.**

Semester	Student headcount	Student FTE	Narrative explanation of the specific method and source of student enrollment data
Semester 1: Fall 2019	91	89	Explanation below
Semester 2: Spring 2020	101	99	
Semester 3: Fall 2020	91	89	
Semester 4: Spring 2021	72	72	

Note: Both student headcount and student FTE for Spring 2021 were considerably lower than prior semesters listed due to the significant disruptions on higher education of the COVID-19 pandemic.

At the end of each fall and spring academic semester, student enrollment headcount and FTE in the BS/BA in Health Education and Promotion (as well as the Minor in Public Health) is determined. The procedure for extracting enrollment data requires the use of the Argos Web Viewer data management platform. The software tool permits one to extract detailed student enrollment data with a relatively simple dashboard app. For the semester investigated, one selects freshman, sophomore, junior, and senior in the "class" field, Bachelor of Science (BS) in the "degrees" field, and Health Education and Promotion (HEPR) in the "majors" field. A Quickview screen is populated with the selected data, which can then be downloaded as a csv file. This data file can then be opened in Microsoft Excel, and sorted by terms enrolled.

For the purpose of calculating student enrollment, headcount is defined as composed of any/all declared majors in Health Education and Promotion who are enrolled in at least one 3-credit hour course. Student FTE, on the other hand, is determined as the total number of declared Health Education and Promotion majors enrolled in at least 12 credit hours. This is the minimum course load to be considered "full-time" by Ball State University. This figure is further adjusted such that majors enrolled only in HSC 479, the 6-credit hour internship course which is intended to be taken alone, are also counted as "full-time". This conforms to university policy affecting financial aid.

E1. DOCTORAL TRAINING

Faculty are trained at the doctoral-level in most cases. A faculty member trained at the master's level may be appropriate in certain circumstances, but the program must document exceptional professional experience and teaching ability.

1. If applicable, a brief description of the professional experience and teaching ability of any faculty member listed in Template D2-1 who is trained at the master's level without a doctoral or other terminal degree (e.g., JD, MD).

Name	Title/Academic rank	Graduate degree(s) earned	
Beck, Lisa	Assoc. Lecturer	M.E.	Lisa Beck graduated with a Bachelor of Science degree in Secondary Health Education with a minor in physical education and earned her Indiana and Virginia state teaching licenses in K-12 Physical Education and Grades 5-12 Health Education. Upon completing her Masters of Education from Regent University in Curriculum, Instruction and Assessment, Lisa became the curriculum coordinator for the district's K-12 Family Life Education program. She utilized her knowledge and skills to work with other Virginia school districts to align their curriculum to the new state and national health standards. Lisa has worked as a health educator in a variety of health promotion settings, including patient education, worksite health promotion, and community health. Since 2012, Lisa has taught a number of classes in the Department of Nutrition and Health Science at Ball State University. As the only licensed health educator in the department, she primarily teaches the elementary school health methods course. Lisa uses her knowledge and experiences to teach a wide variety of courses in the department. In 2014, Lisa became a Certified Health Education Specialist and has maintained that certification through annual membership and attendance at a number of state and national conferences including SOPHE, ASHA, ASCD, and APHA. In 2015, she served a three-year term as president elect, president and past president of the Indiana Society of Public Health Education. In 2017, Lisa was student nominated for the university's Excellence in Teaching (ExIT) Award. In 2020, Lisa was awarded the Outstanding Faculty Teaching Award for Non-Tenure Line.
Melo de Oliveira, Luma	Adjunct Lecturer	M.S.	Nearing the completion of her doctorate in Environmental Health at Indiana University School of Public Health with plans to defend May 2021, her dissertation research examines mode of action and genetic expression due to fire retardants and organochlorine insecticide-induced liver tumors in rodents and the relevance to human toxicology. She has coauthored a 2020 book chapter on chemical carcinogenesis in *Principles of Toxicology: Environmental and Industrial Applications* (4th ed.), and published a perspective on mechanisms of hepatic cancer by persistent organic pollutants, in *Current Opinions in Toxicology*. Recently she submitted a paper on the effects of endurance exercise on high fat diet induced non-alcoholic fatty liver disease in mice. She has previously taught courses on scientific reasoning, and served in the role of graduate teaching assistant for several IU courses as well as courses at University of Sao Paulo, Brazil. She has received awards for research excellence from Indiana University and the Society of Toxicology, and a Distinguished Latino Faculty and Staff

			award from Indiana University. She has served in numerous leadership roles including the graduate student representative for the carcinogenesis specialty section in the Society of Toxicology, and the graduate student leadership communications subcommittee of the Society of Toxicology. She currently serves on the Indiana University Graduate and Professional Student Government as an Awards Committee member, and previously as the Vice President of the International Latino Ibero American Student Association at Indiana University. She served as organizer and reviewer of the HPSC Women's Leadership Conference at Indiana University (2019), and as the President of the Brazilian Students Association at Indiana University from 2018-2020.
Mullins, Dena	Assist. Lecturer	M.A.	Dena Mullins obtained a Bachelors of Physical Education degree and a Master's degree in Health Education from Ball State University. Within the field of health science, her area of concentration is community health education. She served as an instructor for Indiana University Purdue University – Indianapolis (IUPUI), teaching five different courses within health education, including nutrition, sports psychology, human sexuality, personal health, and women's health. At Ball State University, she currently delivers teaching content in both online and face-to-face modalities. The classes include Health, Sexuality, and Family Life, Fundamentals of Human Health, and Death and Dying. For these courses, she develops and delivers original content, including designing the structure of her online courses. She has taught courses with up to 170 students and consistently receives high scores on student evaluations. Mrs. Mullins has also served as a mentor to students through several campus organizations.
Stassen, Kimberli	Assist. Lecturer	M.S.	Kimberli Stassen obtained a Bachelors of Health Science degree and a Master's degree in Health Science from Ball State University. She has extensive experience as an instructor in higher education institutions. At Ball State University, she has over 30 years' experience teaching online and face-to-face courses in the field of health science, including Fundamentals of Health, Stress Management, Death and Dying, and Drug Dependency and Abuse. At Ball State University, she has served as a mentor to undergraduate students pursuing internships. In the classroom, she brings professional experience in program planning, health communication and health coaching. Regardless of the class size or course modality, Ms. Stassen consistently receives high scores on student evaluations. As an instructor, she is highly effective at helping students to achieve their training goals.
Whaley, Cathy	Adjunct Lecturer	M.S.	Cathy Whaley has more than 25 years' experience developing, implementing, teaching, and evaluating health education programs in schools, communities, and workplaces. Her experience includes serving as a health education consultant to both public and private organizations, co-authoring multiple peer-reviewed publications and technical reports within the field of health education, and leading and co-leading external grant opportunities. Notably, she was the Director of the Northeast Indiana Area Health Education Center in 2014-17, recruiting and training students from minority and disadvantaged backgrounds into health careers, placing health professions students in community-based clinical practice settings, and promoting interprofessional education and collaborative teams to improve the quality of care and services. Whaley holds a Bachelors of General Studies degree and a Master's degree in Health Education from Ball State University, and her public health interests are in chronic disease prevention, behavioral risk reduction, and physical activity epidemiology. She is certified by the National Commission for Health Education Credentialing, Inc. as

			a Master Certified Health Education Specialist. From 2009 to 2012, she served Ball State University as an instructor within the Department of Physiology and Health Science and the School of Physical Education, Sport, and Exercise Science. From 2020 to the present, she currently is serving as an adjunct instructor within the Department of Nutrition and Health Science. Mrs. Whaley's diverse educational and professional background enables her to be an engaging and effective teacher in higher education.

E2. FACULTY QUALIFICATIONS

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

1. **Provide a list of the education and experience of all faculty members, in the format of Template E2-1. Template E2-1 requires each faculty member's name; graduate degrees earned; institution(s) where graduate degrees were earned; disciplines in which degrees were earned; relevant professional experience outside of academia; credentials from certification, registration, and/or licensure, if applicable; and course(s) taught. For the purpose of defining the semesters of required reporting, the program should consider the semester during which the final self-study is due, or the most recent semester for which full information is available, to be semester four and should include information on the three preceding semesters.**

Name	Grad. degree(s) earned	Instit.(s) degree(s) earned	Disciplines degrees were earned	Relevant professional experience outside of academia	Credentials	Courses taught
Arthur, Tya	M.P.H. Ph.D.	Texas A&M U., Texas A&M U.	Health Policy & Mgt.; Health Educ.	Outreach Worker, Consumer Advocate	CPH	HSC: 160 180 220 310 487 495
Beck, Lisa	M.E.	Regent U.	Curr., Instruction, & Assessment	Middle Sch. Family Life Educ., Division Curr. Coord. Family Life Educ. Staff Dev. Trainer, Owner, worksite wellness Co.	CHES; IN Tch. Lic., (5-12) HED, all grades PE; VA Tch. Lic., all grades HPE, CPR/AED/1st Aid	HSC: 160 180 261 301 350 462 479
Brey, Rebecca	M.S. Ph.D.	Minnesota State U.; U. of Florida	Community Health Health Behavior	Ed. Asst., *Journal of School Health*; Chemical Dependency Counselor	None	HSC: 160 200 367/567 381/581
Jones, Christina	M.A. Ph.D.	U. of Illinois, Purdue U.	Health Comm. Health Comm. in Underserved Pop.	None	None	HSC: 180 200 302 372/572 479 494
Kotecki, Jerome	M.S. M.S. HSD	Indiana U., Indiana U., Indiana U.	Health Education Physical Education Health & Safety	Asst. Dir., Ctr. for Health Prom., Ind. State U.; Mgr./Head Pers. Trainer	None	HSC: 160 180 200 210 261 344 381/581
Melo de Oliveira, Luma	M.S. M.A. M. Sc.	Indiana U., Indiana U., U. of São Paulo	Environ. Health Phil. Of Sci. & Med. Physics	Lab Mgr., Investigative Toxicology and Pathology	None	HSC 482
Mullins, Dena	M.A.	Ball State U.	Health Science	PARCS: Phys. Active Residential Communities & Schools	None	HSC: 160 261 371/571
Place, Jean Marie	M.P.H. M.S.W. Ph.D. Grad. Cert.	U. of So. Carolina; U. of So. Carolina; U. of So. Carolina; U. of So. Car.	Health Prom., Educ., and Behav. Health Prom., Educ., and Behav.; Women's Gend. St.	Consultant, World Bank; Research Asst., National Institute of Public Health, Mexico City	None	HSC: 160 261 301 302 372/572 479 487

Robertson, Ellen	Ph.D. M.A. M.S.	U. of Alabama, Ball State U., U. Mississippi	Health Ed. & Prom. Curric. & Ed. Techn. Wellness	Project Dir., AL Provider Capacity Project; Hlth. Prom. Prog. Mgr., US Air Force, Columbus AFB	MCHES	HSC 160 180 261 367 371 372 381
Stassen, Kimberli	M.S.	Ball State U.	Health Science	Instructional Asst., Health Prom. Educator; Prog. Assoc., American Lung Association	None	HSC: 160 367/567 371/571 381/581 388 479
Whaley, Cathy	M.S.	Ball State U.	Health Science	PI & Proj. Coord., Indiana Action for Healthy Kids; Indiana YRBS Contractor, Trainer; ACSM Natl. Dir. of Certification and Registry	MCHES	HSC 160 482
Wood, Martin	M.S. Ph.D.	Indiana U., Indiana U.,	Health Prom. Health Behavior	Instr. Designer; Marketing/Edit. Assoc. Res. Ed., Men's Health	None	HSC: 160 261 371/571 387 388 479 482 494 495
Zhang, Mengxi	M.P.H. Ph.D.	Tulane U., Tulane U.	Epidem.; Global Hlth. & Behav. Sci.	None	SAS Certified Adv. Progr.	HSC: 160 180 387

E3. INFORMED AND CURRENT FACULTY

All faculty members are informed and current in their discipline or area of public health teaching. Activities that may demonstrate that faculty members are informed and current may include publishing peer-reviewed scholarship, presenting at peer-reviewed conferences, attending relevant conferences and seminars, etc. This list is not intended to be exhaustive.

1. **A description of the activities and methods through which all faculty members remain informed and current in their discipline (e.g., completed professional development opportunities) in the form of Template E3-1. The description must address both full-time and part-time faculty.**

   As indicated in the table below, faculty participate in a wide variety of activities to remain current and informed. Faculty have published peer-reviewed articles, delivered peer-reviewed presentations, and served as reviewers for professional journals. All faculty remain current by reading the professional literature, participating in workshops, seminars, and webinars related to their area of instruction. In addition, our faculty participate in training sessions offered by the Ball State Division of Online and Strategic Learning to improve educational experience and the learning outcomes for our students.

   These activities, as well as the products of these activities (such as peer-reviewed publications) directly benefit our students, our profession, as well as the personal career development of each faculty member. Also, these activities and experiences are valued by Ball State University, the College of Health, and the Department of Nutrition and Health Science, and are important factors for tenure, promotion, and merit pay.

   As part of the College of Health, Department faculty have the opportunity to participate in a series of health-related scholarly presentations by College of Health faculty, as a presenter or as a participant. The College of Health has a Director of Interprofessional Education and Practice, who provides numerous professional development opportunities for faculty collaboration within the College of Health. Professional development funds are frequently available to help faculty remain informed and current in their field. These funds can be used to cover membership in professional organizations, attendance at national and state conferences, and participation in professional workshops, seminars, and webinars related to their area of instruction.

TEMPLATE E3-1

Faculty name	Area of instruction	Explanation of currency
Arthur, Tya	Community Health, Health Disparities, Technical Writing, Health Care Systems	Current Master Certified Health Education Specialist 2019-2020 – PI for funded research on using culturally sensitive communications to reduce infant mortality in African Americans 2019-2020 – five articles and abstracts published in professional, peer-reviewed public health journals 2019-2020 – six oral presentations and posters presented at national professional conferences
Beck, Lisa	School Health, Personal Health, Worksite Health	Current Certified Health Education Specialist Since 2015 – Ambassador for the NCHEC Since 2014 – Member of the SOPHE and Indiana SOPHE 2018 – Participant, Teaching Professor Conference in Atlanta, GA Continually reviews professional, peer-reviewed public health research Participates in Ball State University teaching workshops delivered by the Office of Online and Strategic Learning
Brey, Rebecca	Introduction to Health Education Profession, Personal Health, Drug Education	2019 – Delivered presentations at the National League for Nursing Education Summit and the American Academy of Pediatric Neuropsychology Annual Meeting

		2018 – Peer-reviewed poster presentations at the American School Health Association and The Obesity Society National Conference 2018 – Attended the American School Health Association National Convention and delivered a Poster presentation. Life Member, Eta Sigma Gamma
Jones, Christina	Health Communication, Program Planning, Community Health, Internship	2019 – SOPHE Horizon Award Recipient Since 2019 – Awards and Conference Planning Committees, SOPHE Since 2017 – Planning Committee Member, Food & Nutrition Division, APHA Since 2017 – Abstract Reviewer, Food & Nutrition Division, APHA 2019 – Peer-reviewed publication in *Public Health Nutrition* 2020 – Delivered two presentations at the National SOPHE conference 2019 – Delivered two presentations at the National SOPHE conference 2018 – Delivered two presentations at the APHA conference
Kotecki, Jerome	Community Health, Health Behavior Theories, Disease Management	2020 – Published peer-reviewed journal articles in the *Journal of Food & Nutritional Sciences* and the *American Journal of Health Education (in press)* 2019 – Published peer-reviewed journal articles in *Current Developments in Nutrition,* and *Journal of the Academy of Nutrition & Dietetics* 2020, 2019, 2018 – Delivered peer-reviewed presentations at the American Association of Behavioral and Social Sciences Annual Conference 2019 – Delivered peer-reviewed presentations at the Food and Nutrition Conference and the American Society for Nutrition conference 2018 – present – Reviewer for *Health Behavior and Policy Review Journal, American Journal of Health Education, Health Promotion Practice, American Journal of Health Behavior, The Health Educator*
Melo de Oliveira, Luma	Environmental Health	Steady publication trajectory since 2015, including 3 published peer-reviewed research papers 2019, 3 published peer reviewed research papers and 1 book chapter 2020, 4 research manuscripts in preparation for submission. Attend annual Society of Toxicology meeting, and regional Society of Toxicology chapter meetings, 2017 to present. Dissertation defense is scheduled in May 2021. Accepted postdoc to begin summer 2021, University of Pittsburgh.
Mullins, Dena	Personal Health, Sexuality Education, Death & Dying	Continually reviews professional, peer-reviewed public health research Participates in Ball State University teaching workshops delivered by the Office of Online and Strategic Learning
Place, Jean Marie	Program Planning, Women's Health, Personal Health	2018 – present – Published peer-reviewed journal articles in *Human Fertility, Healthcare for Women International, Sexual and Reproductive Healthcare* 2018 – present – Delivered peer-reviewed conference presentations at the Council for Social Work Conference, APHA, SOPHE, Association for Applied Sport Psychology, Council on Social Work Education, European Society of Human

		Reproduction and Embryology, North American Society for Psychosocial Obstetrics and Gynecology Member, Association of Teachers of Maternal and Child Health, SOPHE
Robertson, Ellen	Personal Health, Drug Education, Death & Dying	Current Master Health Education Specialist Continually reviews professional, peer-reviewed public health research and participates in trainings, webinars, and workshops Participates in Ball State University teaching workshops delivered by the Office of Online and Strategic Learning
Stassen, Kimberli	Personal Health, Death & Dying	Continually reviews professional, peer-reviewed public health research Participates in Ball State University teaching workshops delivered by the Office of Online and Strategic Learning
Whaley, Cathy	Personal Health	Current Master Health Education Specialist Continually reviews professional, peer-reviewed public health research Participates in Ball State University teaching workshops delivered by the Office of Online and Strategic Learning
Wood, Martin	Health Communication, Quantitative Methods, Epidemiology, Organization/Administration, Sexuality Education, Internship	Since 2018 – Faculty mentor for the SOPHE/AAHE Health Education Case Study Student Competition Reviewer, *American Journal of Health Studies* Abstract Reviewer for the APHA National Conference (2018) and SOPHE (2018 – present) Member, APHA and Public Health Education and Health Promotion Section
Zhang, Mengxi	Community Health, Epidemiology, Quantitative Methods	2018 – Present – Published peer-reviewed articles in *The British Journal of Psychiatry, Journal of Immigrant and Minority Health, International Journal of Infectious Diseases, AIMS Public Health, International Journal of Public Health, Public Health Reports* 2018 – Present – Delivered peer-reviewed presentations at the Population Association of America Annual Meeting, APHA, ObesityWeek 2019, Society for Nutrition Education and Behavior. 2018 – Present – Reviewer for *Open Health, Primary Care Diabetes, International Journal of Obesity, Nutrition and Health* 2018 – Present – Member of the American Sociological Association, Population Association of America, AcademyHealth, China Health Policy and Management Society (Current Presidential Committee Chair)

E4. PRACTITIONER INVOLVEMENT

Practitioners are involved in instruction through a variety of methods (e.g., guest lectures, service learning, internships and/or research opportunities). Use of practitioners as instructors in the program, when appropriate, is encouraged, as is use of practitioners as occasional guest lecturers.

1. **A list of the activities and methods through which practitioners are involved in instruction in the format of Template E4-1.**

TEMPLATE E4-1

Practitioner name	Credentials	Title	Employer	Course(s) taught/ Instructional activities provided
Cook, Brodie	BS, MPA	Dir., Environmental Health	Delaware County Health Department	HSC482, Environmental health and safety occupations
Duncan, Fred	MA	CEO, Director	Little Red Door Cancer Agency	HSC 494, Campaign budgeting and fundraising
Flanagan, Jenni	MA, MCHES	Health Educator	Ball State University	HSC 200, Discussion of career
Foley, Jacey	MAE	Dir., Tobacco Control and Resources - Delaware County	Tobacco Free Delaware County	HSC 396, Data collection
Grosh, Stacey	MS	Wellness Nutritionist	Ball State University	HSC482, Food safety, health, and environment
Gruver, Joshua	PhD	Professor of Natural Resources	Ball State University	HSC482, Food insecurity and environment
Hart, Pat	BS	Exec. Dir.	Delaware County Prevention Council	HSC 302, Drug prevention
Hunt, Molly	MA	Extension Education Coord.	Purdue University Extension - Delaware County	HSC 200, Discussion of career
Lewis, Falisha Jean	BS	Pure Romance Consultant	Pure Romance	HSC 261, Commercial sex
McKean, Jerome	PhD	Professor Emeritus	Ball State University, Dept. of Criminal Justice and Criminology	HSC 302, Alcoholics Anonymous
Moss, Jordan	MA	Coord.	Tobacco-Free Coalition of Delaware County	HSC 200, Discussion of career
Olson, Kerwin	BS	Exec. Dir.	CITACT	HSC 301, Community organizing
Peeler, Elizabeth	MSPH, CHES	Health Educator	Ball State University	HSC 160, Presentation, interactive game
Stanley, Melody	MS	Dir., Patient Education & Support Services	IU Health Ball Memorial Hospital	HSC 200, Discussion of career

Van Der Hill, Warren	PhD	Professor Emeritus	Ball State University	HSC344, Disease management
White. Tamara	BS, CHES	Health Educator	Delaware County Health Department	HSC 200, Discussion of career

E5. GRADUATE STUDENTS

If this criterion is not applicable, simply write “Not applicable” and delete the text below.

Course instructors who are currently enrolled graduate students, if serving as primary instructors, have at least a master’s degree in the teaching discipline or are pursuing a doctoral degree with at least 18 semester credits of doctoral coursework in the concentration in which they are teaching.

1. **A list of graduate teaching assistants, if applicable, in the format of Template E5-1.**

   Not Applicable

F1. FINANCIAL RESOURCES

The program has access to financial resources that are adequate to fulfill its stated mission. Financial support is adequate to sustain all core functions, including offering the required curriculum and other elements necessary to support the program's ongoing operations.

1. **A letter, signed by the administrator(s) responsible for the program at the dean's level or above, indicating the institutional commitment to the program and to providing the resources required to accomplish the mission, to teach the required curriculum, and to achieve expected student outcomes.**

   The letter from College of Health Interim Dean, Dr. Jay Kandiah, is located in the ERF, Criterion F.

2. **A budget table delineating fiscal resources for the program indicating all funding sources to the extent possible in the format of Template F1-1. F**

TEMPLATE F1-1

	Year 1	Year 2	Year 3	Year 4	Year 5
	2016/17	2017/2018	2018/2019	2019/2020	2020/2021
	FY2017	FY2018	FY2019	FY2020	FY2021*
Source of Funds					
University Funds	$ 2,479,887.00	$ 2,520,738.00	$ 2,608,550.00	$ 2,645,433.00	$ 2,404,733.00
AHSC - Radiography and Respiratory Therapy programs	*$ 210,236.00*	*$ 216,820.00*	*$ 266,241.00*	*$ 171,255.00*	*$ 193,365.00*
HSC - Health Education and Promotion program	*$ 1,641,998.00*	*$ 1,709,079.00*	*$ 1,721,592.00*	*$ 1,806,420.00*	*$ 1,642,557.00*
NUTR Dietetics, Nutrition and Dietetics programs	*$ 627,652.00*	*$ 594,839.00*	*$ 620,717.00*	*$ 667,758.00*	*$ 568,811.00*
Grants/Contracts**	$ 54,654.00	$ 46,013.00	$ 84,283.00	$ 84,164.00	$ 60,552.00
Indirect Cost Recovery	$ 769.00	$ 503.00	$ 260.00	$ 620.00	$ -
Foundation Revenue***	$ 86,915.50	$ 25,440.56	$ 43,919.52	$ 26,733.71	$ 28,910.00
Scholarships Given to HEP Students	$ unknown	$ 26,783.00	$ 24,035.00	$ 18,859.00	$ 13,940.00
Total	**$ 2,622,225.50**	**$ 2,619,477.56**	**$ 2,851,047.52**	**$ 2,775,809.71**	**$ 2,508,135.00**

*FY2021 contains estimates since the year is not complete and the upcoming summer term hours have not been verified. Indirect costs have not yet been reported for FY2021. Grants/contracts and foundation revenue also incomplete at this date.
**Includes External Awards, Internal Awards, Provost Awards and is reduced by indirect costs to eliminate duplication
***External awards to other departments with NHS faculty as co-I or other key personnel: FY2017=$57,007; FY2018=$139,403; FY2019=$119,490; FY2020=$134,434; FY2021=$128,838
****Directed to 20 funds covering a range of purposes, including student scholarships, research, faculty excellence, public health lecture series, student professional development, and general purpose where lifetime total=$1,054,364

3. A narrative explanation of the data in Template F1-1 and a discussion of any recent or planned future changes in fiscal resources.

The Health Education and Promotion degree program is adequately funded and sustainable, and well supported by the College of Health at Ball State University. While there were budget reductions from FY2019 to FY2020 due to shortfalls in resources, the department was successful in maintaining all services. The pandemic caused university-wide revenue losses, resulting in budget reductions across campus from FY2020 to FY2021. Two positions (including a full-time nontenure line teaching faculty) were eliminated in Nutrition and Health Science. Additionally, two tenured professors left the university during the summer of the pandemic, ultimately resulting in cost savings that have been used in part to hire adjuncts with doctorates, doctoral students, or adjuncts with master's degrees and additional specialized training, until one tenure-line position is filled. During FY2022, the department will conduct a search and hire to replace the professor that was fully funded through the department. There were assorted short-term impacts of the pandemic-caused losses in teaching positions in the program. All core program courses, including directed electives, continue to be offered on the same yearly rotation, with the same frequency, with the same or greater number of available seats. Increases in some class sizes due to faculty losses and budget cuts have been almost exclusively in non-program core courses, or, in a small number of cases, in program core courses that could sustain larger class sizes without reducing instructor effectiveness. Since the departure of the tenured faculty, their principal core course, Environmental Health (HSC 482), has been taught by a doctoral student in environmental health who recently defended her dissertation and is beginning a post-doc. The program has been granted an Associate Professor tenure track line in biostatistics, the search for which will begin in Fall 2021. The program has weathered recent challenges from budget cuts and the COVID-19 pandemic without significantly affecting the integrity of the major, its courses, instructor quality, nor student learning.

Currently the new RCM-budget for Nutrition and Health Science is approximately 89% salaries and benefits (FY2021). The income from contracts and grants, which includes external awards, internal awards, Provost awards ranged from $46,000 to $84,000 through FY2020. These values have had indirect costs removed on Template F1-1, as noted. Foundation revenue has been distributed to Health Education and Promotion students through annual scholarship awards ranging from $14,000-$27,000 over the past four years.

Travel funding to tenure-line faculty has ranged from $800-$1,500 per tenure line faculty member (data not shown). Faculty research accounts may also receive incentive monies from the University for submitting external awards. Funding for the student-run health education honorary society, Eta Sigma Gamma, is managed by the institution Office of Student Life which manages all the campus student organizations, and is provided by membership dues and fundraising. For example, in 2019, students conducted a crowdfunding campaign, and also earned monies by participating in a project from the American College of Rheumatology. Currently the Eta Sigma Gamma student organization has an account balance of approximately $1,400 (data not shown).

Revenue for the Health Education and Promotion program is projected to remain steady because some of the lower level courses in the program are part of the Ball State University Core Curriculum and attract large numbers of nonmajor students. The Minor in Public Health set of courses offered by our department is also revenue generating. As a popular minor on campus, it has grown from 25 students in AY2016/17 to 99 students during AY2020/21 (data not shown, but generated through University Tableau software). Therefore, as noted above, the Health Education and Promotion program is adequately funded and sustainable, and well supported by the College of Health at Ball State University.

F2. PHYSICAL RESOURCES

The program has access to physical resources that are adequate to fulfill its stated mission. Physical resources are adequate to sustain all core functions, including offering the required curriculum and other elements necessary to support the program's ongoing operations.

1. **A description of the physical space available for faculty offices, program classrooms, and student meetings or study groups.**

   Health Professions Building, 1615 W. Riverside Ave., Muncie, IN. The Health Professions Building [HB] was completed and first occupied by the Department of Nutrition and Health Science in 2019. Prior to that date, since its inception, the Department was housed in Cooper Science Complex (2000 W. Riverside Ave., Muncie, IN). The Health Professions Building is the administrative headquarters of the College of Health, as well as the headquarters of the Departments of Social Work, Speech Pathology and Audiology, and Counseling Psychology, Social Psychology, and Counseling, the School of Nursing, and the School of Kinesiology-Athletic Training Programs. Other centers and clinics located in the HPB are the Counseling Practicum Clinic, the Healthy Lifestyle Center, and Speech Pathology Clinic.

   The HB is comprised of 165,000 square feet of classrooms, laboratories, offices, a library/resource hub, simulation labs/suites, and clinical spaces. Dedicated classroom space is composed of two large classrooms, both on the first floor. Students share long, movable tables which can be arranged at the instructor's discretion. HP102 is a 40 seat classroom with two projectors facing the east wall. There is a teaching console with a Dell Computer running Windows 10 in addition to a document camera and connections for a user laptop. The system is switched using an AMX keypad with also controls the room audio volume. HP103 is designed to be used as one single space or two individual classrooms each holding 40 students. Each independent space has a projector and four wall mounted 65" displays and a console as described above. In addition, these rooms are equipped with a wireless microphone system. Either end, 103A or 103B, can be configured to be the presenting location. Each of HP102 and HP103 is equipped with a wall mounted 10" AMX touch panel to allow for the power on and configuration (split or combined) of the space. The Health Professions Building provides ample space for students to gather, collaborate, and socialize. There are open lounges (total 2,798 square feet), on each floor, each of which contains comfortable chairs (even rocking chairs), tables, and televisions.

   A significant proportion of the Health Professions Building is dedicated to clinic and simulation space which is primarily used by other departments and units (School of Nursing, Speech Pathology and Audiology, Counseling, Social Work, Nutrition). Nevertheless, all department have access to much of the simulation space for inter-professional education and practice. The building houses the largest B-Line medical recording system in the country that includes (96) SimCapture and LiveCapture rack servers and nodes. This recording system is used in the Simulation Center, the Clinic, and for Athletic Training. The groups utilizing the recording system include Nursing, Counseling Psychology, Speech and Audiology, Nutrition Counseling, Athletic Training, Social Work, and collaboration with the Medical School.

   The **Department of Nutrition and Health Science** occupies a fifth floor suite in the Health Professions Building which includes 26 faculty offices, a large reception area, two work rooms, and several laboratories. An analytical research/specimen processing laboratory is located in the Health Professions Clinic adjacent to the Health Professions Building, with connecting indoor access, with a nurse's station and an intake collection area for surveys. Another laboratory houses nutrition assessment equipment and working and storage spaces (400 square feet), and a 140-square foot Quiet Room for measurement of BMR. There is access to four exam rooms, three at 144 square feet, one at 211 square feet, with virtual environment projection (overseen by Speech Pathology and Audiology). A 2-laboratory metabolic kitchen with food preparation, storage, and feeding spaces is located on the first floor of the Health Professions Building. These food preparation spaces have GE profile appliances, including 4-burner stovetop, two wall ovens, French door refrigerators in one 250-square foot area. There are restrooms with showers and a bathtub in each lab, located just off the dining areas for biospecimen collection. The dining areas are approximately 1200 square feet in area. The dining area and metabolic kitchen laboratories are part of a Welcome Home simulation suite that also has a 250–square foot sitting area with chairs, TV, and a couch, as well as two bedrooms. Graduate Assistants have access to a large office workspace designed to house 35 in unassigned workstations from across the College of Health on the first floor of the Health Professions Building, adjacent to a Health Library equipped with physical resources and computer workstations to access a majority of library materials online.

The **Health Library** is a 2102–square foot branch of the University Libraries located in the Health Professions Building and provides access to over 800 reference and circulating books on nursing, therapy, nutrition and dietetics, thousands of scholarly journals (8 funded by the Department of Nutrition and Health Science) covering health science, dietetics, nutrition, and other related subjects, a selection of DVDs, 15 public-access computers with software such as Adobe Creative Suite, Microsoft Office, SPSS, and Food Processor, over 300 online databases (80 which are health-focused), two flatbed scanners, and a color printer. The Health Library is also a full-service circulation point where users can renew and return library materials from any University Libraries location, pick up books recalled or on hold, and find out account information. The Health Library is maintained as a quiet area for research and collaborative study with seating at powered study tables, computer stations, or cushioned lounge chairs and two reservable study rooms with moveable tables, whiteboards, and large television screen for presentations. Librarians also provide instructional services and research consultation tailored to the needs of individuals, tour groups, and faculty teaching university courses in the health professions.

F3. ACADEMIC AND CAREER SUPPORT RESOURCES

The academic support services available to the program are sufficient to accomplish the mission and to achieve expected student outcomes. Academic support services include, at a minimum, the following:

- **computing and technology services**
- **library services**
- **distance education support, if applicable**
- **career services**
- **other student support services (e.g., writing center, disability support services), if they are particularly relevant to the public health program**

1. **A description of the program's academic support resources, including each of the following areas. Focus the discussion on the resources that are intended for and/or supportive of the program and its students in particular, and indicate who is responsible for each service (e.g., the institution, the college, the program, etc.). Present the response in the format of Template F3-1.**

TEMPLATE F3-1

Academic Support Resource	Responsible Party	Description
a) computing and technology services	Institutional	Unified Technology Support (UTS) provides the latest technology to Ball State students, faculty and staff at prime locations across campus. The Technology Support Center is also available for students, faculty, and staff for their technology needs. Phone support is provided for all users to ask questions or report problems with on-campus machines as well as their personal machines. Office and residence hall visits are made by consultants by request when needed. Computer labs throughout campus are equipped with printers as well as both Macintosh and Windows computers with a variety of installed software. They provide a variety of general use labs as well as an accessible technology lab for students with disabilities. The Tech Center, located in the campus library, is the hub for many IT technical support services, including the Technology Help Desk and the Technology Store, as well as IT administrative offices. Ball State Information Technology offers several downloadable software applications for little or no cost to current students, faculty, and staff. For students, Information Technology will provide software assistance for their personally-owned computers and help with Ball State applications such as email and Duo factor authentication on mobile devices. Hardware Repair is certified to provide students with convenient on-campus support for Lenovo Think-branded computers, Dell computers, and Apple computers. Relevant to Health Science students is the ability to purchase Adobe Creative Cloud (current students only), Microsoft Office, and other applications at a reduced cost for personal use.
b) library services	Institutional, College	The main collection of Ball State's University Libraries, the Bracken Library, holds a collection of over of 1.5 million print volumes, over 2,900 periodical subscriptions, over 1 million microforms, nearly 98,000 government documents, and over 120,000 maps as well as audiovisual materials, music scores, and archival resources. In addition, Bracken Library visitors have online access to scholarly literature, learning objects,

		and primary sources though over 65 electronic research databases including the Digital Media Repository and Cardinal Scholar Institutional Repository which provide access to digitized archival resources and Ball State scholarly works. On average, the library receives more than 4,500 visitors per day to access collections materials, participate in instruction sessions and consultations, and use technology resources. The library also provides the ability to collect items through interlibrary loan as well as a GIS research and map collection division. The facility provides study with the ability to reserve group study spaces and quiet rooms. At the college level, the Health Library (HL) provides access to collections and services supporting research in the health professions and sciences including counseling, counseling psychology, social psychology, kinesiology, nutrition and health science, social work, speech pathology and audiology. The Health Library is located on first floor of the Health Professions Building. Patrons of this library also have access to over 80 scientific journal titles as well as teaching materials and audio-visual resources.
c) distance education support, if applicable	Institutional	The Division of Online and Distance Education offers more than 150 online undergraduate courses and 70 online undergraduate and graduate degree programs. Students who are part of the distance education community have access to the same academic advising services, peer mentoring, academic support services, technology support, and career planning services as on-campus students. The Technology Help Desk provides support via phone and chat with questions related to hardware, software, and accessing course information. For those students using Examity to take proctored exams online, the software provides step-by-step instructions for using their tool. Ball State's Online and Distance Education program was recently certified by Quality Matters as a certified Learner Support Program, the first online education program in the country to receive this designation. Through the campus iLearn initiative, faculty members are also provided the support and resources to develop quality instruction. Faculty members have the ability to work with instructional designers and technology consultants to design courses that meet research-based standards of best practice.
d) career services	Institutional, College	The Career Center provides one-on-one career coaching, resume and interview assistance, career training, a variety of on-campus workshops, site visits, and job fairs to students across departments and programs. Their outreach stretches from in-class presentations to extracurricular workshops for students on a variety of topics (professionalism, interview preparation, networking, etc.). Cardinal Career Link is an online platform that provides students with online access to many of the career center's resources. The Career Center also provides students access to Indiana Intern.Net, an online network of internship opportunities, as well as Idealist, Vault, and O*Net online. At the College level, the Career Center has a dedicated representative for students in the College of

		Health, with special expertise in the professional landscape for those entering the health professions.
e) other student support services (e.g., writing center, disability support services), if they are particularly relevant to the public health program	Writing Center, Institutional	The Writing Center at Ball State is where students, faculty, and staff turn for writing support. Since 1959, the center has helped thousands of Ball State writers through feedback sessions, workshops, presentations, writing communities, studio space, and online resources for writers. The actual writing center, located in central campus provides appointments for face-to-face, online, individual, or group sessions. Members of the Ball State community can have two free 50-minute appointments each week. The Digital Writing Studio provides resources for students preparing to create digital writing projects (like presentations, websites, videos, podcasts, infographics, or digital posters). Ball State students, faculty, and staff can reserve a working space in the studio where a tutor is always on-hand to answer questions, offer feedback, and troubleshoot technology. The Writing Center offers workshops and presentations upon request for specific classes, degree programs, resident halls, faculty members, or student groups. Additionally, they host weekly writing communities for creative writers, graduate students, and faculty who want time to share writing.
	Disability Support - Institutional	Students with disabilities at Ball State have access to tools and resources that will enable them to manage day-to-day life in college. However, Ball State does not offer a specialized curriculum for persons with disabilities, nor does it assume the role of a rehabilitation center. Students with disabilities relative to autism, chronic conditions, hearing, learning, psychological issues, mobility, visual impairments can seek accommodations through the Office of Disability Services. The Alliance for Disability Awareness, housed through Disability Services, provides guest speakers, presentations, and informative events throughout the year. The Faculty Mentorship Program helps students with disabilities succeed by pairing them for their first-semester with Ball State faculty members. These faculty serve as mentors who guide them through the rigors of college and successfully transition. The Accessible Computer Technology Lab provides a variety of resources to all members of the Ball State community, living with disabilities, to accomplish career objectives and coursework. All services provided meet the requirements of Section 504 of the Rehabilitation Act of 1973 (The Americans with Disabilities Act) and is part of Ball State's commitment to serving all Ball State faculty, staff and students with disabilities. In consideration of those with learning disabilities, he Learning Center provides general study skills tutoring to aid in their overall student success at BSU. Tutoring sessions are led by Ball State students who meet certain academic requirements and are available one-on-one or in small groups.
	Public Health Student Clubs - Departmental	Students' membership and participation in leadership opportunities is a great way to gain experience which makes a difference when seeking full-time employment after graduation. The Eta Sigma Gamma Honorary Society, which was established on the campus of Ball State University in

		1967, has grown to include over 100 chapters throughout the United States. From its inception, the primary purpose of Eta Sigma Gamma has been to further the professional competence and dedication of individual members of the health education profession.
	Health Education and Promotion Scholarships	At Ball State, 80% of our students are eligible for financial aid. The Department of Nutrition and Health Science offers many scholarships to help students pursue their bachelor's degree or graduate studies. These include: Health Science Faculty Scholarship for Academic Excellence; Ann B. & David A. Westerlund Scholarship in honor of James F. McKenzie for Non-Traditional Students; McKenzie - Walkup Internship Scholarship; McKenzie - Walkup Book Scholarship; Sherri Hittson Memorial Scholarship; Robert H. and Esther L. Cooper Science Award; Warren E. Schaller Scholarship; Zeberl Family Scholarship; Dr. William Bock Health Education Scholarship; Charles R. Carroll Health Education Scholarship; Herb Jones Education Scholarship.
	Office of Community Engagement - University	At Ball State, we define community engagement as the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity with our friends and neighbors in Muncie and East Central Indiana. The Office of Community Engagement connects university resources with community priorities and initiatives, resulting in more engaged faculty and students; greater prosperity for local residents, businesses, and organizations; and improved quality of life for all.
	Office of Immersive Learning - University	Immersive learning brings together interdisciplinary, student-driven teams guided by faculty mentors to create high-impact learning experiences. Through immersive learning, students earn credit for working collaboratively with businesses, nonprofits, and government agencies to address community challenges. The Office of Immersive Learning provides the resources to help students and faculty prepare for and engage in an immersive learning project that blends their interests and educational focus with societal needs.
	Student Health Center - University	The Ball State University Student Health Center, located in the Amelia T. Wood building, provides ambulatory health care for currently enrolled sick and injured students in addition to providing care for on-the-job injuries for Ball State University employees. The Health Center is comprised of a Main clinic and pharmacy on the first floor, Women's Center and Health Education on the second floor, and a physical therapy unit on the lower level. The Ball State Employee QuickClinic, located on the lower level, provides health services to university employees for acute illnesses. Their mission is to aid the diverse community at Ball State University in achieving physical and mental wellbeing by offering quality acute healthcare, preventative screenings and patient education.

G1. ACADEMIC ADVISING

Students are advised by program faculty (as defined in Criterion D) or qualified program staff beginning no later than the semester (quarter, trimester, term, etc.) during which students begin coursework in the major and continuing through program completion.

1. A narrative description of the institution's system for undergraduate academic advising.

The mission of Academic Advising at Ball State University is to provide all the academic pieces needed to complete every students' journey, from their first registration in college to the day they apply for graduation and look ahead to applying the expertise gained from the choices they have made. Full-time academic advisors seek to help students make those choices in the best way possible by opening the possibilities of our programs, putting a plan for graduation in place, helping students plan schedules, using the tools to track progress, and working with students and faculty advisors beyond the first-year experience with their freshman advisor.

During their first year at Ball State, all students are assigned an academic advisor in the Freshman Advising Center. Freshman Advisors provide personalized, one-on-one support in the following areas:

- selection of major and identifying the first-year major requirements
- understanding the University Core Curriculum
- course selection and registration
- monitoring academic progress and developing a four-year academic plan
- referral to other campus resources

Upon completing 30 or more credits (sophomore status) and one academic year, students are assigned to an upper division academic advisor in their major. Upper Division Advisors assist students with the following:

- understanding major requirements
- relating the content of the major to your personal and professional goals
- preparing long-range plans for the completion of degree requirements
- planning for graduate school and/or careers

Ball State University dedicates tremendous resources and personnel toward insuring student success and retention in the first year and beyond. The Office of Undergraduate Admissions holds an exciting Welcome Week at the start of every academic year, at which incoming students are introduced to Ball State and the college student experience. University College has developed a comprehensive First Year Experience designed to ease the transition into higher education. The Office of Student Life's Summer Bridge Programs provide opportunities for students to connect with peers, faculty, and staff while experiencing campus and the Muncie community before their first day of class. Students have the opportunity to link with Ball State's many social media sites and platforms before they come to campus, and to stay connected throughout their time at the university.

Documents related to student academic advising are located in the ERF, Criterion G. These include:

- ***2020/2021 Advising Handbook***
- ***Spring 2020 Advising Planning Worksheet***
- ***GPA Calculation Worksheet***
- ***Major and Parallel Plan Worksheet***
- ***Registration Instructions Spring 2021***
- ***Scheduling Worksheet***
- ***Time Management Worksheet***

2. A description of the program's provision of academic advising, including the following:

a. assignment of advisors

Students declared in the Health Education and Promotion major are advised by a freshman advisor until they have completed 30 credits at which time, they are assigned to the Upper Division Advisor for Nutrition and Health Science, who will serve as their academic advisor until completion of their undergraduate degree. Freshman advisors receive

training in all colleges and majors, and assignment of freshman students to specific advisors is random. Upper Division advisors are not assigned to departments and majors based on prior education or professional experience, but once assigned they are thoroughly trained as to become familiar with the programs and students they advise.

b. training and responsibilities of advisors

The Upper Division Academic Advisor assigned to guide students in the major is a Master's level professional who is 100% FTE. Along with Health Education and Promotion, they also advise students in the three other majors in the department of Nutrition and Health Science (Radiography, Respiratory Therapy and Dietetics). They receive training from both senior faculty in their department and the Upper Division Advising Center. If a student requests a change in advisor, they can contact the appropriate advising center for assistance.

c. policies and procedures related to advising

Students are welcome to make appointments with their advisor on an as needed basis. Students can request appointments through an online system and will meet one-on-one with their advisor. Each student has a degree plan which is documented in DegreeWorks, which is an outline of their degree plan which students can access online. These plans are maintained and updated each semester by each student's assigned advisor. While it is encouraged for students to meet with their advisors each semester, it is not required.

d. process for changing advisors

Freshman students are assigned an advisor within the Freshman Advising Center who can work with them regardless of what major they may have declared. Sophomore, Junior, and Senior students are assigned to an upper division academic advisor associated with their current major. If a student changes major, their advisor assignment is also updated by the Upper Division Advising Center.

e. rules for frequency of contact with advisors

Advisors update each student's plan of study once per semester, at minimum. However, the updates often occur more frequently if a student has a schedule change, course withdrawal, course addition, or curriculum changes. Each time the advisor updates the student's plan of study, the student is notified and invited to review the plan and make a follow-up advising appointment if they have questions or would like to discuss. The advisor also reaches out multiple times each semester with reminders of upcoming deadlines or events about which the student should be aware.

G2. FACULTY INVOLVEMENT IN PUBLIC HEALTH CAREER ADVISING

Students are advised by program faculty (as defined in Criterion D) about public health-specific career options beginning no later than the semester (quarter, trimester, term, etc.) during which students begin coursework in the major and continuing through program completion.

1. A description of the program's provision of career advising, including the following:

a. assignment of advisors

Public health-specific career advising is a responsibility and privilege of each program faculty, and is overseen by the Program Director.

- Health Education and Promotion Program Director: The largest proportion of career counseling made available to students comes from the Program Director. Students are inclined to direct their career questions initially to the Program Director, someone who is highly visible to students, and also perceived by them to be qualified to advise them. In addition to this informal career counseling, the Program Director fashions weekly and monthly emails to program majors on subjects ranging from career development and training to internship/job preparation and opportunities. The Program Director is the communication "hub", the liaison between faculty and students for the purpose of disseminating information about jobs, job preparation, and graduate school opportunities.
- Health Education and Promotion Faculty: Due to the program offering generally medium- to small-sized majors' classes, taught primarily by tenure-line faculty, a great deal of informal career advising is provided by teaching faculty, in both a planned, proactive fashion, and in response to student requests. In courses such as HSC 200, HSC 302, and HSC 494, faculty embed content and activities which focus on career applications of course content and skills. In these and other majors courses, faculty provide students with ample opportunity to learn about and consider public health career options, and to network with public health professionals.
- Instructor of HSC 495, Professional Preparation in Health Promotion. The catalog description of this course is: *Provides information and resources to help students prepare for internships and careers in community health education, including student strategies to achieve a score on the Certified Health Education Specialist (CHES) examination*. HSC 495 is the curricular bridge between major coursework and the professional world (internships, jobs, continuing education). It provides students with an intense, focused review of the NCHEC Responsibilities and Competencies in the form of simulation exercises and Area of Responsibility quizzes. Students participate in "mock interviews", moderated by program faculty, and they have the opportunity to review recordings of their interview. The instructor collaborates with university Career Center to provide a range of career development opportunities, many of which have been tailored to the public health education field, including but not limited to resume and cover letter development, use of the internet and social media for professional development, and workshops on creative problem solving and professional etiquette.
- Department Website Sitecore chair develops and updates content for the Department of Nutrition and Health Science website. Although content varies, the website currently contains internship guidelines and advice, links to job sites and professional organizations, links to the BSU Career Center, and other career-oriented page. There is a section entitled, "What Can You Do with a Degree in Health Education and Promotion?" which highlights settings where health education specialists work, and employment trends in the field.

b. training and responsibilities of advisors

There are no individuals expressly and principally assigned to provide public health career advising. As such, it is not possible to characterize the training of career advisors in the program.

c. policies and procedures related to advising

There is no formal policy nor procedures related to the provision of public health career advising.

d. process for changing advisors

Because there are no individuals expressly and principally assigned to provide public health career advising, there is no process that controls changing of advisors.

e. rules for frequency of contact with advisors

There is no formal policy that dictates frequency of contact between students and department faculty/staff that provide public health career advising.

G3. STUDENT SATISFACTION WITH ADVISING

The program regularly tracks and regularly reviews quantitative and qualitative data on student satisfaction with advising.

The program uses methods that produce specific, actionable data; for example, data must sufficiently differentiate between faculty and staff advising roles, if applicable. The program does not rely exclusively on institution- or unit-collected data, unless those data are sufficiently detailed and descriptive.

1. A brief narrative summary and presentation of summary statistics on student satisfaction with advising for the last three years.

Upper Division Advisors are evaluated annually by students in their primary programs. The survey is administered during Spring semester. Students receive an initial email communication about the need to complete the survey, as well as bi-weekly reminders to complete the survey. Supervisors review student evaluation results with advisors and develop a plan for addressing any weaknesses or shortcomings that emerge from the annual survey data. Upper Division Advising Coordinators and a team of advisors, are currently collaborating with the Office of Institutional Research and Decision Support to develop a more frequent advisor evaluation instrument and a procedure for systematically examining the data that result.

A full description of the advisor evaluation process, instrument, and reporting is located under Criterion G3, item 2.

Advisor evaluation survey data for Spring 2019 and Spring 2020 pertain to the Primary Department Advisor who left the position in Summer 2020, and who was housed in the Department of Nutrition and Health Science. Survey data beginning with Spring 2021 pertain to a different individual, an advisor assigned to programs in the Department of Nutrition and Health Science, but who is housed in Upper Division Advising. Furthermore, the evaluation survey used in Spring 2019 was revised for Spring 2020 and going forward.

Survey data for the periods Spring 2019 through Spring 2021 provide evidence of high student satisfaction with advisor performance. Student responses suggest that the advisor during this period provided appropriate, consistent, and high quality services. Key findings, averaged across academic years, include:

- 92.4% strongly agree that the advisor guides them in creating a plan to complete their requirements for graduation;
- 79.4% strongly agree that the advisor provides contact information as needed for resources or other offices on campus (e.g., Learning Center, Counseling Center, Career Center, etc.);
- 78.1% strongly or somewhat agree that the advisor communicates with them throughout the semester about important information such as dates and deadlines;
- 75% strongly or somewhat agree that the advisor shares information regarding opportunities within or outside the major (e.g., student life, study abroad, clubs, etc.);
- More than 98% indicated that they feel more prepared to make decisions about their academic goals after meeting with the advisor.

Full advisor evaluation survey results are located in the ERF, Criterion G3, ARD Criterion G3.

2. A description of the methods used for collecting and analyzing data on student satisfaction with advising. The description must identify the parties responsible for collecting and analyzing data.

The purpose of the Upper Division Advising Center (UDAC) Student Survey is to 1) provide students with an opportunity to anonymously share their advising experiences, 2) provide Advising Coordinators, Advising Director, and University College leadership with descriptive assessment data to make informed decisions, and 3) provide Academic Advisors with feedback on their performance and interactions with students. Implemented each Spring semester, preparation for the survey begins the preceding Fall. At this time, members of the Student Survey Committee meet to review questions included in the previous annual student surveys and agree to any revisions in the data collection process, survey items and response options. The goal is to best align survey questions with evolving advisor responsibilities and new iterations of the Advising Handbook. In addition to ensuring each survey question is properly aligned with general advisor responsibilities, Student Survey Committee members also take pains to align each question with the set of duties and

responsibilities outlined within individual job descriptions that each academic advisor is expected to fulfill as part of their professional employment at Ball State University.

The survey instrument asks students to respond to a broad range of questions, primarily focusing on student satisfaction and the functions of academic advising. The survey is intended to determine the extent to which students received the full range of academic advising services as outlined in advisor job descriptions and responsibilities documented in the advising handbook. Survey items are a combination of 5-point Likert scale, and dichotomous. The survey is deployed using the Qualtrics online survey platform. Students receive an emailed invitation to complete the survey, and a link to the survey in mid- to late February. The survey remains open for approximately one month, until mid-March. Students receive twice-weekly email reminders throughout the survey period.

Within approximately two weeks of survey closing the Student Survey Committee Chair receives a comprehensive report, as well as individual reports for each Upper Division Academic Advisor, from partners in the Office of the Vice Provost for Academic Affairs. By mid-May, following the conclusion of the official annual performance evaluation period, the Committee Chair provides Advising Coordinators with final survey results for each Academic Advisor they supervise, after which Advising Coordinators schedule individual meetings with their staff to review evaluation findings. Comprehensive reports on academic advisors are shared with the Department Chair of the program(s) to which the advisor is assigned.

As of the end of AY 2020/2021, the majority of student feedback on public health career advising they received has been qualitative, informal, and has occurred in courses. From a quantitative standpoint, in the Ball State Alumni Survey, students rate their satisfaction with their major when it comes to, “opportunities to receive advice about planning [their] career,” and “opportunities to receive advice about obtaining a job”. In the program’s HEP Exit survey, students respond to the single item, “I was satisfied with quality of advising I received in the program/department”, a measure that does not distinguish between academic advising and public health career advising. The Unit will address this shortcoming in actionable data early in AY 2021/22.

3. If applicable, a discussion of limitations of the current data that are based on data collection methodology.

Historically, response rates for the Student Survey have been low, both as a whole, and for specific advisors. In addition, no particular effort has been made to assure a representative sample in terms of population demographics, and other student characteristics. As a result, it is only possible to speculate about the generalizability of survey findings to the larger Ball State student population, and to infer the validity of results to a particular advisor’s total advising load.

4. If applicable, a description of specific plans (with timelines) to improve the accuracy of data.

The established procedure for administration of the Student Survey each year was intended to increase the validity of survey findings, by careful annual review and revision of survey items, by annual reconsideration of survey methodology and administration, and by routine involvement of advisors themselves in the survey process. During the preceding year, Upper Division Advising has proposed additional methods for survey dissemination with the goal of assuring a larger, more diverse and representative sample. These alterations to methodology were put into effect for the Spring 2021 survey cycle. Also during the 2020/2021 academic year, Upper Division Advising has explored additional productive ways of utilizing existing data to improve advising, including by the tracking of responses and survey scores with number/frequency of advising appointments, and characteristics of interactions. These descriptive analyses have been used to enhance advisor evaluations, to guide remediation, and recently to justify the addition of advising positions. On the part of the Health Education and Promotion program, the Exit Survey currently includes a single question pertaining to quality of advising received by the student (*I was satisfied with the quality of advising I received in the program/department*). The Unit is adding items to the Exit Survey related to advising. The Unit is also considering creating an additional brief survey of student perceptions of program elements to be administered at the end of each semester. This potentiality will be addressed at the start of AY 2021/2022.

5. If applicable, specific plans for improvement in provision of advising, based on the data collected.

As mentioned in item #4 above, efforts are being made to use Student Survey data to improve advising, as a whole, and to address issues related to individual advisor performance. Where the data justify it, advisors are required to participate in professional development and continuing education, provided by both Ball State University and external contractors. Furthermore, during the 2020/2021 academic year, Upper Division Advising has begun using an early alert software program called AVISO. The application is designed to enhance student retention by improving communication between students and advising, to increase student engagement, and to predict advising outcomes.

H1. DIVERSITY AND INCLUSION

The program demonstrates a commitment to diversity and inclusion.

1. **A narrative description of the ways in which the program ensures that students have skills for recognizing and adapting to cultural differences in the public health context. The description must address the following:**

   a. **assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities**

   At all administrative and academic levels, Ball State University is explicitly committed to growing and sustaining a diverse community, and to encouraging attitudes of inclusivity that imbue every aspect and activity it endorses. This commitment assures that students will encounter faculty and staff who reflect a broad spectrum of populations and life experiences, in the classroom, in faculty-facilitated activities and events, and among professional and nonprofessional staff. The Health Education and Promotion curriculum provides students with ample and consistent exposures to guest lecturers who identify with minority or underrepresented populations, as defined by race, ethnicity, sex, gender identity and sexual expression, sexual orientation, disability, etc., and who espouse values for diversity and inclusion. Throughout all levels of the curriculum, students interact with organizations that reflect the diversity of the community, and they have the opportunity for additional community engagement through membership in extracurricular organizations, involvement with faculty research, and volunteering.

   Ball State University, the College of Health, and the Department of Nutrition and Health Science explicitly state their commitment to diversity and inclusion. ***For excerpts from relevant unit policy, refer to the ERF, Criterion H, ARD Criterion H1 – Diversity policy.***

   Course-related exposures

   Presenting Health Education and Promotion majors with the personal testimony of public health education practitioners is a crucial component of the preparation of future public health education specialists. The program faculty represents a broad range of professional experience. It is nonetheless beneficial to expose students to the most contemporary viewpoints of real-time practitioners in order for them to be optimally informed as they enter the field. Guest speakers are routinely engaged with students in a number of core courses.

   - In HSC 200, Introduction to Health Education and Promotion, students in their first year of the major have access to culturally and ethnically diverse speakers on a number of topics, and are required to process the information they receive in reflection papers. *[**See: Guest Speaker Reflection assignment, ERF, Criterion H, Criterion H1-1***]
   - In HSC 301, Program Planning in Health Promotion 1, a critically important core course that has been taught immersively in recent past semesters, students regularly are assigned attendance at one or more social justice peer education programs under the aegis of MOSAIC, a program of the BSU Multicultural Center.
   - In HSC 310, Healthcare Systems, students participate in a Global Health Care panel discussion, featuring faculty and visitors with extensive experience with international healthcare. Further, students in HSC 310 experience talks by guest speakers who work in local health agencies that address the needs of medically underserved (Open Door Health Services, Inc., Muncie, Indiana). **[*See: Global Health Care Panel worksheet, ERF, Criterion H, Criterion H1-1*]**
   - Because HSC 479 is the internship course, and is, by its nature, immersive and community-based, students are exposed to the full breadth and scope of community diversity, some students more so than others, dependent on the location and mission of their internship site. Interns actively engage with individuals and groups within the community served by their agency, experiencing the realities of those communities and partnering with others to support them. **[*See: Internship Handbook, ERF, Criterion B, Criterion B4-3 – Internship documents*]**
   - In HSC 482, Environmental Health, students are introduced to the topic of "environmental justice", including realities in which the presence of an environmental hazard may be the end product of disparities of power and privilege within a community. Students watch webinars related to the Healthy People 2020 Environmental Health Goals, then share their reactions in online discussion boards. [***See: Webinar &***

Discussion instructions, Healthy Homes and Healthy Communities, Infrastructure and Surveillance, and Global Environmental Health, ERF, Criterion H, Criterion H1-1]

- Throughout its history, students majoring in Health Education and Promotion have been privileged to regularly interact with faculty, staff, internship site supervisors, guest lecturers and community agencies who represent the full spectrum of the human experience, including but not limited to age, gender and gender expression, race, ethnicity and national origin, sexual orientation, physical ability, immigration status, and religion.

b. research and/or community engagement

A hallmark of the Health Education and Promotion program and faculty is the central role that research and community engagement play in the undergraduate curriculum overall, and in specific courses. Several program faculty specialize in community-based, participatory research methods in their investigations of topics as diverse as opiate drug prevention, food pantry utilization, physical activity in low-income neighborhoods, and reproductive health in immigrant populations. In so doing, they routinely incorporate student participation as a key element of their research, and tie it directly to course content. In several instances, faculty have fashioned entirely or partially immersive learning sections of core courses, creating teams of students that complete essential aspects of their ongoing community-engaged research.

- HSC 180, Principles of Community Health, is a critical gateway core course for the Health Education and Promotion major. In both Fall and Spring semesters, and during the summer, there are multiple, sometimes large, sections of HSC 180, enrolling, on average, 200-300 students. Programmed into all sections of HSC 180 is a Service Learning Experience [SLE] assignment. Students spend a minimum of 10 hours volunteering for a community-based agency approved by instructor. Although all sections incorporate the SLE requirement, instructors utilize different assignments that are tied to the experience. Most often, students keep a SLE journal and write a final reflective summary report. Frequently, a representative from Ball State's Student Volunteer Services office addresses the class, and assists students in making community connections for their service learning experience. **[*See: HSC 180 Service Learning Experience assignment, ERF, Criterion H, Criterion H1-1*]**

- In HSC 200, Introduction to Health Education and Promotion, students are required to complete 10 hours of professional development. This may include volunteer work at health-related agencies and attending health-related workshops, conferences, and lectures. Suggested organizations/agencies include Eta Sigma Gamma, American Red Cross, American Cancer Society, Alzheimer's Association, BSU Health Center, county health departments, and Alcoholics Anonymous. Not only has this community involvement enhanced majors' sense of connectedness to and responsibility for community well-being, but it has on occasion resulted in internships and post-graduation employment. **[*See: HSC 200 Professional Development Report assignment, ERF, Criterion H, Criterion H1-1*]**

- Although it does not always result in direct contact with community leaders, students' PhotoVoice project in HSC 220, Population, Race, and Culture in Health Promotion, compels them to take pictures that accurately represent community-related issues surrounding health and health disparities. Students then process and discuss the pictures, and create a narrative (written based on the SHOWed method) that accompanies each picture. In addition, students in HSC 220 complete a major Group Health Disparities Research Project, part of which involves researching and designing an intervention tailored for a specific health disparity population in Muncie, Indiana (e.g., people with disabilities, racial/ethnic minorities, sexual minorities, older adults, people who are homeless, the socio-economically disadvantaged, and the medically underserved). **[*See: HSC 220 Week 4 Photovoice assignment, HSC 220 Health Disparities Group Project Overview, ERF, Criterion H, Criterion H1-1*]**

- Innovative immersive experiences involving significant student research and community engagement have been programmed into both HSC 302, Program Planning in Health Promotion 2, and HSC 494, Health Communication. In HSC 302, students created implementation and evaluation plans for programs that were embedded in three community settings: Cardinal Wellness, Muncie Community Schools, and with the University Police Department. Projects involved interviews with community stakeholders. In HSC 494, students develop a social marketing campaign plan throughout the semester, working with a team of other students that considers a health attitude, knowledge, or behavior change in a target population of interest.

In the last 3 years, students have completed projects working with the Cardinal Wellness program - devising social media and print media campaigns on a number of health topics. They also conduct focus groups with community members to aid in their messaging strategy. **[*See: HSC 302 Marketing Budget Implementation Worksheet; HSC 494 Integrative Summary Assignment Details, ERF, Criterion H, Criterion H1-1*]**

- In HSC 388, Organization and Administration in Health Promotion, students must select an Indiana or federal legislator to contact in order to advocate for a specific piece of active legislation related to health. They receive credit for the initial contact (mail or email), and extra credit for receiving a response from the legislator. **[*See: HSC 388 Advocacy Letter Assignment, ERF, Criterion H, Criterion H1-1*]**
- Because HSC 479 is the internship course, it is inherently both immersive and community-based. Interns actively engage with individuals and groups within the community served by their agency, experiencing the realities of those communities and partnering with others to support them. For many BSU students, this constitutes a transformative learning experience, pushing them outside their comfort zones and forcing them to reckon with their own biases. Internship Handbook is attached. **[*See: HSC 479 Internship Handbook, ERF, Criterion B, Criterion B4-3 – Internship documents*]**

c. any other relevant elements of the program

Does not apply.

2. Supporting documents for each listed item and/or component of the description above. For each item, list the supporting document(s) and page(s), if applicable. Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online.

Supporting Documents, Criterion H1, Diversity and Inclusion, noted in H1-1-a and H1-1-b above

Document description	Location
Policies and procedures	
Ball State University Inclusive Excellence Plan	https://www.bsu.edu/about/inclusive-excellence/university-plan
College of Health Diversity Plan, Statement and Goals	https://www.bsu.edu/academics/collegesanddepartments/health/about-us#accordion_diversityplan
Department of Nutrition and Health Science Mission and Vision Statement	https://www.bsu.edu/academics/collegesanddepartments/nutrition-health-science/about-us
Course-based	
HSC 180 Service Learning Experience assignment (Jones)	***ERF, Criterion H1-1***
HSC 200 Professional Development Report (Brey)	***ERF, Criterion H1-1***
HSC 200 Guest Speaker Reflection (Jones)	***ERF, Criterion H1-1***
HSC 220 Photovoice Week 4 assignment (Arthur)	***ERF, Criterion H1-1***
HSC 220 Health Disparities Group Project (Arthur)	***ERF, Criterion H***
HSC 301 Mosaic, program of BSU Multicultural Center	https://www.bsu.edu/campuslife/multicultural-center/programs-and-services/mosaic-workshops
HSC 302 Marketing Budget Implementation Worksheet, Cardinal Zumba, College Pedestrian Safety, and Move! Muncie Wellness Program (Jones)	***ERF, Criterion H1-1***
HSC 310 Global Healthcare Panel Discussion	***ERF, Criterion H1-1***
HSC 388 Advocacy Letter assignment (Wood)	***ERF, Criterion H1-1***
HSC 479 Internship Handbook (Wood)	***ERF, Criterion B, Criterion B4-3 – Internship documents***
HSC 482 Webinar & Discussion instructions, Healthy Homes and Healthy Communities, Infrastructure and Surveillance, and Global Environmental Health (Whaley)	***ERF, Criterion H1-1***
HSC 494 Integrative Summary assignment (Jones)	***ERF, Criterion H1-1***

Additional course assignments that reflect efforts to nurture values of diversity, cultural inclusion, and cultural competence among majors in Health Education and Promotion, located in the ERF, Criterion H, Criterion H1-2.

Course	Document title	Instructor
HSC 180	Community-and/or Environmental-Related Field Trip	Arthur
HSC 180	Community and Public Health and Racial/Ethnic Populations (Week 9) PowerPoint	Arthur
HSC 220	Book Club Discussion Overview	Arthur
HSC 220	Facing Racism Reflection Paper	Arthur
HSC 220	Sexual Orientation, Gender Identity, and Health Reflection Paper	Arthur
HSC 220	Health Disparities Research Project	Arthur
HSC 310	"Student Professor" Group Presentation on a Global Health Care System	Arthur
HSC 387	Epidemiology Research Project Grading Sheet	Wood
HSC 387	*Cancer Detectives of Lin Xian* Worksheet	Wood
HSC 387	*Quest for the Killers: Vaccine on Trial* Worksheet	Wood
HSC 388	Grant Proposal Project Guidelines	Wood
HSC 482	Environmental Health Certificate Assignment	Whaley

H2. CULTURAL COMPETENCE

The program prepares students by developing, reviewing, and maintaining curricula and other opportunities (e.g., service learning) that address and build competency in diversity and cultural considerations.

Programs can accomplish these aims through a variety of practices including the following: incorporation of *cultural competency* considerations in the curriculum; recruitment/retention of faculty, staff, and students; and reflection in the types of research and/or community engagement conducted.

1. A narrative description of the ways in which the program ensures that students have skills for recognizing and adapting to cultural differences in the public health context. The description must address the program's curriculum.

Curriculum

The Health Education and Promotion program has strategically placed course content and methodology designed to develop and sustain cultural competence among students. These specific curricular actions dovetail with university-wide efforts focused on nurturing a value for diversity and inclusion throughout the university community.

The catalog description for HSC 220, Population, Race, and Culture in Health Promotion, is as follows:

> *Explores the aspects of race and culture that influence health, public health policy, and the management and practice of healthcare. Among the aspects of U.S. culture that will be discussed are: race, ethnicity, gender, social class, and nationality. These cultural factors immediately impact patient-provider interaction, health and illness behavior, health care provider decision-making and ultimately impact health status. This knowledge will enhance students' ability to serve as educated citizen advocates for improving health of disadvantaged groups.*

The totality of HSC 220 course content delivered in every format (lecture, textbook and other readings, guest lectures, etc.) contributes significantly to the development of cultural competence among majors. Among particular assignments in the course are, (a) Book Club, (b) Facing Racism Reflection Paper, and (c) Sexual Orientation, Gender Identity, and Health Reflection Paper.

Nearly every other required course in the Health Education and Promotion major addresses issues of diversity and cultural uniqueness to some degree. Examples include:

- HSC 180, Principles of Community Health: Community- and/or Environmental-Related Field Trip, for which student teams are encouraged to consider locations within any racial/ethnic minority, rural, or underserved community negatively impacted by health disparities. Examples of field trip locations include predominantly African American/Black or Hispanic/Latino churches, rural or underserved health clinics, homeless shelters, Head Start Program centers, and centers providing immigrant/refugee services.
- HSC 310, Healthcare Systems: "Flipped classroom" group presentation on a global healthcare system, for which teams of students are required to research a country's healthcare system and present the information to the class.
- HSC 387, Quantitative Methods and Epidemiology in Health Promotion: Teams of students exhaustively research an infectious disease of their choice reporting on factors related to cultural diversity, such as etiological differences related to demographic factors; personal and community impact of the disease; high risk populations; customization of prevention and control related to demographic differences; and prevalence/incidence of disease broken down by person/place/time factors.
- HSC 388, Organization and Administration in Health Promotion: Small teams of students complete a grant development, application, and presentation process in the second half of the semester. For the past several years, the theme has been health-related implications of poverty in Indiana. Groups must select from five project focus areas, including health disparities among minority populations, and the interface between law enforcement and public health.

Recruitment/retention of faculty, staff, and students

Ball State University, the College of Health, and the Department of Nutrition and Health Science, are independently and collectively committed to the principles of nondiscrimination and equal opportunity in education and employment.

Further, these entities are committed to the pursuit of excellence by prohibiting discrimination and being inclusive of individuals without regard to race, religion, color, sex (including pregnancy), sexual orientation, gender identity or gender expression, disability, genetic information, ethnicity, national origin or ancestry, age, or protected veteran status. ***For the University's full Equal Opportunity and Affirmative Action (Title IX) policy and procedure for investigating complaints, refer to the ERF, Criterion J.***

The College of Health Diversity Plan includes statements and goals that pertain directly to the recruitment and retention of diverse faculty, staff, and students.

Keeping in line with the College of Health's mission to embrace an innovative, collaborative, interprofessional/interdisciplinary environment for learning, discovery, and engagement we acknowledge a responsibility to prepare professionals who recognize and reflect the importance of shared experiences of individuals of differing religious, ethnic, and socioeconomic cultures, including those of varying abilities, age, sexual orientation, and gender identification. Moreover, the College of Health is committed to proactively recruiting, supporting, and retaining a diverse college community of faculty, staff, and students.

We aim to accomplish these goals through instructional practices, collegial engagement, and continued reevaluation of the college atmosphere to ensure a sustained commitment towards progress.

These values will be aligned with the College policies and procedures as well as other written documents, and solidified by striving to meet the following diversity objectives:

- *Foster a climate of inclusivity, equity, and access. (e.g., climate; culture)*
- *Develop diversity recruiting goals for faculty, staff, and students. (e.g., recruitment)*
- *Identify, acknowledge, and support the needs of diverse faculty, staff, and students. (e.g., retention)*
- *Expand diversity awareness, knowledge, and competency for faculty, staff, and students. (e.g., education)*
- *Foster and recognize diversity-related scholarship, teaching, creative pursuits, and service. (e.g., recognition)*
- *Support dissemination of diversity-related scholarship. (e.g., community engagement; public relations)*

Recruitment and retention of a diverse faculty and professional staff contributes to students' cultural competence through their interactions in and out of the classroom.

<u>Research and/or community engagement</u>

Faculty in Health Education and Promotion are actively engaged in research and community engagement that address fundamental health disparities related to systemic cultural inequities. These grant-funded projects involve basic research into factors that affect health status and health behavior in diverse populations. In addition, it frequently evaluates best practices in public health education and health promotion, and assesses the effectiveness of new and innovative approaches to bringing about significant health behavior change in populations where it is so vitally important. Faculty research of this nature informs faculty instruction of Health Education and Promotion majors, contributing to the consistent development of culturally competent program graduates. Students are exposed to the evolving accumulation of knowledge related to cultural differences in the experience of public health education, and are regularly guided through deliberate exercises and assignments that tie directly to relevant faculty research. Furthermore, as has been described elsewhere in this document, program faculty routinely involve students in their research and community engagement, by incorporating immersive research experiences into their courses, and by mentoring individual student research assistants. This type of hands-on experience with the research process, and with the diverse populations that are regularly the focus of department research, is an extremely effective means of increasing student cultural competence.

Abstracts of HEP faculty research or community engagement that have contributed to student cultural competence are located in the ERF, Criterion H, ARD Criterion H2 – Faculty research.

2. **Supporting documents for each listed item and/or component of the description above. For each item, list the supporting document(s) and page(s), if applicable. Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online.**

Ball State University, College of Health About Us, Diversity Plan	https://www.bsu.edu/academics/collegesanddepartments/health/about-us#accordion_diversityplan
BSU Equal Opportunity and Affirmative Action Complaint Investigation Procedure and Appeal Process	***ERF, Criterion J***
HSC 180 Principles of Community Health Community- and/or Environmental-related field trip	***ERF, Criterion H, Criterion H1-2***
HSC 220 Population, Race, and Culture in Health Promotion Book club discussion	***ERF, Criterion H, Criterion H1-2***
HSC 220 Population, Race, and Culture in Health Promotion Facing racism reflection paper	***ERF, Criterion H, Criterion H1-2***
HSC 220 Population, Race, and Culture in Health Promotion Syllabus	***ERF, Criterion B, Criterion B1-3 - Syllabi***
HSC 310 Healthcare Systems "Student Professor" group presentation on a global health care system	***ERF, Criterion H, Criterion H1-2***
HSC 387 Quantitative Methods and Epidemiology in Health Promotion Epidemiology research project grading sheet	***ERF, Criterion H, Criterion H1-2***
HSC 388 Organization and Administration in Health Promotion Grant proposal project guidelines	***ERF, Criterion H, Criterion H1-2***

I1. PROGRAM OFFERING

If this criterion is not applicable, simply write "Not applicable" and delete the text below.

The distance-based program offering a) is consistent with the mission of the program and within the program's established areas of expertise; b) is guided by clearly articulated competencies that are rigorously evaluated; c) is subject to the same quality control processes as other degree programs in the university; and d) provides planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of online learners.

1. **Identification of all degree programs and/or majors that offer a curriculum or course of study that uses an internet-based course management system and may be combined with other modes of distance delivery including audio or web-based conferencing, video, chat, etc., whether synchronous and/or asynchronous in nature.**

   Not applicable.

I2. STUDENT INTERACTION

If this criterion is not applicable, simply write “Not applicable” and delete the text below.

The program assures regular and substantive interaction between and among students and the instructor either synchronously and/or asynchronously.

1. **Description of how regular and substantive interaction between and among students and faculty is achieved.**

   Not applicable.

I3. PROGRAM SUPPORT

If this criterion is not applicable, simply write “Not applicable” and delete the text below.

The university provides needed support for the program, including administrative, communication, IT, and student services.

1. **Description of support services specific to the distance learning program including the following:**

    a. **administration**

    Not applicable.

    b. **communication**

    Not applicable.

    c. **information technology**

    Not applicable.

    d. **student services**

    Not applicable.

I4. PROGRAM EFFECTIVENESS

If this criterion is not applicable, simply write "Not applicable" and delete the text below.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods, and to systematically use this information to stimulate program improvements. Evaluation of competencies and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

1. **Description of the distance education programs, including**

   a. **an explanation of the model or methods used**

      Not applicable.

   b. **the program's rationale for offering these programs**

      Not applicable.

   C. **the manner in which it provides necessary administrative, IT, and student support services**

      Not applicable.

   d. **the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university**

      Not applicable.

   e. **the manner in which it evaluates the educational outcomes, as well as the format and methods**

      Not applicable.

I5. STUDENT IDENTITY

If this criterion is not applicable, simply write “Not applicable” and delete the text below.

The program has processes in place through which it establishes that the student who registers in a distance-based program or a course within a distance-based program is the same student who participates in and completes the course or degree and receives the academic credit. Student identity may be verified by using, at the option of the institution, methods such as a secure login and pass code; proctored examinations; and new or other technologies and practices that are effective in verifying student identity. These processes may be administered through the university. The university notifies students in writing that it uses processes that protect student privacy and alerts students to any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

1. **Description of the processes that the university uses to verify that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.**

   Not applicable.

J1. INFORMATION ACCURACY

Catalogs and bulletins used by the program, whether produced by the program, department, college, or the institution, to describe its educational offerings accurately describe its academic calendar, admission policies, grading policies, academic integrity standards, and degree completion requirements. Advertising, promotional materials, recruitment literature, and other supporting material, in whatever medium it is presented, contains accurate information.

1. **A description of the manner in which catalogs and bulletins used by the program are updated to accurately describe its educational offerings, academic calendar, admissions policies, grading policies, academic integrity standards, and degree completion requirements.**

   Ball State University publishes a comprehensive Undergraduate Catalog, which may be accessed through the Ball State website. Academic programs offered in the Department of Nutrition and Health Science are located on pages 147 – 153 of the **Ball State University Undergraduate Catalog**.

   In addition to the Undergraduate Catalog, degree completion requirements for the Health Education and Promotion Major are located on the **Department of Nutrition and Health Science webpage**. Paper copies of the degree requirements for Health Education and Promotion major are available from our Primary Departmental Advisor. Degree completion information is provided in the Degree Requirements and Time Limit on pages 11 – 16 of the Ball State University Undergraduate Catalog. The Program Director and Primary Departmental Advisor, with oversight from the Department Chair, review and make updates each year to the Ball State University Undergraduate Catalog and ensure corresponding updates are made on the Department Website and printed materials.

   The process for curriculum changes begins with the Health Education and Promotion program faculty suggesting curriculum revisions. Once consensus is reached, the Health Education and Promotion Program Director completes the paperwork for approval by the Department Chair. After approval by the Department Chair, the paperwork is reviewed by the College of Health Curriculum Committee. After approval by the College of Health Curriculum Committee, the curriculum changes are forwarded to Academic Systems and it progresses through the system. The complete process for curriculum changes may be accessed below.

   General Ball State University admissions policies are provided on pages 5 – 10 of the Ball State University Undergraduate Catalog. The Department of Nutrition and Health Science does not have additional program admission policies for the Health Education and Promotion major.

   At Ball State University, academic integrity standards are outlined in the **Student Academic Ethics Policy** and the **Student Academic Ethics Reporting Form**. The **2021/2022 Academic Calendar** and **Ball State University Grade Assignment Policy** may be accessed on the Ball State University website. Program faculty are encouraged to review the Student Academic Ethics Policy, the current Academic Calendar, and the Ball State University Grading policies each semester. Health Education and Promotion program faculty are encouraged to include the Student Academic Ethics Policy in their course syllabi.

   Links to documents described above:

   Ball State University program change process (Academic Systems)
   Department of Nutrition and Health Science
   2020/2021 Ball State University Undergraduate Catalog
   2021/2022 Academic Calendar
   Ball State University Grade Assignment Policy
   Ball State University Student Academic Ethics Policy
   Ball State University Student Academic Ethics Reporting Form

2. **Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards, and degree completion requirements.**

   Hyperlinks included in J1-1, above

J2. STUDENT COMPLAINT PROCESSES

The program maintains clear, publicly available policies on student grievances or complaints and maintains records on the aggregate number of complaints received for the last three years.

1. A description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.

Student Grievance Process

For grievances and complaints arising from course assignments, exams, and projects, most commonly related to how that work is described, deployed, and evaluated, students are encouraged to follow the following chain of action:

- Communicate their complaint to the faculty, staff, or administrator with whom the student has the grievance, for informal resolution (i.e. through email or through in-person meeting with or without a third party present (i.e. chair), depending on the preferences of the faculty, staff, or administrator
- If, after a reasonable length of time, the grievance or complaint is not resolved to the satisfaction of all parties, the student is directed to present the complaint to the Department Chair, who then works with all parties to attempt resolution.
- If the Department Chair is unable to achieve resolution of the issues, the student is directed the Office of the Vice Provost of Academic Affairs, where university-wide mechanisms are in place to address academic issues that are not resolvable at the department live. ***The full Ball State University Grade Appeals Policy is located in the ERF, Criterion J.***

The program only extremely rarely receives student complaints that progress to the level of mediation by the department chair.

Student grievances and complaints originating in issues that are not academic in nature are referred to the appropriate and established individuals, offices, and processes.

- Reports alleging sexual harassment and misconduct (sex- or gender-based discrimination, sexual harassment, sexual assault, dating/domestic violence, stalking, or retaliation) involving students (and effective Aug. 14, 2020, involving employees) are to be forwarded to the Title IX Coordinator, in the Office of the Associate Dean of Students. ***The BSU Interim Title XI Policy, as well as the Incident Reporting Form utilized in carrying out this policy, are located in the ERF, Criterion J.*** Academic program affiliation or particular courses in which students are enrolled are not among the reporting details kept on file.
- **Equal Opportunity and Affirmative Action Policy**. Ball State University is committed to the principles of nondiscrimination and equal opportunity in education and employment. Further, the University is committed to the pursuit of excellence by prohibiting discrimination and being inclusive of individuals without regard to race, religion, color, sex (including pregnancy), sexual orientation, gender identity or gender expression, disability, genetic information, ethnicity, national origin or ancestry, age, or protected veteran status. The Director of Employee Relations and Affirmative Action, in the Division of Human Resources, has been specifically designated to be responsible for overall compliance with all federal and state laws and regulations regarding nondiscrimination and for implementation and coordination of the University's affirmative action program. ***The full BSU Equal Opportunity and Affirmative Action (Title IX) Policy may be found in the ERF, Criterion J).***
- **Bias or discrimination** are related to singular or perpetual action and/or language that limits or threatens the ability of an individual to work, study, or participate in the campus environment and that relates to race, color, religious beliefs, sex, marital status, sexual orientation, gender identity or expression, national or ethnic origin, disability, veteran status, or age. Incidents alleging bias are addressed first by the individual submitting a **Bias Incident Response** report. The Bias Response Team will review the report and contact the complainant to schedule a time to meet with a staff member.

- Complaints related to students' requests for auxiliary aid or service, academic adjustment, accommodation, or disability determination, as described in the **American with Disability Act**, are addressed by the Director of Disability Services. The link to the full Grievance and Appeals Process is provided in the table below.
- University-wide policies related to course attendance, as well as complaints that arise from said policies, are administered by the Office of the Vice Provost for Academic Affairs. A link to the full **BSU Attendance Policies**, including but not limited to absences tied to funeral and bereavement leave, jury duty or court witness leave, medical issues, military absences, and observance of religious holidays, may be found in the table below.

Documentation of past student grievances and complaints, past three years

There have been no student grievances or complaints filed against the Health Education and Promotion program in the past three years.

Student or faculty complaints alleging discrimination in education or employment under Equal Opportunity and Affirmative Action, past three academic years, Ball State University

The Office of the Director of Employee Relations and Affirmative Action, in cooperation with the General Counsel of the University, maintains confidential information related to complaints received. However, in the past three years no complaints have been received from anyone in the department, employee nor student, alleging discrimination in education or employment associated with the department.

2. **Supporting documents relating to grievance and complaint procedures and recordkeeping. For each piece of evidence provided, list the relevant document(s) and page(s) (e.g., Faculty meeting minutes, May 12, 2012, pp. 3-4). Provide hyperlinks to documents if they are available online, or include in the resource file electronic copies of any documents that are not available online.**

BSU Attendance Policies Office of the Vice Provost for Academic Affairs	https://www.bsu.edu/about/administrativeoffices/vice-provost/student-services/attendance-policies
BSU Bias Incident Report	**https://cm.maxient.com/reportingform.php?BallStateUniv&layout_id=5**
BSU Equal Opportunity and Affirmative Action Complaint Investigation Procedure and Appeal Process	***ERF, Criterion J***
BSU Grade Appeals Policy Office of the Vice Provost for Academic Affairs	***ERF, Criterion J***
BSU Grievance and Appeals Process Office of Disability Services	**https://www.bsu.edu/about/administrativeoffices/disability-services/policiesprocedures/grievanceappealsprocess**
BSU Sexual Harassment and Misconduct (Title IX) Incident Reporting Form	**https://cm.maxient.com/reportingform.php?BallStateUniv&layout_id=2**
BSU Title IX Policy and Procedures (Interim eff. 8/14/2020) Office of Associate Dean of Students/Title IX Coord.	***ERF, Criterion J***