Bachelor of Science in Health Sciences
(BS Health Science COH ANC)

Academic Assessment Plan

Adopted by

The Bachelor of Science in Health Sciences faculty: April 29, 2019

REVISED: October 8, 2020; February 9, 2023

Reviewed with curriculum by the Academic Assessment Committee: 4/7/23
Reviewed by the Faculty Senate as an information item: 4/7/23

BACHELOR'S OF SCIENCE IN HEALTH SCIENCES (BSHS)

MISSION STATEMENT

The purpose of the BSHS program is to provide a foundation in population health studies, public health practices, and health promotion to prepare students for graduate studies or careers in health education, public health, and community health promotion.

PROGRAM STUDENT LEARNING OUTCOMES

Students graduating with a Bachelor's Degree in Health Sciences will be able to:

1. Assess individual and/or community needs and/or capacity for health promotion.

2. Plan effective health promotion programs and interventions for target populations.

3. Implement health promotion interventions.

4. Evaluate health promotion programs and/or interventions.

5. Coordinate resources and relationships with stakeholders and partners.

6. Communicate evidence-based health information effectively.

7. Articulate the role of public health in interprofessional healthcare teams.

MEASURES

The BSHS Alumni Exit Survey is attached as Appendix A.

The HS A485 ePortfolio Assessment Tool is attached as Appendix B.

These measures and their relationship to program outcomes are listed below in Table 1 (below).

Table 1: Association of Measures to Program Outcomes

	Alumni Survey	ePortfolio Review: HS A485
Program Student Learning Outcomes		
Assess individual and/or community needs and/or capacity for health promotion.	✓	✓
Plan effective health promotion programs and interventions for target populations.	✓	✓
Implement health promotion interventions.	✓	✓
Evaluate health promotion programs and/or interventions.	✓	✓
Coordinate resources and relationships with stakeholders and partners.	✓	✓
Communicate evidence-based health information effectively.	✓	✓
Articulate the role of public health in interprofessional healthcare teams.	✓	✓

PROCESS

The BSHS Alumni Exit Survey (Appendix A) is administered every other year in March to graduates from the prior two years. This measure includes questions specifically asking how well students perceive the BSHS program prepared them to demonstrate each of the PSLOs. In addition, the Alumni Survey collects information on how many of our students are pursuing a Certified Health Education Specialist (CHES) credential and how many have earned it each year. The survey results are tabulated and reviewed by the BSHS Program Faculty bi-annually.

The BSHS program ePortfolios submitted by seniors enrolled in *HS A485: Professional Preparation in Health Sciences* include artifacts and reflections describing an individual student's health practicum experience as well as their learnings throughout the BSHS program, including examples of the work they created for or with their community partner.

BSHS program faculty meets at least twice a year to review assessment data. These meetings can result in recommendations for program changes designed to enhance performance relative to the program's outcomes. The results of the data collection, interpretation of the results, and recommended programmatic changes are forwarded to the Office of Academic Affairs by October 15th each year. A plan for implementing recommended changes, including advertising the changes to all the program's stakeholders, is completed at this meeting.

OCCUPATIONAL ENDORSEMENT CERTIFICATE IN GERONTOLOGY

MISSION STATEMENT

The Occupational Endorsement Certificate (OEC) in Gerontology prepares students to respond to: (1) the public health challenges of an aging population, (2) the provision of competent care for older patients in medical settings, and (3) the provision of community resources and supports to older adults and their family caregivers facing the end of life. This program will broaden the range of trained professionals in the senior care workforce across non-profit, tribal, and public sectors and introduce students to the concept of specializing in geriatric medicine and/or a research career in gerontology. This OEC can be counted as elective credits toward the BSHS program and other degree programs, with permission.

PROGRAM REQUIREMENTS

Students must complete the General University Requirements for Occupational Endorsement Certificates and the following major requirements with a minimum grade of C:

Code	Title	Credit
PSY A150	Lifespan Development	3
HS A305	Public Health for an Aging Society	3
HS A320	Death, Dying, and End-of-Life Care	3
PSY A450	Adult Development and Aging	3
COHI A420	Physical Activity and Aging	3
or HUMS A416	Substance Misuse Disorders and the Older Adult	3
or SWK A473	Geriatric Social Work Practice	3
or SWK A673	Geriatric Social Work Practice	3
	or other elective with advisor approval	
	Total	15

A minimum of 15 credits is required for the certificate.

OEC STUDENT LEARNING OUTCOMES

At the completion of this program, students will be able to:

- Identify the main behavioral, social, and environmental factors that influence age-related outcomes of the aging population and the individual older adult.

- Critique and analyze assumptions, stereotypes, prejudice, and discrimination related to age (ageism) at both personal and public levels.

- Describe current strategies for disease prevention, including the key components of person-centered care and end-of-life care models, to generate contextually accurate recommendations for health promotion of older adults.

MEASURES

All program outcomes will be measured from written assignments completed during the program using the rubric provided in Appendix C. In *HS A305: Public Health for an Aging Society*, students complete several writing assignments, three of which form the basis of the assessment for the Occupational Endorsement Certificate in Gerontology (see Table 2, below). The first is an ageism essay where students apply course concepts to identify and analyze examples of stereotypes, prejudice, and discrimination related to age that they have personally experienced or witnessed. The second artifact is a research paper where students describe current strategies for disease prevention and provide recommendations for the health promotion of older adults. Finally, this assessment will utilize a final reflection paper where students identify main learnings, including the behavioral, social, and environmental factors that influence age-related outcomes of the aging population and the individual older adult.

Table 2: Association of OEC in Gerontology Assessment Measures to Program Outcomes

Program Student Learning Outcomes	Final course reflection paper	Ageism Essay	Research paper
Identify the main behavioral, social, and environmental factors that influence age-related outcomes of the aging population and the individual older adult.	✓		
Critique and analyze assumptions, stereotypes, prejudice, and discrimination related to age (ageism) at both personal and public levels.		✓	
Describe current strategies for disease prevention, including the key components of person-centered care and end-of-life care models, to generate contextually accurate recommendations for health promotion of older adults.			✓

PROCESS

All artifacts collected from OEC students are forwarded to the program coordinator by the end of each semester. From there artifacts are scored, summarized, and a preliminary assessment is made. These assessment materials are then reviewed by the Division of Population Health Science (DPHS) chair and forwarded to the UAA Assessment Committee.

The program coordinator also brings the results to the BSHS program faculty. The program faculty will meet at least bi-annually to review the data collected using the assessment measures, including any suggestions made by the Assessment Committee. The meeting may result in recommendations for program changes that are designed to increase student learning and enhance student performance relative to the program outcomes. The results of data collection, the interpretation of the results, and the recommended programmatic and process changes will be provided to the Office of Academic Affairs by October 15th each year.

The faculty may decide to alter the assessment plan after reviewing the collected data and data collection processes. Changes may be made to any component of the plan, including the outcomes, assessment artifacts, or any other aspect of the plan. Any changes must be approved by the BSHS faculty. The revised assessment plan will be forwarded to the DPHS chair, dean's office, and the office of Academic Affairs.

Appendix A: BSHS Alumni Exit Survey

Questions for all alumni:

Please answer the following short answer questions:

- When did you enter the BSHS program?_____

- What semester and year did you graduate (e.g. Spring 2018)_____

- Which BSHS Track were you on *(choose one):*
    - Pre-Professional
    - Health Educator

- What is your current employment/educational status? *(choose all that apply)*
    - Employed
    - in school
    - not employed/not in school

For *only* those who select "employed" in the previous question

Please rate your performance regarding the following professional skills.

	Always	Often	Occasionally	× Not applicable
Relationships - I work harmoniously with agency staff/clients and effectively manage conflict.	○	○	○	○
Attitude- I demonstrate emotional maturity and am receptive to feedback.	○	○	○	○
Interpersonal Communication - I communicate effectively with staff and clients.	○	○	○	○
Professionalism- I present myself in a professional manner, am well organized, and demonstrate good time management skills.	○	○	○	○
Autonomy - I am a self-starter and accomplish assigned tasks with minimum supervision.	○	○	○	○
Quality- I produce accurate and thorough work.	○	○	○	○

- How many hours do you work per week, on average? *(choose one)* $\leq$ 10 hours, 11-20 hrs, 21-31 hrs, or 32+ hrs

- What is your current place of employment?

- What is your current job title?

- Please provide your current annual salary rate:

- Please check the following responsibilities that you currently perform for your job: *(check all that apply)*
    - Program planning and/or implementation
    - delivering health education workshops/training
    - management or leadership
    - providing direct patient care
    - other [please describe]

For *only* those who select "in school" in Question 4

- Please provide the name of the school you are attending:

- What degree / certification / credential are you currently pursuing?

- Briefly describe your career goals at this time.

For *only* those who select "not employed / not in school" in Question 4

- Have you completed additional education or certification/credential programs since graduating from the BSHS program?

- Briefly describe your career goals at this time.

- What are your next steps?

For *only* Health Educator Track Graduates

- Do you have or intend to pursue a Certified Health Education Specialist (CHES) credential? *(select one)*
    o Yes, I have the credential
    o Yes, I intend to take the CHES exam but have not done so yet
    o Yes, I took the CHES exam but did not pass
    o No, I don't intend to take the CHES exam

Questions for all alumni

As a result of the BSHS program, I rate my competency in the following areas to be:

	Highly Competent	Fairly Competent	Not Yet Competent
Assess individual and/or community needs and/or capacity for health promotion. For example, I can: • plan assessment(s), and/or • obtain primary data, secondary data, or other evidence-informed sources, and/or • analyze the data to determine th ehealth of the priority population(s) and the factors that influence health, and/or • synthesize assesment findings to inform the planning process	○	○	○
	○	○	○
Plan effective health promotion programs and interventions for target populations. For example, I can: • identify priority populations, partners, and stakeholders for participation in the planning process, and/or • define desired outcomes, and/or • determine health educaiton and/or promotion interventions, and/or • develop plans and materials for implemenentation and evaluation.	○	○	○
Implement health promotion interventions. For example, I can: • coordinate the delivery of intervention(s) consistent with implementation plans, and/or • deliver health education and/or promotion interventions as designed, and/or • employ an appropriate variety of instructional methodologies, and/or • monitor implementation.	○	○	○
Evaluate health promotion programs and/or interventions. For example, I can: • design process, impact, and/or outcome evaluation for an intervention, and/or • align evaluation plans with intervention goals and objectives, and/or • employ a logic model and/or theory for evaluations, and/or • adopt, modify, or develop instruments for collecting data, and/or • collect, analyze, and interpret evaluation and/or research data, and/or • communicate findings and recommendations.	○	○	○
Coordinate resources and relationships with stakeholders and partners. For example, I can: • coordinate relationships with partners and stakeholders (e.g. individuals, teams, coalitions, committees) for health promotion programs and/or intervention efforts, and/or • conduct strategic planning with apporporiate stakeholders, and/or • faciliate the recruitment, engagement, and retention of partners and stakeholders, and/or • prepare others to provide health eudcaiton and/or promotion efforts.	○	○	○
Articulate the role of public health in interprofessional healthcare teams. For example, I can: • define the four core competencies of Interprofessional Education (IPE), and/or • disuss the importance of interprofessional partnerships for effective population health practice and outcomes, and/or • provide recommendations for working across disciplines in order to influence community health.	○	○	○
Communicate evidence-based health information effectively. For example, I can: • determine factors that affect communication with the target audience(s), and/or • determine communication objective(s) for target audience(s), and/or • develop health messages usin a variety of methods, theories, and/or models, and/or • deliver health message(s) effectively using appropriate media, technologies, and communication strategies, and/or • identify facators that facilitate and/or hinder health advocacy efforts.	○	○	○

<u>Please answer the following short answer questions:</u>

- Based on your experiences, what were the strengths of the BSHS program in preparing you for employment or further education in public health or healthcare?
- Based on your experiences, what recommendations would you make to strengthen the BSHS program to prepare other students for employment or further education in public health or healthcare (e.g. new course offerings, other opportunities, etc.)?

APPENDIX B: HS A485 ePORTFOLIO ASSESSMENT TOOL

PSLOs	This ePortfolio demonstrates that students **can / cannot competently fulfill** the PSLOS		
	Highly Competent	*Fairly Competent*	*Not Yet Competent*
1. Assess individual and/or community needs and/or capacity for health promotion. Student has: • Planned assessment(s), and/or • Obtained primary data, secondary data, and other evidence-informed sources, and/or • Analyzed the data to determine the health of the priority population(s) and the factors that influence health, and/or • Synthesized assessment findings to inform the planning process.			
2. Plan effective health promotion programs and interventions for target populations. Student has: • Identified priority populations, partners, and stakeholders for participation in the planning process, • Defined desired outcomes, • Determined health education and/or promotion interventions, and • Developed plans and materials for implementation and evaluation.			
3. Implement health promotion interventions. Student has: • Coordinated the delivery of intervention(s) consistent with the implementation plan, • Delivered health education and/or promotion interventions as designed, • Employed an appropriate variety of instructional methodologies, and • Monitored implementation.			
4. Evaluate health promotion programs and/or interventions. Student has: • Designed process, impact, and outcome evaluation of the intervention, • Aligned evaluation plan with the intervention goals and objectives, • Employed a logic model and/or theory for evaluations, • Adopted, modified, or developed instruments for collecting data, • Collected, analyzed, and interpreted evaluation and/or research data, and • Communicated findings and recommendations.			
5. Coordinate resources and relationships with stakeholders and partners. Student has: • Coordinated relationships with partners and stakeholders (e.g. individuals, teams, coalitions, committees) for health promotion programs and/or other intervention efforts, and/or			

• Conducted strategic planning with appropriate stakeholders, and/or • Facilitated the recruitment, engagement, and retention of partners and stakeholders, and/or • Prepared others to provide health education and/or promotion interventions.			
6. Communicate evidence-based health information effectively. Student has: • Determined factors that affect communication with the identified audience(s), • Determined communication objective(s) for audience(s) , • Developed health messages using a variety of methods, theories, and/or models, • Delivered health message(s) effectively using appropriate media, technologies, and communication strategies, and Identified factors that facilitate and/or hinder health advocacy efforts.			
7. Articulate the role of public health in interprofessional healthcare teams. Student has: • Defined the four Core Competencies of Interprofessional Education, and/or • Discussed the importance of interprofessional partnerships for effective population health practice and outcomes, and/or • Provided recommendations for working across disciplines in order to influence community health.			

Evidence: Students should present evidence such as the examples provided under each PSLO (above) and also reflect on that evidence.

APPENDIX C: OEC IN GERONTOLOGY ASSESSMENT TOOL

OEC in Gerontology PSLOs	This artifact demonstrates that students **can / cannot competently fulfill** the PSLOs			
	Highly Competent	*Fairly Competent*	*Not Yet Competent*	*N/A*
Identify the main behavioral, social, and environmental factors that influence age-related outcomes of the aging population and the individual older adult. Student may describe in HS A305 reflection paper: • Influence of lifestyle behaviors on individual or population aging outcomes, such as diet, exercise, and preventative healthcare services (i.e. cancer screenings) • Importance of obtaining regular social interactions (friends, family, peers) on healthy aging • Role of socioeconomic status and financial resources on health outcomes of older adults • Recognize the role of the physical environmental influences on aging outcomes, such as the natural or built environment.				
Critique and analyze assumptions, stereotypes, prejudice, and discrimination related to age (ageism) at both personal and public levels. Student may describe in HS A305 ageism essay: • Specific examples of assumptions or stereotypes that they have personally held about older adults • Examples of prejudice or discrimination that they have witnessed against older adults • How these aforementioned examples demonstrate attitudes about older adults in our society • Ways to correct or address such assumptions, stereotypes, prejudice, and discrimination at personal and public levels.				
Describe current strategies for disease prevention, including the key components of person-centered care and end-of-life care models, to generate contextually accurate recommendations for health promotion of older adults. Student may describe in HS A305 research paper: • Disease prevention strategies such as lifestyle behavior interventions or preventative healthcare screenings • Ways to utilize concepts of person-centered care for the prevention of disease among older adults • The importance of end-of-life care models, such as strategies utilized in the provision of palliative or hospice care • Ways to provide appropriate health promotion recommendations to older adults.				

Evidence: Students should present evidence such as the examples provided under each PSLO (above) and also reflect on that evidence.

Revision History

2019: This plan was first used to assess the program during AY2018-2019. After the first full implementation, BSHS program faculty noted that two of the PSLOs were not well written for assessment. An updated version was submitted to improve those PSLOs and approved in winter 2019. The PSLOs that changed were:

- "Apply skills and professional expertise to meet Alaska's health workforce needs," which became "Apply core health science skills to meet Alaska's health workforce needs" (because students are not practicing direct patient care or other clinical practices in BSHS courses).
- "Implement health education programs," which became "Develop implementation strategies for health education programs" (because students have very limited opportunities to implement programs).
- This revision plan also clarified the BSHS Health Educator Practicum ePortfolio Assessment Tool (Appendix C).

2020: Several updates were made and approved by faculty on: October 8, 2020
- Changed the frequency of the alumni survey administration and analysis from annual to every other year (bi-annual).
- Agreed to meet more than once per year to review assessment processes and data.
- Updated all scoring rubrics to include examples of competency evidence and changed the scoring criterion from "satisfactory evidence" and "limited evidence" to "highly competent," "fairly competent," and "not yet competent."
- Removed health education PSLOs from the HS A433 ePortfolio assessment (because these are assessed in the HS A495 ePortfolios) and added two PSLOs on the pre-professional track (Appendix B).
- Updated which PSLOs should be met by the HS A495 Health Educator Practicum ePortfolios (Appendix C - all health educator-track PSLOs are now included).
- Updated which PSLOs should be met by the HS A492 reflection assignment (Appendix D - all pre-professional track PSLOs are now included).
- We have updated the alumni survey questions (Appendix A) to more closely match the aforementioned competency criterion.

2023: Several major revisions were made and approved by faculty on February 9, 2023
- Revised mission statement to be more succinct for the entire program, rather than mentioning the two tracks.
- Combined PLSOs from the health professional and health educator tracks into a single set of revised program-wide PSLOs that more accurately and efficiently measure program objectives.
- Revised program assessment artifacts so that the HS A485 ePortfolio and alumni survey are the two artifacts being used to measure the new PSLOs. The following assessment artifacts have been removed as they are no longer the best way to measure the new objectives: HS A433 ePortfolio, HS A492 reflection paper, and faculty review of BSHS courses.
- Created an artifact scoring rubric for the HS A485 ePortfolio to reflect new PSLOs.
- Revised the alumni survey in the appendix to reflect the new PSLOs.
- Added assessment plan and artifact scoring rubric for the new OEC in Gerontology.