Council on Education for Public Health
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REVIEW FOR ACCREDITATION

OF THE

BA/BS IN HEALTH EDUCATION AND PROMOTION

AT

BALL STATE UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
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CRITERIA: Accreditation Criteria for Standalone Baccalaureate Programs, amended June 2018

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INTRODUCTION

Ball State University (BSU) 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 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. The university is comprised of seven colleges: Fine Arts; Communication, Information, and Media; Health; Sciences and Humanities; Business; Architecture and Planning; and Teachers College, as well as the University College and Honors College. It also has schools of art, kinesiology, music, and nursing, which are housed in the above colleges. As of 2021, the university employed over 1,300 faculty and enrolled over 21,000 students, of whom more than 70% are undergraduate students. The university is accredited by the Higher Learning Commission, with a current term that extends until 2024 and holds specialized accreditation in disciplines including architecture, counseling, athletic training, dietetics, journalism, and social work.

The Health Education and Promotion Program is housed in the Department of Nutrition and Health Science in the College of Health. The department is one of six in the college, and the college also houses the School of Nursing. In addition to health education and promotion, the department houses undergraduate and graduate degrees in nutrition and dietetics and offers two degrees, radiography and respiratory therapy, in conjunction with Indiana University Health (Methodist Hospital) in Indianapolis, as well as a public health minor.

The program currently offers both the BA and the BS in health education and promotion. The requirements for the major are identical, regardless of which degree students pursue; university requirements outside of the major differ between the two degrees. For instance, BA students must complete a foreign language requirement, but BS students do not. The program traces its most direct roots to 1988, when the department's precursor began to offer the BS in health science (community health education). A major curriculum restructuring occurred in 2014, the result of which was a revamped and renamed BS/BA in health education and promotion. Some courses from the original degree were retained, but most courses were reorganized or combined, and new courses were developed. Ten full-time faculty support the program, which typically enrolls 90-100 students. The self-study indicates that the most recent semesters of enrollment reflect disruption from the COVID-19 pandemic and a lower current enrollment of 72 majors.

This is the program's initial review for accreditation.

Instructional Matrix – Degrees and Concentrations			
Degrees		**Campus based**	**Distance based**
Health Education and Promotion	BA, BS	BA, BS	---

A1. ADMINISTRATION AND GOVERNANCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Program has autonomy to make decisions related to the following: • allocation of program resources • implementation of personnel and policies and procedures • development and implementation of academic policies and procedures • development and implementation of curricula admission to the major		The program has sufficient autonomy to make decisions related to resource allocation, personnel and academic policies, curriculum, and admissions. The university uses an incentive-based budget model for resource allocation to its colleges. The department chair submits budget requests to the college dean with input from the program director. The department chair determines how the department's resources are allocated to the programs within the department with faculty input. The department chair is elected by vote of the faculty to a two- or four-year term. Decisions about curriculum development, admission to the major and requirements for graduation, and assurance that program graduates complete a curriculum that meets eligibility requirements to become Certified Health Education Specialists (CHES) are made by program faculty. The program director and department chair lead faculty efforts for developing and reviewing plans for assessing student learning. The department chair and program director solicit faculty input on teaching assignments. The program depends on data from course assessments and faculty working together in teams to determine whether the program is meeting goals and objectives for student learning outcomes. The program and its faculty may avail itself of expertise in designing assessment plans that is	Click here to enter text.	
Program's faculty have formal opportunities for input in decisions affecting the following: • curriculum design (e.g., program specific requirements) • student assessment • program evaluation				
Faculty have input in resource allocation within the institution and existing program administration.				

		available at the university level. Faculty vote on curricular changes and approval of new courses.		

A2. FACULTY ENGAGEMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Faculty (both full-time and part-time) regularly interact with colleagues & are engaged in ways that benefit the instructional program		Full-time health science faculty are required to attend monthly unit meetings convened by the program director at which curriculum revisions, class scheduling and enrollment, program assessment, and professional development are discussed and decided upon. Part-time, adjunct faculty are invited to attend these meetings and have access to meeting minutes on a shared drive if they cannot attend. The program typically uses few (two to three) adjunct faculty, and the program director maintains regular lines of communication with these individuals, with particular attention to ensuring that they are aware of opportunities for professional development. Additional documentation provided with the self-study contains faculty meeting minutes and attendance lists that document regular faculty interaction. The faculty unit has multiple committees; a standing Curriculum Committee approves curriculum changes.	Click here to enter text.	

B1. PUBLIC HEALTH CURRICULUM

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Curriculum ensures that all elements of all domains are covered at least once (see worksheet for detail)		The curriculum for the BA or BS in health education and promotion requires 120 semester-credit hours. Students complete core (major-specific) courses in public health and health promotion (72 credits), university core curriculum coursework (36 credits), and 12 credits for electives. All students complete a semester-long internship project as part of the core requirements. The curriculum, as evidenced by the self-study and accompanying documents, demonstrates coverage of the 11 domains. The B1 worksheet presents the team's findings. The self-study document only indicates introduction, rather than coverage, for one sub-domain, global functions of public health. However, during the site visit, the team was able to ascertain two specific courses that demonstrate coverage of global health topics. First, in the course Healthcare Systems (HSC 310), lectures and readings introduce students to global health systems and explain how they differ from U.S. systems; this course also includes an assignment that requires students to build a presentation on a global health system. In the introductory course, Principles of Community Health (HSC 180), a lecture on global infectious disease includes content that addresses global functions of public health, compares disease patterns across nations, and discusses systems-based reasons for those trends.	Click here to enter text.	

		Site visitors reviewed and validated all other domain coverage indicated in the self-study document. For example, in domain 8, four core courses cover the domain of project implementation: Program Planning and Health Promotion I and II (HSC 301 and 302), Organization and Administration in Health Promotion (HSC 388), and Professional Preparation in Health Promotion (HSC 495). The primary assignment in HSC 301 is a needs assessment. This specific assignment allows students to focus on one risk factor and requires students to interpret and put forward ideas based on the scientific literature. During the site visit, reviewers were better able to see evidence of the connections and reinforcement of concepts across the curriculum. For instance, students learn skills to reinforce research methods, data analytics, and research writing skills, building from initial skills in needs assessment. In the semester after HSC 301, students build a program implementation and evaluation plan in HSC 302. During the same semester as enrollment in HSC 302, students are learning biostatistics and epidemiology methods in HSC 387. Finally, in a broader research design course, HSC 487, completed during the following year, students progress to completing their own research projects and writing up the analysis.		

B1 Worksheet

Public Health Domains	Yes/CNV
1. Concepts and applications of basic statistics	Yes
2. Foundations of biological and life sciences and the concepts of health and disease	Yes
3. History and philosophy of public health as well as its core values, concepts, and functions across the globe and in society	Yes
4. Basic concepts, methods & tools of public health data collection, use & analysis & why evidence-based approaches are an essential part of public health practice	Yes
5. Concepts of population health, & the basic processes, approaches & interventions that identify & address the major health-related needs & concerns of populations	Yes
6. Underlying science of human health & disease, including opportunities for promoting & protecting health across the life course	Yes
7. Socioeconomic, behavioral, biological, environmental & other factors that impact human health & contribute to health disparities	Yes
8. Fundamental concepts & features of project implementation, including planning, assessment & evaluation	Yes
9. Fundamental characteristics & organizational structures of the US health system as well as the differences between systems in other countries	Yes
10. Basic concepts of legal, ethical, economic & regulatory dimensions of health care & public health policy & the roles, influences & responsibilities of the different agencies & branches of government	Yes
11. Basic concepts of public health-specific communication, including technical & professional writing & the use of mass media & electronic technology	Yes

B2. COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Students demonstrate & are assessed on each competency & all its elements:		The program ensures that students receive instruction in and assessment on all defined competencies, as noted in the B2.1 and B2.2 worksheets. For the two foundational competencies, students complete both group and individual projects and assignments. In group assignments, such as the social marketing plan, students complete detailed peer- and self-assessments to ensure that all students receive appropriate feedback. Students complete individual	The simulation exercises assigned in HSC 388, Organization and Administration in Health Promotion, are individual assignments, not group assignments.	
1. Communicate public health information, in both oral and written forms and through a variety of media, to diverse students				
2. Locate, use, evaluate, and synthesize public health information				

Defines at least three distinct competencies for each concentration or generalist degree. Competencies articulate an appropriate depth or enhancement beyond foundational competencies		activities associated with the first competency (communication) in HSC 495, Professional Preparation in Health Promotion. This class aims to prepare students to plan and complete their internship experiences and to prepare students for the CHES exam and is structured around the National Commission for Health Education Credentialing (NCHEC) areas of responsibility. Students complete readings and simulations that relate to each area of responsibility. The most consolidated didactic preparation and assessment for the first competency occurs in HSC 494, Health Communication, which addresses audience segmentation, communication strategy, social media, creating infographics and press releases, media plans, and budgeting for communications plans, among other topics. The program takes a similar approach to the second foundational competency (information literacy), with group and individual projects, including the simulations in HSC 495. Most instruction and assessment for this competency occurs in HSC 387, Quantitative Methods and Epidemiology in Health Promotion. The program has defined four appropriate competencies for the knowledge and skills associated with the program's health education and promotion focus. The program's competencies are derived from NCHEC competencies. The self-study defines appropriate assessments for each of the four competencies; in addition to the courses mentioned above, this instruction and assessment occurs in HSC 388, Organization and Administration in Health Promotion, and HSC 487, Applied Research, Writing, and Evaluation in Health Promotion. These courses require exams, a grant proposal, an advocacy letter to a legislator, and design and		
Assesses all students at least once on their ability to demonstrate each concentration competency				

		implementation of a study, culminating in a manuscript-style paper. The simulations in HSC 495, Professional Preparation in Health Education, are applied, practical activities that relate to competencies. For example, one simulation asks students to break down the task of planning a health event into concrete operational steps and compose a Gantt chart. The self-study lists one or two clear assessments for each competency, but reviewers noted that many of the courses are reinforcing and found multiple examples that provide instruction and assessment related to concentration competencies, in addition to the two activities listed in the self-study document.		

B2.1 Worksheet

Competency Elements	Yes/CNV
1. Public Health Communication	
Oral communication	Yes
Written communication	Yes
Communicate with diverse audiences	Yes
Communicate through variety of media	Yes
2. Information Literacy	
Locate information	Yes
Use information	Yes
Evaluation information	Yes
Synthesize information	Yes

B2.2 Worksheet

BS/BA in Health Education and Promotion Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Plan strategies for health behavior interventions.	Yes	Yes
2. Implement, coordinate, and manage health programs.	Yes	Yes
3. Perform health promotion evaluation and research.	Yes	Yes
4. Advocate for health education/promotion.	Yes	Yes

B3. CROSS-CUTTING CONCEPTS AND EXPERIENCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Program ensures opportunities available in all cross-cutting areas (see worksheet for detail)		The program provides opportunities for exposure to all of the cross-cutting concepts through the required curriculum and provides additional, co-curricular options for many of the cross-cutting concepts. The B3 worksheet presents the team's findings. For example, the program addresses ethical decision making in HSC 200, Introduction to Health Education and Promotion, during which students read and discuss case studies in which health promotion professionals faced ethical challenges. The program addresses community dynamics in HSC 302, Program Planning in Health Promotion II, during which students consider community factors as they develop implementation and evaluation plans. Among the co-curricular opportunities, several occur through the student Eta Sigma Gamma association's activities, which have included participating in a state	Student participation in the statewide Health Advocacy Days was through their enrollment in HSC 388, Organization and Administration in Health Promotion, not as part of their involvement in Eta Sigma Gamma.	

		advocacy day, and through Cardinal Wellness, a grant-funded interprofessional activity involving students and faculty throughout the College of Health. Students taking part in Cardinal Wellness design health education and nutrition programming for participants. Other co-curricular opportunities include teams of students, coached by faculty, competing in an annual case competition, and student networking with guest speakers during events associated with the annual McGovern Lectureship. Students who met with site visitors described a number of co-curricular activities that relate to cross-cutting areas and that strengthen and reinforce their learning and professional preparation. Particularly significant is the university's recently implemented Teacher-Scholar program, which provides stipends of $750 for students to complete not-for-credit research projects with faculty. Two students described their experiences with this program, which included leading a pilot study as a basis for a future larger study and cleaning and analyzing recently collected qualitative and quantitative data from a faculty/graduate student project.		

B3 Worksheet

Cross-cutting Concepts & Experiences	Yes/CNV
1. Advocacy for protection & promotion of the public's health at all levels of society	Yes
2. Community dynamics	Yes
3. Critical thinking & creativity	Yes
4. Cultural contexts in which public health professionals work	Yes
5. Ethical decision making as related to self & society	Yes
6. Independent work & a personal work ethic	Yes
7. Networking	Yes
8. Organizational dynamics	Yes
9. Professionalism	Yes
10. Research methods	Yes
11. Systems thinking	Yes
12. Teamwork & leadership	Yes

B4. CUMULATIVE AND EXPERIENTAL ACTIVITIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Students complete cumulative & experiential activities		The cumulative and experiential activity requirement is satisfied by the completion of a 360-hour, six-credit internship required of all students after they have taken all of their core courses and achieved a GPA of at least 2.5. In this internship, students must be exposed to at least four of the seven NCHEC (2015) areas of responsibility. The self-study presents a detailed description of the components of this experience, which comprise a work project list (developed with the internship site supervisor), a weekly work log, midterm and final papers, a public poster presentation, an artifact representative of the internship	Click here to enter text.	
Activities require students to integrate, synthesize & apply knowledge				
Program encourages exposure to local-level professionals & agencies				

		experience, site supervisor evaluations, and student evaluations of the internship site. The internship requires students to integrate, synthesize, and apply knowledge from throughout the course of study. Site visitors reviewed complete portfolios from five students, which include a work plan, self-reflection, several artifacts (or deliverables for the host organization), and midterm or final papers. About one-third of students intern in health care facilities, one-third in voluntary agencies, and another third in state or local health departments. Recent experiences have ranged from oncology massage programs with a local cancer support agency to tobacco control programming with an area urban league, and service with a center for pediatric obesity and diabetes research. Although none of the students who met with reviewers during the site visit had yet completed their internships, they expressed confidence that they were well prepared for a successful internship by taking the prerequisite course Professional Preparation in Health Promotion. Internship site supervisors interviewed during the site visit spoke about how well-prepared students were in terms of public health and health promotion concepts, particularly program planning. Their comments also indicated an opportunity, however, to better guide students into general expectations of the professional workplace prior to the internship, potentially through service learning or job shadowing.		

C1. SUMMARY DATA ON STUDENT COMPETENCY ATTAINMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Collects & analyzes aggregate data on student competency attainment using the competencies defined in B2 as a framework		The program defines an array of methods that allow it to track student competency attainment, monitor trends over time, and adjust curricula and assessment activities as needed. The program has defined a specific assessment activity or artifact for each of the competencies defined in Criterion B2, and the self-study document presents two to three years of data for students' aggregate performance on these assessments. The program measures performance on both group and individual assessment activities, where relevant, as discussed in Criterion B2. Student performance has been strong on most of the indexed activities, with students surpassing the program's internal targets on all competencies. For example, project scores on the social media project indexed to foundational competency 1 have averaged approximately 88% over recent years, which is above the threshold defined as successful for this assessment activity. The self-study also highlights areas in which student performance has been more variable on individual assessments. For example, initial mean scores on some of the simulation activities in HSC 495 that are linked to competencies have been in the 70-80% range; the instructor provides remediation opportunities to students on simulation activities, and mean scores rise, typically to or near 100% after remediation.	Click here to enter text.	
Data collection allows the program to track trends in student learning and adjust curricula and assessment activities as needed				

		The self-study delineates additional data sources that provide information on student competency attainment. Site supervisors evaluate interns on general measures of professionalism but also on the NCHEC areas of responsibility that they were able to observe. The variable nature of student practice experiences and related supervisor assessment limits this as a competency data source, but the program does gain useful information and observations. Additionally, the program requires students to take an exit/practice exam that is structured to resemble the CHES exam before they graduate. Students receive a pass/fail score for simply completing the exam, rather than a score that correlates to the student's actual performance on the exam, so faculty posit that students may not always prepare thoroughly. Nonetheless, the program tracks and monitors student performance on each item on the practice exam, as indexed to the NCHEC areas of responsibility, as a general gauge of students' preparation. For example, mean scores range from 53% (NCHEC area 7) to 65% (area 2). Finally, the program tracks performance on the actual CHES exam as a similar gauge of curricular effectiveness. The exam is not mandatory, but the program strongly encourages students to take it. Ten to 14 students have taken the exam over each of the last three years, with overall pass rates between 40-75%. As with the practice exam, the program monitors performance by area of responsibility over time.		

		The self-study lists several changes that the program has made based on reviewing the data mentioned above. First, the program's decision to add HSC 495, Professional Preparation in Health Promotion, as a required class was based on data from the practice exam and CHES exam. The self-study notes, "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." HSC 495 includes specific activities designed to reinforce and assess mastery of each NCHEC area of responsibility, as well as including other activities such as practice interviews and resume preparation. The program has also changed its approach to assignments and activities in required classes in response to student performance data on some of the designated assignments and/or artifacts. The self-study notes that "lower than projected pre-remediation individual competency rates for targeted competencies (i.e., … Implement, coordinate, and manage health promotion programs) spurred an examination of course delivery methods, not simply in those courses aligned to these competencies. The program adjusted assignments across three different required courses to focus on more experiential learning that requires students to apply knowledge and complete more practical assignments." Evidence in the self-study and conversations during the visit clearly indicate a solid approach and track record of collecting and analyzing course-level data and artifacts and making curricular changes as needed. In particular, conversations with faculty indicated that they are attentive to student performance, trends observed in their		

		own scholarship and service, and broader workforce and professional conversations. Faculty discussions during the site visit also indicate an opportunity for future discussions about the nature of the degree and preparation. For example, the self-study and discussion during the site visit indicated that the program has historically placed high value on the CHES exam and has noted that fewer students than desired (less than 50%) take the exam. Program leaders indicated that they have not conducted a systematic examination of the reasons, but faculty proposed several theories: 1) barriers that include paying for the exam and the need to study for an optional test, 2) questions about the credential's value, given that many jobs do not require the credential, and 3) an increasing trend to enroll in the major as a preparation for graduate education in a clinical discipline (medicine, nursing, physician assistant) or for graduate education in epidemiology or quantitative sciences. These themes have different implications for the approach to the CHES exam and for other issues, ranging from curriculum to recruitment and marketing. Faculty noted that significant effort has been dedicated to adjusting to the COVID pandemic and preparing for accreditation, but there may be an opportunity for more review of data and discussion about the program's future after the accreditation review is complete.		

C2. GRADUATION RATES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Collects, analyzes & accurately presents graduation rate data		The program meets or surpasses the graduation rate threshold defined in this criterion. The program dates its current inception to 2015, though a community health education major with a different curriculum existed prior to this, and, following university practices, defines a maximum time to graduation of six years. The one cohort to have reached that threshold reports a 91% graduation rate. The following three cohorts have all surpassed this criterion's 70% threshold, though all have additional time before students reach the maximum enrollment period. Only cohorts entering in 2019 and later have not yet reached this criterion's threshold, and the 2019 cohort reports a 60% rate with enrolled students still progressing through the program of study. The self-study notes that the method used to calculate and present graduation rates for the self-study was extremely labor-intensive and likely unsustainable, as it involved reviewing transcripts and pulling data from multiple systems. Since the self-study's inception, faculty began working with the Office of Institutional Research and Decision Support to design a new, accurate, sustainable system to track graduation rates and account for student changes in major and other related issues. During the site visit, reviewers learned about major changes in the university's approach to collecting data and supporting units in data collection, including the formation of a new unit of Institutional Research and Decision Support. The	Click here to enter text.	
Achieves graduation rates of at least 70%				
If program does not meet the threshold of 70%: • its grad rates are comparable to similar baccalaureate programs • it has a detailed analysis of factors related to the reduced rate and a specific plan for improvements if applicable				

		dean and provost discussed their priorities on assisting units in collecting and analyzing the information they need to make data-driven decisions, and the department chair has prioritized improved data in her two years in the position.		

C3. POST-GRADUATION OUTCOMES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Collects, analyzes & presents data on graduates' employment or enrollment in further education post-graduation		The program has post-graduation data for nearly all (97%) graduates over the last three years. The self-study presents data for students graduating in 2017, 2018, and 2019, with 24 to 41 graduates per year. Two of the three groups report 100% positive outcomes (employment or enrollment in additional education), and the third reports 91% positive outcomes. Eighty-six percent of those employed reported being employed in a health-related setting, and employers include governmental health agencies, hospitals and health care institutions, corporate wellness settings, and non-profit agencies. Thirty-three percent reported being enrolled in additional education or training, with MPH programs the most popular destination. Other students were enrolled in programs in nursing, osteopathic medicine, health care administration, and occupational therapy. The program draws on data from a survey administered by the university's Career Center as well as data collected in the program's own survey, administered at the conclusion of the internship class. Finally, the program draws on social media data, including data from the program's LinkedIn	Click here to enter text.	
Achieves graduate response rates of at least 30% each year				
Chooses methods explicitly designed to minimize number of students with unknown outcomes				
Achieves rates of at least 80% employment or enrollment in further education				
If program does not meet the threshold of 80%, the program must: • document that its rates are comparable to a similar baccalaureate program in home unit				

• provide a detailed analysis of factors related to the reduced rate and a specific plan for future improvement		alumni group, which included over 100 members at the time of the site visit.		

C4. STAKEHOLDER FEEDBACK

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Partially Met			
Collects information about the following through surveys or other data collection: • 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 collects information, primarily through surveys, from its graduating students, alumni, internship site supervisors, and employers. For instance, site visitors reviewed recent employer survey data from nine employers responding to a detailed set of open- and closed-ended questions relating to their perceptions of graduates' preparation. Internship supervisors evaluate students' competence in each of the seven NCHEC responsibility areas, as well as their general professional aptitudes and personal characteristics. The program also reviews CHES exam scores, overall and by area of responsibility. The electronic resource file contains summaries of survey data from these various sources, demonstrating the program's efforts to regularly compile and document evaluation results. Faculty have used midterm and final evaluations from internship supervisors to make curriculum changes to improve and create courses related to NCHEC areas of responsibility on which students were rated lower by their supervisors. The self-study mentions that responses to the twice-annual alumni survey (conducted by the university,	To address the first concern, the program has revised its One Year Post-BSU Primary Activity Survey. Regardless of subjects' response to the item, "Characterize your PRIMARY status approximately one year after graduating with your BS degree from Ball State University," survey respondents are directed to a follow-up item that reads, "How well did the program prepare you for your post-graduation destination (i.e. employment, volunteer service, continuing education, not pursuing any of the above, etc.)?" Likert-style response options are Extremely well, Well, Neutral, Not well, and Not well at all. Response rates for the in-house One Year Post-BSU survey are significantly better than those of the BSU Alumni Survey. Response rates for the past three	The Council appreciates the information in the program' response regarding actions since the time of the site visit. The program has addressed the team's second concern by implementing a method to collect data from alumni and defining a review schedule. The Council notes that it will be important to ensure that the information collected through the new survey question is sufficient to inform program improvement in the future. The Council looks forward to reviewing evidence that the program has fully addressed this criterion's requirements by implementing its data collection plan and using alumni and employer
Information collected from BOTH: • alumni • relevant community stakeholders				
Establishes a schedule for reviewing data and uses data on student outcomes and program effectiveness to improve student learning and the program				

		with program-specific responses available) has informed efforts to target career advising for students, by noting how many alumni reported that they were not working in health education. The first concern relates to the lack of data on alumni perceptions of preparation for the workforce or for further education. The department-level alumni survey is limited to asking questions about current employment and whether it relates to the health education and promotion major (yes/no). The university-administered survey, which asks graduates to rate how well their major coursework (as a whole) prepared them for employment, has low response rates and does not distinguish students by year of graduation; available survey results include information from approximately 40 students who graduated between 2013 and 2018. Thus, current data collection efforts do not fulfill this criterion's specific data collection requirement for data from alumni on their readiness for post-graduation destinations. The second concern relates to the lack of sufficient evidence that an ongoing process and schedule exist for reviewing stakeholder feedback and using data to improve student learning and program effectiveness. The electronic resource file contains faculty meeting minutes that document some discussion of student competency data (such as the data referenced in Criterion C1), and faculty frequently discuss and respond to feedback from internship supervisors. However, no evidence was available to document discussion and planning based on the types of stakeholder data required by this criterion. During the site visit, faculty acknowledged the need to develop a more robust system for the regular, systematic	cohort years, 2019, 2018, and 2017, were 95.8%, 93.6%, and 100%, respectively. To address the second concern, the program's Accreditation Maintenance data management system has been operational since shortly after the site visit, and will collect the first round of accreditation data, including stakeholder feedback, at the end of Fall semester 2021. All data points required for submission to CEPH on an ongoing basis, both for Annual Reports and for periodical re-accreditations, are programmed into a Canvas community site. Through this Canvas communications hub, faculty and other key participants receive automated email reminders at scheduled dates, cuing them to upload documents or complete one of several brief Qualtrics surveys which compile program assessment data. Uploaded artifacts, as well as data compiled using Qualtrics, are automatically archived in a shared Microsoft OneDrive site over which the Program Director and Department Chair have administrative privileges. Not only has a matrix been designed to	data to improve student learning and the program.

		collection and analysis of stakeholder feedback. Program leaders pointed to the recent onboarding of two new department staff, among whose tasks will be to assist with data collection and integration for planning and evaluation purposes. In addition, the program director had just completed a grant-funded summer project to develop systems and processes for collection and use of program data. Site visitors were able to review the plan for data analysis and discussion, but it had not yet been finalized or implemented.	assure timely collection of accreditation data, the same matrix dictates a precise schedule by which the Unit reviews accreditation data and translates these data into improvements to program elements, policies, and procedures. Collection and analysis of both internship site supervisor evaluations and graduating senior Exit Survey data occur at the end of Spring and Summer terms, with Unit review and action occurring at the monthly Unit meeting at the start of the following term. HEP Graduate Employer Survey data are collected and analyzed at the end of the Summer term, and addressed by the Unit in August.	

D1. DESIGNATED LEADER

Criterion Elements	**Compliance Finding**	**Team's Evidence for Compliance Finding**	**Program Response**	**Council Comments**
	Met			
Designated leader has the following traits: • a full-time university faculty member		The designated leader is fully dedicated (1.0 FTE) to the program. The director's academic background and master's and doctoral degrees are in health behavior and health promotion, and his professional experience in this discipline provides appropriate preparation for oversight and expertise.	Click here to enter text.	

• dedicates at least 0.5 FTE to the program		Based on the job description and duties, the program director coordinates accreditation efforts, partners with the department chair for program-specific teaching assignments and course schedules, and provides advising to program students. He also teaches multiple courses in the program; over recent years, he has taught nine of the program's required courses at various times, typically three courses per semester. The self-study indicates that the program director is the "front line" of the program and main contact point to the program for all students and that he works in partnership with the department chair to ensure that program staffing, administrative, and evaluation needs are met. During the site visit, the team confirmed these details and gathered student and stakeholder feedback. Internship preceptors see the program director as a considerable strength; they appreciate his coordination and preparation of students for their internship experiences and see him as a support to them as internship supervisors and professionals.		
• has educational qualifications and professional experience in a public health discipline				
Fully engaged with decision-making about the following: - curricular requirements - competency - development - teaching assignments - resource needs - program evaluation - student assessment				

D2. FACULTY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Program employs at least two FTE (in addition to the designated leader)		The program employs 10 full-time faculty, including the program director, all of whom are dedicated at 1.0 FTE to the program. The self-study lists three adjunct faculty members involved in instruction in the last three	Click here to enter text.	

Student-faculty ratios (SFR) are appropriate for instruction, assessment, and advising		semesters. At the time of the site visit, there were two active adjunct faculty and one open tenure-track faculty line, with a search due to begin after the site visit.		
Mix of full-time and part-time faculty is sufficient to accomplish mission and achieve student outcomes		Program leaders indicated that this is a relatively typical proportion of adjunct and full-time faculty teaching responsibilities. Faculty needs fluctuate with enrollment, which is particularly affected by the major's 100- and 200-level courses. These courses are required for program students but also fulfill general requirements for students across the college and university; thus, they often enroll multiple sections. Two of the three recent adjunct faculty are BSU alums with 20 to 30 years of experience teaching program courses. The third adjunct is a subject matter expert hired to teach environmental health after the departure of a full-time faculty member who taught the course. The self-study presents the average class size and student-faculty ratio (SFR) for the last six semesters; student numbers are higher in the fall than the spring each year, which faculty members attributed to attrition and changes in majors; this trend carries across other majors in the department and college. SFR ranges from approximately 31:1 to 43:1 with a decreasing trend over time. The self-study also reports advising loads for the professional advisor designated for all program students: her total advising load has ranged between 245 and 268 students over the last six semesters. In all cases, the program's numbers compare positively to, but are roughly in the same range as, comparable programs, which include the BS in sociology, health and		

		populations concentration (for class size and SFR) and social work and speech pathology (for advising). The sociology concentration is similar to the program in intended outcomes, nature of instruction and assignments, etc., but is located in a different college with a different advising model, so the comparable programs for advising are drawn from the same college as the program. The standard faculty teaching load equals approximately 12 credits per semester, but faculty may receive release time for research or program administration work. The self-study notes a number of ways in which the program has used enrollment data to adjust practices; these include limiting enrollments in certain prerequisite classes to ensure appropriate availability of later classes and limiting enrollment in classes that are particularly intensive for faculty (e.g., that involve extensive writing, research, and/or other immersive experiences).		

D3. STUDENT ENROLLMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Program defines accurate and useful means to track student enrollment		The program has a consistent and accurate method for tracking student enrollment. The program director pulls	Click here to enter text.	

Program uses consistent, appropriate quantitative measures to track student enrollment at specific, regular intervals		data from university systems using a simple dashboard tool. Most students enroll full-time, so FTE and headcount are typically identical or close to it. The program reports 72 to 101 students enrolled in each of the last four semesters and attributes lower-than-typical enrollments in spring 2021 to the COVID-19 pandemic.		

E1. DOCTORAL TRAINING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Faculty trained at the master's level have exceptional professional experience and teaching ability		Of the 10 full-time faculty, three are master's-trained contract faculty, and two of the three adjunct faculty listed in the self-study have a master's degree as the terminal degree. The full-time master's-trained faculty all have extensive experience with instruction and strong track records of positive teaching evaluations; one of the three specializes and is licensed in K-12 school education; one has 30-plus years of college-level teaching and mentoring experience in health education; and the third has extensive experience teaching health education and promotion at BSU and an area CEPH-accredited school of public health. Of the two master's-trained adjunct faculty, both have extensive employment and practical public health experience outside of academia, and one is in the final stages of completing a PhD in environmental health.	One of the adjunct faculty referred to in this section as "masters-trained" has, in fact, completed her PhD, and is currently a post doc at University of Pittsburgh Medical Center.	

		The CVs demonstrate well-qualified faculty with a wide range of experience and vast teaching credentials. During the site visit, current students indicated high levels of mentoring support and high-quality teaching by all department faculty. Students and alumni noted respect for the practice-based teaching expertise of the faculty, including the master's-trained faculty.		

E2. FACULTY EXPERIENCE IN AREAS OF TEACHING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Faculty teach & supervise students in areas of knowledge with which they are thoroughly familiar & qualified by the totality of their education and experience		Ten core faculty range in disciplinary preparation with graduate degrees in health communication, health promotion, environmental health, school health education, and epidemiology. All faculty teach within or near their disciplinary training. Specific examples of faculty professional experience include practice experience in outreach and health education, physical education, and program coordination. During the site visit it was clear that the department chair and program director plan teaching assignments each semester with faculty interests and expertise in mind and note that this is best for both the faculty and the students.	Click here to enter text.	

E3. INFORMED AND CURRENT FACULTY

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
All faculty members are informed and current in their discipline or areas of public health teaching		Faculty across the program show a breadth and depth of formal and informal experiences that keep them engaged in public health. Several students working on independent research noted faculty members' community connections as a particular strength and value, independent of their disciplinary training. Most of the faculty complement's collective experience is focused on contributions to professional organizations and peer review for journals and conferences. The tenured and tenure-track faculty are all engaged research scholars and are mentoring students with independent research. Two faculty hold the Master Certified Health Education Specialist (MCHES) credential and one holds the CHES credential. Notably, many of the faculty are involved in teaching and learning development opportunities on the BSU campus and beyond. During the site visit, reviewers learned that faculty are service focused in the local and regional community with expertise ranging from work with addiction services to refugee resettlement programming and the Healthy Community Alliance. During the site visit, faculty discussed assignments that tackle the current pandemic, news, and social media across a range of courses. There are opportunities for students and faculty to partner on scholarship opportunities, often providing students with their first	Click here to enter text.	

		mentored research experiences. Several faculty have taken advantage of the university's Teacher-Scholar program, which incentivizes students to participate in faculty-directed research. Students have gained experience in interviewing and qualitative data analysis through their participation in the program.		

E4. PRACTICIONER INVOLVEMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Practitioners are involved in instruction through a variety of methods		Practitioners are involved in the program as course instructors, guest lecturers, and internship preceptors. They provide practice perspectives from a wide variety of organizations including the local health department, county extension, voluntary agencies working in tobacco and cancer control, and the local health system. The self-study lists 17 such individuals who serve in key roles. Site visitors interviewed a number of health education professionals in health departments, voluntary agencies, other universities, and private businesses who interacted with students, primarily as internship site supervisors. They expressed their appreciation for the hands-on support they receive from the program for their work with the interns. Several community stakeholders also interact with students through class-based experiences, including service learning. In HSC 200: Introduction to Health Education and Promotion, individuals working in a variety of public health and health promotion-related positions	Click here to enter text.	

		provide career talks and panels for students. Practitioners also provide guest lectures and/or instruction in the required courses on environmental health, health communications, and research methods, among others.		

E5. GRADUATE STUDENTS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Not Applicable			

F1. FINANCIAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Financial resources are currently adequate to fulfill stated mission & goals & sustain degree offerings		The program has maintained stable, nearly flat funding over the last five years, despite the impact that the COVID-19 pandemic has had on university enrollment. University funds for the program in FY21, allocated through a decentralized incentive-based budget model, stood at $1,642,557, accounting for about 68% of total departmental funding, as the largest program in the department. The program anticipates stable revenue in the future due to inclusion of some lower-level program courses in the university's core curriculum, and the growing popularity of the public health minor. Both initiatives provide steady revenue streams that benefit the program as a whole. University leaders interviewed by site visitors affirmed their support for efforts to grow the program and to create opportunities for program	Click here to enter text.	
Financial support appears sufficiently stable at time of site visit				

		students to become more involved in interprofessional education with other students in the health sciences and beyond. The department has dedicated a portion of a faculty member's time to expanding opportunities for interprofessional education.		

F2. PHYSICAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Physical resources are adequate to fulfill mission & goals & support degree programs		The program has ample, well maintained physical resources to support its mission. It is housed in a newly constructed (2019), spacious (165,000 square foot) health professions building, sharing space with other instructional programs in the College of Health, along with counseling and speech pathology clinics. Classrooms are fully wired for remote learning, and students have space to study and gather in groups. The program has access to clinic and simulation spaces for interprofessional education and practice. Faculty and graduate assistants have private offices and open workspaces on one floor of the building. The university's health library is also located in the building and offers full access to all university library resources from that location. Computer workspaces and study rooms are available throughout the health professions building for use by students.	Click here to enter text.	
Physical resources appear sufficiently stable				

F3. ACADEMIC AND CAREER SUPPORT RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Academic support services are sufficient to accomplish the mission and to achieve expected student outcomes		The program draws on college and university resources to complete a full suite of appropriate academic and career services resources. Through the Unified Technology Support tech department, the Career Center, various university libraries, and other coordinated university services, students are well supported and set up for success. BSU has a variety of computer labs throughout the campus and provides technical support and resources in residence halls, classrooms, and in campus labs. The libraries on campus have vast print and online resources available to faculty, staff, and students. University librarians are available to provide classroom training on accessing health references and creating subject guides for program courses. Online coursework is supported by an Online and Distance Education Center with dedicated staff providing instructional and technological support. Additional campus services include a writing center, disability support services, student health center, and immersive learning and community engagement connections. Specific resources for public health students are the Eta Sigma Gamma health education honor society and a variety of scholarships and awards targeted at health education and promotion majors.	Click here to enter text.	
Academic support services include, at a minimum, the following: a) computing and technology services b) library services c) distance education, if applicable d) career services e) other support services (e.g., writing center, disability and support services), if they are relevant to the program				

		During the site visit, students indicated that they felt supported by the program faculty and staff. Program faculty and leaders reiterated college strategies to retain students and to recruit additional students through Preview Days.		

G1. ACADEMIC ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Student advisement by program faculty or qualified staff begins no later than the semester during which students begin coursework in the major and continues through program completion		At BSU, all freshmen use the same first-year advising system; students with 30 or more credits (sophomore status) can declare a major and are assigned to an upper-division advisor. Upper-division advisors hold graduate degrees appropriate to their careers (e.g., counseling) but do not necessarily have academic experience in the discipline in which they advise. Advisors partner with faculty to gain content area expertise as needed to complete advising and refer students to faculty as needed and appropriate. Students meet with the advisor at least once per semester to update their plans of study but can meet more frequently if necessary or requested. Students use an online system to schedule advising appointments. Students can also reach out to program faculty for internship connections, academic support, and ideas, such as elective options. At the time of the site visit, the program's advising services had recently undergone a major change. With the rest of	Click here to enter text.	

		the college, the program moved to the current centralized advising model, which resulted in the loss of a long-time program advisor who was well connected with faculty, students, and the practice community. During the site visit, current students expressed frustration relating to the recent period of personnel and structural turnover but see things as moving in the correct direction.		

G2. FACULTY INVOLVEMENT IN PUBLIC HEALTH CAREER ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Public health-specific career advisement by program faculty begins no later than the semester during which students begin coursework in the major and continues through program completion		The program director leads all public health-specific career advising for the program and also disseminates informal career development, training, and internship materials to students. Most students connect with the program director for career questions. Career advising also occurs within required coursework, with career-relevant assignments and opportunities embedded in a number of courses, particularly HSC 495, Professional Preparation in Health Promotion. Activities in this course include a mock interview, resume and cover letter writing, and a focus on professional etiquette. Program faculty invite staff from the university's Career Center to provide expertise for these sessions. During the site visit, students highlighted faculty members' openness and willingness to engage them directly. For example, students and faculty view the internship experience as a key element of career preparation; internship sites must be secured by the students, but the instructor encourages students to partner with current	Click here to enter text.	

		faculty to network within their relationships to secure internship opportunities.		

G3. STUDENT SATISFACTION WITH ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Program regularly tracks and reviews quantitative and qualitative data on student satisfaction with advising		The program relies on two main methods to track student satisfaction with advising. The Upper Division Advising Center survey is administered by email each spring, and the program's exit survey includes several questions related to advising. Students receive twice-weekly reminders to reply to the advising center survey, but response rates are typically low. The program's exit survey has high response rates but only contains a single question relating to advising: *I was satisfied with the quality of advising I received in the program/department*. The concern relates to current limitations that prevent the data from being sufficiently specific and actionable. This criterion's requirements for specific, actionable data note that "data must sufficiently differentiate between faculty and staff advising roles..." Response rates are very low to the advising center survey, and the program's exit survey does not distinguish between academic advising (primarily provided by professional staff) and career advising (primarily provided by program faculty), nor does it elicit qualitative feedback that might provide more	The program has addressed the concern regarding limits in sufficiently specific and actionable data pertaining to both Upper Division provided by staff and public health career advising provided by faculty. Enhancements have been made to the in-house Exit Survey, which is administered to graduating seniors at the conclusion of their internship. Subjects will now respond to nine Likert-style questions regarding their perceptions of their assigned Upper Division academic (staff) advisor, with response options ranging from Strongly agree to Strongly disagree. Example items are, "My Upper Division Academic Advisor guided me in creating an academic plan to complete my requirements for graduation with a	The Council reviewed the program's response to the site visit team's report and concluded that the program has addressed the concern identified by the site visit team. Therefore, the Council acted to change the finding from partially met to a finding of met.
Program uses methods that produce specific, actionable data				

		insight. Program leaders told site visitors that they intend to revise the exit survey for future iterations. The available data suggest that students are generally pleased with the quality of advising. Data from the existing surveys indicate that the designated advisor is accessible, helpful, knowledgeable, and prompt to respond, but stronger and clearer data, as required by this criterion, would better allow the program to adjust its advising services as needed.	BA/BS in Health Education and Promotion," and "Overall, I have been satisfied with the advising I received from my assigned Upper Division academic advisor." In addition, subjects will now receive the following prompt: "The following items pertain to public health career advising you received from faculty in the BS/BA in Health Education and Promotion program. For each of the following elements of public health career advising, indicate how often you received information, guidance, and/or assistance from program faculty. Use the following response options: often, sometimes, rarely, never." Example items related to public health career advising are, "Internship sites and site supervisors, including career impacts of internship placement and experiences," and "Overall, I have been satisfied with the public health career advising I received from program faculty." Because completion of the Exit Survey is a requirement in HSC 479, the internship course, response rates are consistently at or around 100%, a vast improvement on response rates for the Upper Division Academic Advising student evaluation.	

H1. DIVERSITY AND INCLUSION

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Program demonstrates a commitment to diversity and inclusion through: • assurance that students are exposed to individuals and agencies reflective of the diversity in their communities • research and/or community engagement conducted		The university, college, and department all have adopted specific statements of their commitment to diversity and inclusion. The college's diversity plan commits the college and program to recruiting and retaining a diverse faculty, staff, and student body. Almost 35% of students are from racial or ethnic minorities or are immigrants. Students develop skills for recognizing and adapting to cultural differences in the public health context through instruction by faculty and guest lecturers from minority and underrepresented groups and through service with organizations serving diverse communities as interns, volunteers, and participants in community-based research. Multiple courses in the curriculum contribute to the development of these skills, especially the internship course, which places students in community settings, and HSC 180, Principles of Community Health, in which student teams visit community venues serving minority and underserved populations. Community-based participatory research methods is a feature of several core courses, and faculty incorporate student participation in their community-engaged research with minority and underserved communities.	Click here to enter text.	

H2. CULTURAL COMPETENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Prepares students by developing, reviewing and maintaining curricula and other opportunities that address and build competency in diversity and cultural considerations		A key element of the program's efforts to build competency in diversity and cultural considerations is the course content in five core courses, beginning with HSC 220 Population, Race, and Culture in Health Promotion, which explores the aspects of race and culture that influence health, public health policy, and the management and practice of health care. In HSC 482, Environmental Health, students are introduced to the topic of environmental justice. As described in Criterion H1, program faculty are engaged in community-based research in communities with diverse populations; these faculty routinely involve students in these activities. The self-study contains examples of faculty research with local African American and immigrant communities to improve mental health first-aid training, reduce infant mortality, and improve maternal mental health, among other activities.	Click here to enter text.	

I1. DISTANCE EDUCATION PROGRAM OFFERING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Not Applicable			

I2. DISTANCE EDUCATION STUDENT INTERACTION

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Not Applicable			

I3. DISTANCE EDUCATION PROGRAM SUPPORT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Not Applicable			

I4. DISTANCE EDUCATION PROGRAM EFFECTIVENESS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Not Applicable			

I5. DISTANCE EDUCATION STUDENT IDENTITY

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Not Applicable			

J1. INFORMATION ACCURACY

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements		The program accurately communicates information about its academic calendar, admissions and grading policies, academic integrity standards, and degree requirements in the undergraduate catalog and on the department webpage. Site visitors reviewed these resources to verify information accuracy via the links provided in the self-study.	Click here to enter text.	
Advertising, promotional & recruitment materials contain accurate information				

J2. STUDENT COMPLAINT PROCESSES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	Program Response	Council Comments
	Met			
Maintains clear, publicly available policies on student grievances or complaints		Site visitors confirmed that student complaint policies adhere to this criterion's requirements. For complaints related to course assignments and grades, students are advised to follow a chain of action that begins with the instructor. If the complaint cannot be resolved with the instructor, the student may present the complaint to the department chair. If the department chair cannot resolve the issue, the student is directed to the vice provost of academic affairs. The self-study provides a link to the	Click here to enter text.	
Maintains records on the aggregate number of complaints received for the last three years				

		university's grade appeals policy, which details these steps. Complaints of a non-academic nature are addressed through specific policies for sexual harassment, equal opportunity and affirmative action, and incidents of bias. The program has received one student complaint in the last three years, and it was resolved through the published process.		

AGENDA

Thursday, September 30, 2021

Time	Activity	Location
9:20 am	**Team Setup on Campus**	**HB (Health Professions Building) 433**
	BSU Tech Support personnel: Spencer Drumm, James Houk, Bernard Bell Ellen Forkner - Administrative Coordinator, Nutrition & Health Science	
9:30 am	**Curriculum & Evaluation**	**HB 433**
	Participants	**Topics on which participants are prepared to answer team questions**
	Marty Wood, PhD - Associate Professor, HEP Program Director Alyce Fly, PhD, CFS - Professor and Chair, Nutrition & Health Science Carole Kacius, PhD - Director of Assessment and Accreditation Tya Arthur, PhD - Assistant Professor Lisa Beck, MS - Associate Lecturer of Health Science Rebecca Brey, PhD - Professor Christina Jones, PhD - Assistant Professor Jerome Kotecki, PhD - Professor Dena Mullins, MA - Assistant Lecturer of Health Science Jean Marie Place, PhD, MSW - Associate Professor Kimberli Stassen, MA - Assistant Lecturer of Health Science Mengxi Zhang, PhD, MPH - Assistant Professor	*Curriculum* **(Criterion B)**
	Marty Wood, PhD - Associate Professor, HEP Program Director Alyce Fly, PhD, CFS - Professor and Chair, Nutrition & Health Science Carole Kacius, PhD - Director of Assessment and Accreditation Tya Arthur, PhD - Assistant Professor Lisa Beck, MS - Associate Lecturer of Health Science Rebecca Brey, PhD - Professor Christina Jones, PhD - Assistant Professor Jerome Kotecki, PhD - Professor Dena Mullins, MA - Assistant Lecturer of Health Science	*Evaluation of program effectiveness; collection and analysis of data* **(Criterion C)**

	Jean Marie Place, PhD, MSW - Associate Professor Kimberli Stassen, MA - Assistant Lecturer of Health Science Mengxi Zhang, PhD, MPH - Assistant Professor	
	Total participants: 12	
10:45 am	**Break**	
11:00 am	**Program Leaders**	**HB 433**
	Participants	**Topics on which participants are prepared to answer team questions**
	Marty Wood, PhD - Associate Professor, HEP Program Director Alyce Fly, PhD CFS - Professor and Chair, Nutrition and Health Science	*Administration and governance* **(Criterion A)**
	Marty Wood, PhD - Associate Professor, HEP Program Director Alyce Fly, PhD CFS - Professor and Chair, Nutrition and Health Science Abby Slye, MA - Upper Division Advising Center Coordinator Madilyn Williams, MA - Upper Division Academic Advisor	*Resources (personnel, physical, academic and career support) – who determines sufficiency? Acts when additional resources are needed?* **(Criteria D, F)**
	Marty Wood, PhD - Associate Professor, HEP Program Director Alyce Fly, PhD CFS - Professor and Chair, Nutrition and Health Science	*Faculty qualifications* **(Criterion E)**
	Marty Wood, PhD - Associate Professor, HEP Program Director Alyce Fly, PhD CFS - Professor and Chair, Nutrition and Health Science Rebecca Brey, PhD - Professor Jean Marie Place, PhD, MSW – Associate Professor	*Diversity, inclusion, and cultural competence* **(Criterion H)**
	Total participants: 6	
12:00 pm	**Break & Lunch**	**HB 433**
12:45 pm	**Faculty Roles and Responsibilities**	**HB 433**
	Participants	**Topics on which participants are prepared to answer team questions**
	Note: Marty Wood, PhD (Assoc. Professor, HEP Program Director), and Alyce Fly, PhD, CFS (Professor and Chair, Nutrition & Health Science) will leave this meeting at approx.. 1:15pm	

Marty Wood, PhD - Assoc. Professor, HEP Program Director Alyce Fly, PhD, CFS – Professor and Chair, Nutrition & Health Science Rebecca Brey, PhD -Professor	*Information accuracy* **(Criterion J)**
Marty Wood, PhD - Assoc. Professor, HEP Program Director Alyce Fly, PhD, CFS – Professor and Chair, Nutrition & Health Science	*Student complaint processes* **(Criterion J)**
Marty Wood, PhD - Assoc. Professor, HEP Program Director Alyce Fly, PhD, CFS – Professor and Chair, Nutrition & Health Science Tya Arthur, PhD - Assistant Professor Lisa Beck, MS - Associate Lecturer of Health Science Rebecca Brey, PhD -Professor Christina Jones, PhD - Assistant Professor Jerome Kotecki, PhD - Professor Dena Mullins, MA - Assistant Lecturer of Health Science Jean Marie Place, PhD, MSW -Associate Professor	*Faculty engagement* **(Criterion A)**
Marty Wood, PhD - Assoc. Professor, HEP Program Director Alyce Fly, PhD, CFS – Professor and Chair, Nutrition & Health Science Tya Arthur, PhD - Assistant Professor Lisa Beck, MS - Associate Lecturer of Health Science Rebecca Brey, PhD -Professor Christina Jones, PhD - Assistant Professor Jerome Kotecki, PhD - Professor Dena Mullins, MA - Assistant Lecturer of Health Science Jean Marie Place, PhD, MSW -Associate Professor	*Informed and current faculty* **(Criterion E)**
Marty Wood, PhD - Assoc. Professor, HEP Program Director Alyce Fly, PhD, CFS – Professor and Chair, Nutrition & Health Science Madilyn Williams, MA - Upper Division Academic Advisor Tya Arthur, PhD - Assistant Professor Lisa Beck, MS - Associate Lecturer of Health Science Rebecca Brey, PhD -Professor Christina Jones, PhD - Assistant Professor Jerome Kotecki, PhD - Professor Dena Mullins, MA - Assistant Lecturer of Health Science Jean Marie Place, PhD, MSW -Associate Professor	*Academic and career advising* **(Criterion G)**
Marty Wood, PhD - Assoc. Professor, HEP Program Director Alyce Fly, PhD, CFS – Professor and Chair, Nutrition & Health Science Tya Arthur, PhD - Assistant Professor Lisa Beck, MS - Associate Lecturer of Health Science Rebecca Brey, PhD -Professor	*Diversity, inclusion, and cultural competence* **(Criterion H)**

	Christina Jones, PhD - Assistant Professor Jerome Kotecki, PhD - Professor Dena Mullins, MA - Assistant Lecturer of Health Science Jean Marie Place, PhD, MSW -Associate Professor Kimberli Stassen, MA - Assistant Lecturer of Health Science Mengxi Zhang, PhD, MPH - Assistant Professor	
	Total participants: 12	
1:45 pm	**Break & Executive Session 2**	**HB 433**
2:00 pm	**Transport to Hotel**	
2:30 pm	**Students**	**Zoom Meeting**
	Participants	**Topics on which participants are prepared to answer team questions**
	Hollyn Anderson - Senior Victoria Vercellotti - Junior Maddie Campbell - Sophomore Clara Haywood - Junior	*Faculty qualifications* **(Criterion E)** *Curriculum* **(Criterion B)** *Resources (physical, faculty/staff, academic & career support)* **(Criteria D, F)** *Evaluation of program effectiveness* **(Criterion C)** *Academic and career advising* **(Criterion G)** *Diversity, inclusion, and cultural competence* **(Criterion H)** *Student complaint processes* **(Criterion J)**
	Total participants: 4	
3:30 pm	**Break**	
3:45 pm	**Stakeholder/ Alumni Feedback & Input**	**Zoom Meeting**
	Participants	**Topics on which participants are prepared to answer team questions**

	Falisha Lewis - Pure Romance Lisa Yazel Smith - Center for Pediatric Obesity and Diabetes Research Jim Ginder - Hamilton County Health Department Ann Hathaway - Cancer Services of Northeast Indiana Janet Kamiri - Indianapolis Urban League Sarah Mueller - Summer 2020 Alum	*Resources (personnel, physical, academic and career support)* **(Criteria D, F)** *Practitioner involvement* **(Criterion E)** *Cumulative and experiential activities* **(Criterion B)** *Cross-cutting concepts* **(Criterion B)** *Stakeholder feedback* **(Criterion C)** *Academic and career advising* **(Criterion G)**
	Total participants: 6	
4:45 pm	**Break & Executive Session 3**	**L.A. Pittenger Student Center Meeting Room 304**
5:15 pm	**University Leaders**	**Zoom Meeting**
	Participants	**Topics on which participants are prepared to answer team questions**
	Geoff Mearns, J.D.-President Scott Rutledge, PhD, MSW-Professor and Dean, College of Health	*Program's position within larger institution* *Provision of program-level resources* *Institutional priorities* *Designated leader (Criterion D)* *Administration and governance (Criterion A)* *Faculty engagement* **(Criterion A)**
	Total participants: 2	
5:45 pm	**Adjourn**	

Friday, October 1, 2021

10:00 am	**Site Visit Team Executive Session 4**	**HB 433**
	BSU Tech Support personnel: Spencer Drumm, James Houk, Bernard Bell Ellen Forkner - Administrative Coordinator, Nutrition & Health Science	
12:00 pm	**Site Visit Team Working Lunch**	**HB 433**
1:00 pm	**Exit Briefing**	**HB 433**