SABPAC REVIEW
Final Report

New Mexico State University

Date Submitted: April, 2012
Review Type: Site Visit
Date of Review: 4/15-17/12
Program Reviewed: Bachelor Community Health, in Department of Health Science
Program Representative: Mark Kittleson and Sue Forster-Cox

Review Team
   Chair: Ellen Capwell, PhD, MCHES
   Practice Member: Eileen Huereque, MS, CHES
   Academic Member: Sue Baldwin, PhD, MCHES

SABPAC Criteria and Evaluation [CODES: Yes, No, Partially, Insufficient information]

CRITERION 1.0: PROGRAM HISTORY, MISSION – The undergraduate health education program in community health education should have a clearly defined and publicly available mission.
Met (Y, N, P, I): Yes
Comments: A clear history was presented, from creation of the Department of Health Science in 1979 to the first SABPAC approval in 1992, and CEPH accreditation for the MPH program. Strengths were clearly delineated. Explanation of personnel challenges in recent years provided rationale for why some previous SABPAC suggestions were not addressed. Program mission statement is appropriate and reflects Department of Health Science mission statement. The Student Handbook includes the mission statements, in more detail than stated in the self-study, whereas, the Undergraduate Catalog 2010-1022 does not reference the mission statement at all.

CRITERION 2.0: PROGRAM OUTCOMES AND EDUCATIONAL OBJECTIVES – The undergraduate program in community health education shall have clearly defined program outcomes and related educational objectives.
Met (Y, N, P, I): Partially
Comments: Goals and objectives are generally on target; structured around education, service and research. Although not directly stated in the self study, but referenced in the BCH Handbook, the overall goal of the program may be to produce community health specialists that can function in a variety of settings, including health programs at the local, state, and federal government levels; profit and nonprofit organizations, work settings, and educational institutions. This goal should be clearly stated in all program materials. Inclusion of objectives referencing the Health Education Areas of Responsibility, as well as other
appropriate elements, provides a strong framework. However, objectives are vague and
difficult to measure. It would be helpful to word goals and objectives to reflect desired
results (e.g. what students/graduates will be able to do), rather than what the faculty will
provide or do. Program objectives need to be measurable and clearly linked to program
evaluation, discussed in Criterion 15. Following the site visit, the Department indicated
that they plan to address this starting Fall 2012. Focus should be on graduates with
generic skills to provide health education services, who are competent public health
practitioners, and who have a foundation in the core content of Public Health.

CRITERION 3.0: PROGRAM ORGANIZATION AND ADMINISTRATION – The
department or program area responsible for preparation of health educators must be an
integral part of the college or university that is accredited by a regional accrediting
organization affiliated with the Federation of Regional Accrediting Commissions of Higher
Education. An individual designated as the program administrator has overall responsibility
for the program. The faculty should determine the program mission, scope, outcomes,
educational objectives, course sequence, and practical experiences for the students. As much
as institutional policies and procedures allow, faculty should have input into curricular
changes and program budget.

Met (Y, N, P, I): Yes

Comments: The University is accredited by the Higher Learning Commission of North
Central Association of Colleges and Schools. “Department of Health Science” and the
“Bachelor of Community Health reflect the scope and purpose. The proposed name change
to “Department of Public Health Sciences” is also appropriate, as are plans to establish a
school of public health. The organizational charts show the Bachelor of Community Health
program in a position to reasonably accomplish goals. Description of responsibilities for the
Undergraduate Program Coordinator seems appropriate. Department chairperson is well
qualified and nationally renowned in the field of community health. Faculty appear to have a
clear role in determining teaching schedules, research and service activities, committee
assignments, program policy and procedures. A description was provided for supporting
personnel, including Administrative Assistant, College Assistant Professor, academic advisor,
and computer technician. A full time computer technician seems warranted for the
Department.

CRITERION 4.0: PHYSICAL FACILITIES – Appropriate and sufficient classrooms,
laboratories, libraries, and other facilities should be made available to carry out the required
and elective course work, including field experience.

Met (Y, N, P, I): Yes

Comments: Space and facilities available seem excellent; adequate for classrooms, storage,
common workspace, conference rooms, offices, labs, computer rooms, student lounge.
Computing facilities seem adequate. All faculty members have computers and printers,
access to laptops, portable data projectors, copier. Classrooms are fully equipped for
teaching. Equipment is maintained, however, some replacements in the building may be needed. Library facilities and holdings are very adequate.

CRITERION 5.0: QUALIFICATIONS AND NUMBER OF FACULTY –

1. The program administrator with immediate responsibility for developing and monitoring the curriculum for health education should be a full-time faculty member with educational qualifications and professional experience in health education, and evidence of professional eligibility for credentialing as a Certified Health Education Specialist (CHES). If the program administrator does not have educational qualifications and professional experience in health education, and evidence of eligibility for credentialing as CHES, a majority of the other faculty in the program must have such qualifications.

2. The faculty should include at least 2 FTE (full-time-equivalent) positions in addition to the program director, with educational qualifications and professional experience in health education, and evidence of professional eligibility for credentialing as a Certified Health Education Specialist (CHES).

3. Other members of the faculty who teach health education courses should have specific experience and academic qualifications in the relevant areas.

4. The faculty should be large enough in relation to enrollment and programs to provide a student- faculty ratio recommended in and commensurate with acceptable standards for other baccalaureate programs.

5. Faculty in other disciplines basic to health education should be viewed as instructional resources to be used in the program when appropriate.

6. The program faculty should be broadly representative of the ethnicity and gender of society and the communities served.

Met (Y, N, P, I): Yes

Comments: The department includes a diverse and well qualified faculty, including 4 CHES/MCHES, and a good distribution of content area expertise among the 11 full time faculty and 25 part time or college faculty. There appears to be a well balanced allocation of teaching, research and service responsibilities by faculty. Most teach in both the Bachelor of Community Health and the MPH program. Estimated student to faculty ratio is 20:1. With the increasing class sizes and teaching load for face-to-face and online courses, 2-3 additional tenure track or college faculty are needed, including an environmental health position and an online coordinator. There appears to be too much reliance on part-time faculty or overloading faculty. Policy and procedures of the University, College, and Department are well documented. Faculty should be commended from moving beyond the 2008 incident.

CRITERION 6.0: INTERRELATIONSHIPS – The department or program area should develop and maintain appropriate cooperative interrelationships within the college and university, as well as with outside educational and community agencies to:

1. Provide for optimum utilization of faculty resources, special programs, course offerings, equipment, and facilities within the college or university;
2. Optimize interactions among faculty, between faculty and students, and among faculty of different disciplines;
3. Develop effective working relationships with agencies and organizations in the community, including provision of field experiences for students; and
4. Utilize the competencies of professional health educators and related personnel to enrich the instructional program and the field teaching experiences.

**Met (Y, N, P, I): Yes**

**Comments:** There are multiple vehicles for communication at the University, College and Department levels (e.g. biweekly newsletter, list serve, membership on committees, faculty meetings, and “Coffee with the Dean”). Good collaboration exists via the College interdisciplinary education committee, the Department Curriculum Committee, and distance education program. Positive relationships exist with community practitioners, particularly related to the field experience requirement for students. Additional means of interaction with the community should be considered, such as collaborative research (also involving BCH students), service learning, guest speakers, continuing education offerings by faculty, etc. Collaborative relationships exist with agencies such as Ben Archer Health Center and William Beaumont Army Medical Center, and other University programs such as Women’s Studies and the School of Social Work.

**CRITERION 7.0: FINANCING** – The department or program area should have adequate resources including an assigned budget adequate for its teaching, scholarly activities, and service functions. The department or program budget should be easily identifiable even though it may be part of the budget of a larger administrative unit.

**Met (Y, N, P, I): Partially**

**Comments:** A clear description was provided of the program budget process, income and expenditures. There is an internal grant program for faculty, however they no longer receive funds for the southern Area Health Education Center and the Boarder Epidemiology and Environmental Health Center due to transfer from the Department to the College. Program expenditures are controlled by the Department Head, and faculty have input into expenditures. However, the budget needs to be transparent and equitable regarding online dollars generated by the Department of Health Science and the ultimate dissemination of funds back to the Department from the College. It would be appropriate for I & G “hard” money to be disseminated equitably across departments within the College of Health & Social Services. These modifications would better enable the Department and the BCH program to acquire needed faculty, and meet student goals and objectives.

**CRITERION 8.0: EDUCATIONAL PROGRAM** – The department or program area should identify the broad content areas of the degree program for which its faculty is responsible and which will comply with the degree standards and requirements of its college or university.

**Met (Y, N, P, I): Yes/Partially**

**Comments:** Program objectives are consistent with the current program. Efforts are underway to reactivate the Department Advisory Board. Procedures are clearly delineated for initiating changes in the curriculum. Faculty interest, flexibility, and Department Head
support are supporting factors. Time and financial challenges are the primary barriers. Students have the same core curriculum, and may concentrate electives and take independent studies in their areas of interest. There needs to be more flexibility and course availability to enable students to take all required courses, in an appropriate sequence, to make graduation on time possible. It appears that students should be made more aware of the option to take independent studies to meet requirements. It should be a requirement that all courses necessary for success in an internship, be taken prior to that internship. Greater attention should be directed toward the BCH program to assure that students have an understanding and skills in the seven Health Education Areas of Responsibility, and competencies. Offering earlier field experiences, prior to the internship, would be helpful.

CRITERION 9.0: ADMISSION AND RETENTION REQUIREMENTS - Each department or program area should apply admission and retention requirements that conform to the standards of its college or university and that will insure the realization of its own mission, purpose, and objectives.
Met (Y, N, P, I): Yes
Comments: There have been a total of 847 BCH majors in the past 5 years. Recruitment strategies include Aggie Experience for high school seniors, recruitment sessions at high schools, three career fairs, campus tours by SoAHEC, community education programs, websites, undergraduate Catalog, and articulation agreements with 20+ community colleges. The BCH program, requirements and courses are listed clearly in the Catalog. It would be helpful to provide an explanation of the types of career / jobs that BCH graduates might pursue and to better market career options online and in print. Policies for admission to the BCH program are clear and consistent with College and University policy. The Academic Adviser facilitates recruitment and successful completion of the BCH degree program. The student population appears to be diverse.

CRITERION 10.0 CURRICULUM – The program should have a clearly defined curriculum designed using competencies to provide the student with a solid academic foundation and reinforcing opportunities to gain the knowledge and skills and a professional philosophy appropriate for health education practice in entry-level positions. The curriculum should also provide the basic preparation, which qualifies students to take the CHES Exam.
Met (Y, N, P, I): Partially
Comments: There are 25 credits of required professional Community Health Education courses. Most cognate subject matter appears to be covered, as well as professional issues. Greater attention could be given to grant writing, cultural competency, health literacy and global health. The curriculum appears to adequately prepare students to take the CHES exam. Online course offerings enhance the options for students to complete course work. A 320 hour internship is required of all BCH students. Additional field experience, service learning, shadowing, or other opportunities to practice skills in a community setting, prior to the internship, is encouraged. There are numerous internship sites within NM as well as
other states. Most preceptors seem appropriate, however, there is question about how familiar with health education competencies are preceptors such as Director of Nursing, Primary Health Care, Billing Specialist and Payroll. To assure that supervisors are fully aware of the health education areas of responsibility that may be addressed during an internship, it is suggested that preceptors receive regular training and orientation concerning internship expectations, evaluations, and health education competencies, as well as a copy of the Field Experience Manual. The Field Experience Manual should include, at least, the Health Education Areas of Responsibility, plus a mechanism for students to link their experiences to specific responsibilities and competencies. Following the site visit, the Department indicated that they plan to revise the Field Experience Manual during Summer 2012; and require students to link specific responsibilities to their goals. They have prepared two new evaluation forms for students and preceptors to link experiences with areas of responsibility; and have added a link to their website for preceptors to view the NCHEC video. Creative methods are used by the University supervisor to observe and communicate with students. Skype or Facetime communication software should be used to conduct intern mid-term and final evaluations, as well as to communicate with interns in rural settings, other states or countries. Many course syllabi, but not all, reference the specific health education areas of responsibility and competencies addressed by a particular course. This information needs to appear in the syllabi of all courses that constitute the 25 course credits addressing the health education areas of responsibility. Following the site visit the Department indicated that effective Fall 2012 these changes will be in place. A thorough and accurate analysis should be completed to determine how well each competency and sub-competency is being covered by coursework, and what changes may be needed in the curriculum. Following the site visit, the Department indicated that the BCH Curriculum Committee will review updated syllabi and complete a thorough analysis of competencies and responsibilities covered by course, on a regular basis. While several courses clearly identify assignments that can measure student achievement of specific health education competencies, others only vaguely referenced how a competency might be addressed, but not necessarily measured. Strategies used to assess student achievement of specific health education competencies must be clearly identified for each course. Following the site visit the Department indicated that each syllabus will clearly identify major projects, linking them to objectives, competencies and areas of responsibility. Each major project will have a rubric. It is important to ensure that students in the BCH program have first priority for registering for core courses.

CRITERION 11.0 CONTINUING EDUCATION - The department or program area should be active in continuing education of practitioners in health education as well as other health personnel. It is desirable that the program work with community agencies, other departments and program areas of the university to development, conduct, and evaluate continuing education.

Met (Y, N, P, I): Partially
Comments: The Department is an NCHEC Category I provider, however BCH faculty, in collaboration with professional and student organizations could be more active in planning, promoting, and actually providing the continuing education to community members and partners. The potential exists for developing continuing education presentations online, and should be pursued.

CRITERION 12.0 SCHOLARSHIP, RESEARCH, AND GRANTSMANSHIP - The department or program area should promote faculty scholarship, research and grantsmanship for health education and related fields. The program should have clearly defined policies regarding scholarship expectations and opportunities. To the degree possible, faculty should seek to involve students in meaningful ways in their research and other scholarly activities.

Met (Y, N, P, I): Yes

Comments: Faculty time allocated to research is typically 25%, but can be increased with reduced teaching load. Research is one of three areas evaluated for promotion and tenure. All faculty have some involvement in scholarship and research, and senior faculty members serve as role models in research. Some funds are available from the College and University, however, additional funding may be needed to enhance scholarship and professional development. It would be desirable for the faculty to take part in a discussion of the Department’s definition of Boyer’s Scholarship of Engagement. Faculty are strongly encouraged to involve BCH students in research, beyond serving as subjects.

CRITERION 13.0 SERVICE – Program faculty and students should be involved in service to the university, community, and profession. The program should have clearly defined policies and procedures regarding service expectations and opportunities.

Met (Y, N, P, I): Yes

Comments: Faculty members are expected to perform service to the University and encouraged to perform outreach and professional service. Most faculty are actively involved on committees and in service to the community. Several play an active role in professional health education organizations. Involvement of undergraduate students in in-service learning, community service and professional organization activities is encouraged.

CRITERION 14.0 STUDENT SERVICES – The institution provides for all of its students appropriate services that support student learning and development within the context of the institutional mission.

Met (Y, N, P, I): Yes

Comments: Student orientation, counseling, health services, career services, social and academic services appear to be adequate. Multiple scholarships are available to students. A Department listserv of current and former students and others exists to facilitate communication and information. Eta Sigma Gamma (ESG) exists on campus, however few students appear to be actively involved. It is suggested that alumni relations be enhanced to tap into this valuable resource; e.g. recruitment and evaluation, alumni awards, etc. Consider providing direction to create an alumni association with activities that include presenting young alumni awards.
CRITERION 15.0: EVALUATION - The department or program area offering baccalaureate preparation in health education should develop a definitive process of self-evaluation. The process should include evaluation of the program by the students, the alumni, employers of the graduates, and recipients of the services provided by graduates of the program.

Met (Y, N, P, I): Partially

Comments: Instruction appears to be evaluated well through student standardized surveys, as well as evaluation by the Department Head and fellow faculty members. Preceptors provide insights on the internship. Opportunities exist for faculty to improve teaching through several vehicles, including the Teaching Academy. There is an excellent CHES pass rate among BCH graduates. A major weakness is the lack of a systematic mechanism for evaluating program goals and objectives (Criteria 2). A variety of mechanisms should be employed to assess the degree to which program goals and objectives are met. Mechanisms might include exit interviews with graduating BCH seniors; involvement of alumni, community partners, preceptors and faculty in surveys, focus groups or information gathering to evaluate the program. Following the site visit, the Department indicated that effective Fall 2012, they will implement a mandatory exit survey, to be on the Department website under BCH Exit Survey.

Summary of Observations

Materials Reviewed:
• 5 internship notebooks
• Nutrition poster
• College of Health & Social Science brochure

Individuals interviewed:
• Alumni
  • Terri VonWolff (2007) - Head Start, Health & Nutrition Specialist
  • Luke Gray (2011) - Rodsafe Tech
• Preceptors/Employers
  • Amanda Gallivan - NMSU Campus Health
  • Montevis Price - Wellness Alcohol Violence Education (WAVE)
• Faculty
  • Sue Forster-Cox
  • James Robinson
  • Michael Young
  • Chuck Kozel
  • Anup Amatya
  • Susan Wilson
  • Rebeccca Palacios
  • Pearl Hawe
Brief Overview: The Bachelor of Community Health program at New Mexico State University contains several program elements conducive to strong professional preparation in undergraduate health education.

Selected Program Highlights/Strengths
- Current faculty members are well prepared and actively involved in University, community, and professional activities; several are CHES/MCHES.
- Facilities, including classroom space, offices, computer lab and library are ample.
- Online course offerings
- Competency based curriculum
- Culminating field experience / internship; wide variety of community partners.
- Departmental listserv has over 700 current and former students and is an invaluable asset to the department.

Recommendation for change: (required for program approval)
1. Program objectives need to be measurable and clearly linked to program evaluation, discussed in Criterion 15. Following the site visit, the Department indicated that they plan to address this starting Fall 2012.
2. The Field Experience Manual should include, at least, the Health Education Areas of Responsibility, plus a mechanism for students to link their experiences to specific responsibilities and competencies. Following the site visit, the Department indicated that they plan to revise the Field Experience Manual during Summer 2012; and require students to link specific responsibilities to their goals. They have prepared two new evaluation forms for students and preceptors to link experiences with areas of responsibility; and have added a link to their website for preceptors to view the NCHEC video.
3. The syllabi of all courses that constitute the 25 course credits addressing the health education areas of responsibility, must list the specific health education areas of responsibility and competencies addressed by a particular course. Following the site visit the Department indicated that effective Fall 2012 these changes will be in place.
4. A thorough and accurate analysis should be completed to determine how well each competency and sub-competency is being covered by coursework, and what changes may be needed in the curriculum. Following the site visit, the Department indicated that
the BCH Curriculum Committee will review updated syllabi and complete a thorough analysis of competencies and responsibilities covered by course, on a regular basis.

5. While several courses clearly identify assignments that can measure student achievement of specific health education competencies, others only vaguely referenced how a competency might be addressed, but not necessarily measured. Strategies used to assess student achievement of specific health education competencies must be clearly identified for each course. Following the site visit the Department indicated that each syllabus will clearly identify major projects, linking them to objectives, competencies and areas of responsibility. Each major project will have a rubric.

6. Delineate a plan for systematically evaluating program goals and objectives (from Criteria 2). A variety of mechanisms should be employed to assess the degree to which program goals and objectives are met. Mechanisms might include exit interviews with graduating BCH seniors; involvement of alumni, community partners and faculty in surveys, focus groups or other information gathering to evaluate the overall BCH program. Following the site visit, the Department indicated that effective Fall 2012, they will implement a mandatory exit survey, to be on the Department website under BCH Exit Survey.

Suggestions for Further Program Enrichment (not required for program approval)
1. Seek opportunities for significant involvement in the Provost’s “Building the Vision” long term plan, to help assure that needs of the Bachelor of Community Health program, and Department of Health Science are addressed.
2. Reword program goals to reflect desired results (e.g. what students/graduates will be able to do), rather than what the faculty will provide or do.
3. Seek full time computer technician for the Department.
4. Advocate for 2-3 additional tenure track faculty, including an environmental health position and an online coordinator, to better handle the increasing teaching load.
5. Additional means of interaction with the community should be considered, such as collaborative research, service learning, guest speakers, continuing education offerings, etc.
6. The budget needs to be transparent and equitable regarding online dollars generated by the Department of Health Science and the ultimate dissemination of funds back to the Department from the College.
7. It would be appropriate for I & G “hard” money to be disseminated equitably across departments within the College of Health & Social Services.
8. Increase flexibility and course availability to enable students to take all required courses, in an appropriate sequence, to make graduation on time possible.
9. Increase student awareness of the option to take independent studies to meet requirements.
10. It should be a requirement that all courses necessary for success in an internship, be taken prior to that internship.
11. It would be helpful to provide an explanation of the types of career/jobs that BCH graduates might pursue and to better market career options online and in print.
12. Additional field experience, service learning, shadowing, or other opportunities to practice skills in a community setting, prior to the internship, is encouraged.
13. To assure that supervisors are fully aware of the health education areas of responsibility that may be addressed during an internship, it is suggested that site supervisors receive regular training and orientation concerning internship expectations, evaluations, and health education competencies. If possible, seek supervisors who have a degree in health education.
14. Greater attention could be given, in coursework, to grant writing, cultural competency, health literacy and global health.
15. BCH faculty could be more active in actually providing continuing education to community members and partners.
16. The potential exists for developing continuing education presentations online, and should be pursued.
17. Assure adequate funding is available to enhance faculty scholarship and professional development.
18. It would be desirable for the faculty to be involved in a discussion of the Department’s definition of Boyer’s Scholarship of Engagement.
19. Faculty are strongly encouraged to involve students in research, beyond serving as subjects.
20. Involvement of students in community service and professional organization activities is encouraged.
21. Increase awareness and interest among BCH students in ESG. Increase community health programming for ESG.
22. It is suggested that alumni relations be enhanced to tap into this valuable resource; e.g. recruitment and evaluation, alumni awards, etc.

**Recommendation**

The site visit team recommends that the Bachelor of Community Health program, at New Mexico State University, be awarded Provisional Approval through August 10, 2013.

Chair

Date

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