SOPHE/AAHE Baccalaureate Program Approval Committee (SABPAC) Manual

Criteria, Process, & Procedures for Quality Assurance in Community Health Education
2011 -2012

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Preface and Acknowledgments

This manual is the most current version of a document that has been guiding the self-study and quality assurance of undergraduate health education programs in community health education for over 25 years. It began with the vision of leaders in the field who, in the early 1940s, expressed desire to assure quality in baccalaureate programs for professional health educators (1). The current guidelines including 2011 updates reflect contemporary developments in higher education assessment, the updated competencies (2010) and certification process for the health education profession, and the slow but steady move to a coordinated accreditation system for all health education professional preparation programs.

The original manual, Guidelines for Approval of Baccalaureate Programs in Community Health Education, was developed by Joe Fred Sills and a committee of the Society for Public Health Education (SOPHE) (2). The group evolved from the 1976 SOPHE Ad Hoc Task Force on Professional Preparation and Practice of Health Education, chaired by Helen Ross. Special assistance was also provided by Horace G. Ogden and Wilma Dean Henry of the Bureau of Health Education, Centers for Disease Control, U.S. Public Health Service. Donald R. Dancy and colleagues at East Carolina University (ECU) volunteered to “test” the original draft instrument. After revising the manual and subsequent self-study, ECU’s program was the first to receive SOPHE Program Approval in 1980.

The idea that began in 1976 with SOPHE became a joint effort with the American Association for Health Education (AAHE) ten years later. The first SOPHE/AAHE Baccalaureate Program Approval Committee (SABPAC) was chaired by Carl Peter and included Andrew Brown, Susan Giarrantano, and Steven Stewart of AAHE; Rick Barnes, Ruth Richards, and Cindy Schultz of SOPHE. Many other health education faculty members and practitioners have served on SABPAC or participated in site visits since that time.

Mary Hawkins joined SABPAC in 1992 and served as chair from 1995 through 2006. Deitra Wengert was appointed to SABPAC in 1994 and served as co-chair from 2004 through 2006. This manual is dedicated to these two individuals who committed untold hours and personal resources to promoting the value of reflective self-study, peer review, and quality assurance of the health education profession. We are indebted for their service, insights, and contributions to strengthening the nation’s undergraduate professional preparation programs in community health education.

SABPAC is part of a broad system of quality assurance across the health education profession. A parallel system is in place to accredit undergraduate programs in school health education and is administered by the National Council for Accreditation in Teacher Education (NCATE)/AAHE. At the master’s level, the Council on Education for Public Health has accredited health education programs since the 1980s. In June 2011, CEPH introduced a new framework for analyzing baccalaureate degrees that are included in schools or programs’ unit of accreditation. The National Commission for Health Education Credentialing (NCHEC) administers a program of individual certification of health education specialists at the entry- and advanced-levels. In 2000, SOPHE and AAHE launched a movement to help coordinate and strengthen all quality assurance efforts across the field. SABPAC remains an important part of these efforts. To learn more and receive timely news and updates, see www.healthedaccred.org.
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I. Introduction

A. SABPAC Purpose

SABPAC is a voluntary review and approval process to support and improve the educational effectiveness of baccalaureate programs in colleges and universities preparing entry-level community health educators. SABPAC assists programs in evaluating the quality of their instructional and service units and grants approval to those programs that meet its published criteria.

The criteria and guidelines for baccalaureate programs in community health education included herein have been approved by SOPHE and AAHE, with input from faculty and practitioners across the health education profession. Although SABPAC operates under the aegis of SOPHE and AAHE, the Committee has authority to independently make decisions about program review and approval.

The SABPAC review process is based on the unique functions that baccalaureate programs in community health education perform in their parent colleges and universities. Their educational functions are based, in turn, on the varied roles that entry-level graduates perform in communities, health care institutions, and other settings devoted to improving population health. SABPAC is designed to promote excellence in education that relates to proficiency in community health education practice. Program graduates should be ready to enter the workforce with competencies expected to improve the health of communities and should be ready to keep abreast of changes in health and related fields.

Health Education, like most action-oriented fields, has drawn from the knowledge, skills, and findings of many fields of study. The uniqueness of the profession lies in how those fields are combined and applied, and who is involved in the program development process. The health education profession must insure that its practitioners have an abiding concern for people’s values and life experiences, in addition to having the technical skills and knowledge required to practice health education both as art and science.

SABPAC criteria address both the product and process of baccalaureate community health education; that is, the ends to be achieved through the educational activities, the means to achieve those ends, and the evaluation of the degree to which the desired ends are achieved. Programs that meet the basic criteria are recognized, offered guidance from the perspectives of the peer reviewers, and encouraged to make continuous improvements. Programs that do not meet the criteria are provided recommendations that can lead to program improvement and approval.
B. SABPAC Self-Study Guide

The self-study guide included in this Manual has been developed, tested, and revised to stimulate both a process and product useful to the institution and to the review committee. A major value of self-study is the commitment to thoroughly analyze the program from multiple perspectives and to candidly define areas for program improvement. The self-study guide should be a useful tool for all institutions engaged in the preparation of baccalaureate community health educators.

The procedures for seeking approval of baccalaureate-level programs are included in Section II. Institutions should not initiate the approval or re-approval process until thoroughly reading this section. It is noteworthy that the approval process cannot be completed successfully without the cooperation of the university administration and other units of the institution involved in the preparation of health educators. The faculty of the health education program must be committed to completing the self-study if a meaningful program review is to be undertaken.

Section III outlines criteria for review, which serve as the benchmark for program approval. They address program administration, resources, physical facilities, faculty, curriculum, and other dimensions of program comprehensiveness and quality.

The Appendices include forms for analyzing the undergraduate curriculum, faculty involvement, and various checklists for completing the self-study. Also included are the “Responsibilities and Competencies for Health Educators” as initially developed by the Role Delineation Project (1980), revised by the Health Education Job Analysis (HEJA, 2010), and accepted by SOPHE, AAHE, and the National Council for Accreditation of Teacher Education (NCATE).

The health education profession continues to move toward a coordinated accreditation system for all levels of professional preparation. When this system is in place, the SABPAC approval process for undergraduate community health education programs will be phased out. However, until that time, SABPAC approval is a key mechanism for continuous improvement and quality assurance of undergraduate programs. It also provides an opportunity for undergraduate health education programs to gradually establish the continuous self-study mechanisms that are central to accreditation.
Section II—Program Review Procedures for Baccalaureate Program in Community Health Education
II. Program Review Procedures

A. Procedures for Programs Seeking Initial Approval

1. Applying for Program Review

The chair or director of the department or unit seeking SABPAC review and approval for a baccalaureate program in community health education should submit a letter of application to SABPAC. The letter should be originated by the director of the health education program and co-signed by all appropriate superior administrators, including the chief academic officer for the institution. The letter should briefly address the program’s compliance with the four eligibility requirements (see below), and be sent to the Chief Executive Officer of the Society for Public Health Education (SOPHE), 10 G Street, NE, #605, Washington, DC 20002.

An application may be submitted at any time. The SOPHE/AAHE Baccalaureate Program Approval Committee (SABPAC) will review the application and provide a written response following the next scheduled SABPAC meeting or conference call. If the application is denied, the institution will be informed of the Committee’s concerns and provided recommendations for enhancing a future application. If an application is approved, an invoice will be sent to the institution by SOPHE to formally initiate the SABPAC review process.

2. Program Eligibility

The following eligibility requirements must be met before the program review is initiated:

a. The department or other unit seeking program review must be an integral part of an institution of higher education, which is accredited by a regional accrediting organization affiliated with the Federation of Regional Accrediting Commissions of Higher Education.

b. The institution must not discriminate with regard to age, gender, race, religion, disability, or national origin in any aspect, including selection, assignment, promotion, and tenure of faculty and administrative staff; or student admission, graduation, referral, and in class and field placement.

c. The institution must be prepared to conduct a self-study program evaluation in compliance with guidelines using the “Criteria and Guidelines for Baccalaureate Degree Programs in Community Health Education”.

d. The department or unit seeking program approval in community health education must meet the following requirements:

   i. A baccalaureate degree with a major or option in community health education must be offered, which prepares students to be eligible for taking the exam for Certified Health Education Specialists (CHES) by the National Commission for Health Education Credentialing, Inc. (NCHEC), including 25 semester or 37 quarter credit hours in coursework that relates to the Health Education Areas of Responsibility.

   ii. A capstone or culminating internship for academic credit must be required for graduation with a required minimum of 320 experiential hours. The experience must be supervised by a professional health educator or qualified health professional with an understanding of the role of a health educator. It is recommended that this experience be full-time rather than part-time.
iii. The program director or program administrator and at least one additional faculty must be full-time faculty members with educational qualifications and experience in health education and evidence of professional eligibility for certification by NCHEC. It is desirable that this faculty hold an earned doctoral degree with emphasis in health education or in an area directly relevant to health education; or, if no doctorate, the attainment of a master’s degree in health education or a closely related discipline at minimum. If the program administrator or chairperson is not a faculty member with educational qualifications and experience in health education and evidence of professional eligibility for certification by NCHEC, then there must be at least two other full-time faculty members with such qualifications.

3. SABPAC Review Fee

A fee of $1,000.00 is required of all programs undergoing their first SABPAC review. Payment of the Review Fee is due within 60 days of the program’s notification that the application for SABPAC review has been approved. An invoice for the review fee will be included in the letter from SABPAC, indicating its approval to begin the self-study process.

A check, payable to “SABPAC Review”, should be sent to the SOPHE National Office, 10 G Street, NE, #605, Washington, DC 20002. Note: This fee is non-refundable for any reason.

Experienced SABPAC reviewers may be available for consultation during the self-study process, if requested by the program. Such consultation requires payment of additional reasonable administrative, travel, and lodging expenses.

Upon approval designation, the Review Fee shall assure program approval classification for the next five years. Renewal review is required before the five-year term expires, including payment of the non-refundable $1,500 Renewal Fee. A fuller discussion of costs associated with SABPAC review and approval may be found in the section, “Program Review Costs.”

4. Steps and Time Frame for Initial Program Review

Figure 1 provides an outline of the steps involved in the SABPAC process from application to final decision, along with approximate timelines for each series of steps. Time frames are approximate, based on the dates materials are received, scheduled SABPAC meeting dates, and weather/logistical difficulties associated with the program’s geographic location. SABPAC is committed to open and timely communications as programs move through the review process.

An institution must submit an acceptable self-study document to SABPAC within two years of the date when accepted as an applicant; failure to do so will result in termination of applicant status. An applicant may withdraw its application at any time on written notice to SABPAC, in care of the SOPHE office, and no further review activities will be conducted.
1. Applicant submits letter of application to SABPAC in care of the SOPHE office.

2. SABPAC reviews and approves application and invoices program $1,000.

3. Applicant begins self-study process.

4. SABPAC may provide fee-based consultation to program if requested.

5. Applicant completes self-study process; notifies SABPAC that Report is finalized.

6. SABPAC selects Site Visit Review Team and, with program, schedules Site Review Visit.

7. Applicant submits 5 copies of Self-Study Report to SABPAC Co-Chairs (2) and Site Visit Review (SVR) Team (3), according to instructions from Co-chairs. Self-study must be final and submitted as hard copy and on CD-ROM (in Word and PDF format.)

8. SABPAC Review Team reviews Self-Study Report and conducts Site Visit; draft Team Report sent to SABPAC and applicant.

9. Applicant invited to SABPAC meeting to respond to Site Visit Report: Spring at AAHE Annual Meeting and Fall at SOPHE Annual Meeting.

10. SABPAC makes approval decision and reports to SOPHE and AAHE Boards and notifies the institution.

1–2 months 6–12 months 2 months 3–6 months 1–6 months

Figure 1: Steps and Time Frame for Initial Program Review

5. **Self-Study**

A reflective and participatory self-study of the program shall be the primary means for determining compliance with the “Criteria and Guidelines for Baccalaureate Degree Programs in Community Health Education” for approval. The self-study should involve as many constituent groups as possible including institutional officers, administrative staff, teaching faculty, students, alumni, internship preceptors, and other community stakeholders. One individual within the institution should be assigned responsibility for coordinating the self-study process.

The final self-study report should be a well-organized assessment of the program’s compliance with the SABPAC criteria, as evidenced through qualitative and quantitative documentation. The report should document both strengths and weaknesses and specific plans for correcting deficiencies and ensuring future growth. It should be organized to facilitate an assessment by the reviewers about each criterion and paginated sequentially. Forms or data templates are provided to facilitate a logical presentation of required data. When necessary, the forms may be modified to reflect the unique situations of each program.

At least one month in advance of the site visit, the Applicant must send five copies of its final self-study (including Appendices) and the current university or college bulletin to: the Co-Chairs of SABPAC (2 copies – 1 to each co-chair) and to each member of the Site Visit Review Team (3 copies – 1 to each member of the review team). The Self-study copies must be final and submitted both in hard copy and on CD-ROM (in Word and PDF format) to each individual. Supplementary documents, examples of students’ work, or other relevant materials should be available to the Review Team on site.

6. **The Site Visit Review (SVR) Team**

SABPAC will assign a three-member Site Visit Review (SVR) Team to conduct an onsite review
and verify the self-study document. The SVR Team will exclude anyone with a conflict of interest in regard to the program under review (See Appendix, SABPAC Conflict of Interest Policy & Code of Conduct). If the institution has any objections to any member of the SVR Team, it may ask for replacement of the member in question as soon as the Team is announced. The institution will be notified to make arrangements for the Team visit and to plan a time schedule with the department or program unit and the SVR Team.

The SVR Team will be composed of three persons selected for their competency, knowledge, experience, and training in health education: one non-academic practitioner of health education; one faculty member from a baccalaureate health education program; and one person with expertise in health curriculum development at the baccalaureate level. A team chair with significant SABPAC experience will be appointed. At least two SVR Team members must be Certified Health Education Specialists (CHES) or, at the discretion of SABPAC, possess other appropriate qualifications.

7. **Conduct of the Site Visit**

The face-to-face visit of the SVR Team will be scheduled for two days. The Team shall utilize the visit to verify the self-study and pursue points related to the review criteria and guidelines. Team members will interview administrators, department faculty and staff, students, practice/internship supervisors, appropriate faculty outside the department, alumni, and employers. The SVR Team shall have access to a private (locked) work/discussion room onsite, with Internet access, to conduct its executive sessions and review other requested resource files.

The Applicant shall be responsible for drafting a detailed site visit agenda and presenting it for approval to the SVR chair at least three weeks in advance of the site visit. Upon approval by the site visit chair, the agenda will be e-mailed to the SVR Team.

The Applicant shall also be responsible for coordinating all the site visit logistics, including airfare, hotel accommodations, and onsite transportation arrangements for the SVR Team, unless otherwise requested by a SVR Team member. This information will be communicated in a reasonable time to the SVR before the visit.

Team members are not provided honoraria. If a SVR Team member requests to arrange his/her own travel, the Applicant must reimburse expenses within 30 days of receipt of original receipts.

8. **Site Visit Review (SVR) Team Report**

The SVR Team will hold an oral Exit Interview with the department or program unit at the close of its visit. Each of the criteria will be reviewed, with indication of whether or not the standards for approval were met. Strengths, concerns, and recommendations will be noted during the Exit Interview.

Within 30 days of the onsite visit, the SVR Team will prepare a written report of its findings as expressed during the Exit Interview. Recommendations on specific standards to improve the program may be included as a separate part of the report. The SVR Team report shall be submitted to SABPAC, with a copy sent to the program administrator. The program will have the opportunity to correct factual errors or other major errata in writing to the SABPAC Co-Chairs 60 days prior to the SABPAC meeting where a final decision will be made.

SABPAC meets face-to-face twice yearly, at the annual meetings of SOPHE and AAHE, as well as via conference call during most other months. At the designated meeting the chairperson of the SVR team for the program being considered will present its report. SABPAC members will receive the final report (including the response of the program) at least 21 days prior to the meeting where a decision is to be made. The administrator of the program or unit will be invited to attend the presentation to comment on progress since the review visit and to present reactions to the Team’s report. Action on approval status will be taken by SABPAC in executive session by majority vote.
The SABPAC Co-Chairs will send the final copy of the SABPAC report and a notification of approval status to the administrator of the program or unit and the chief executive officer of the university within 30 calendar days of its decision. In cases when approval is denied, revoked, or probationary status is designated, the Co-Chairs’ communication will include specific reasons for the action, notification of the right of appeal, and the deadline for filing. During an appeals process, the approval status held by a department or unit prior to the current review will remain unchanged.

An annual written report of SABPAC action will be forwarded to the SOPHE and AAHE Presidents for announcement to the SOPHE and AAHE Boards. Programs or units receiving Approval or Provisional Approval will be reported in a published listing of baccalaureate health education programs approved by SABPAC.

9. Approval Designations
   a. Approval
      Approval status is awarded to a baccalaureate program that has applied for approval and has demonstrated the resources, designed curricula, and, after the appropriate self-study review and site visit, is judged to have met all standards for Approval. This status is awarded for a period of five years, at the end of which time a renewal review must be conducted for Approval continuation. Only one renewal is granted; a program must sponsor an onsite review every 10 years.
   b. Provisional Approval
      Provisional status is awarded to a baccalaureate program that has not met all criteria but has the promise of meeting all requirements within one year. Conditions attached to this status may include reports of progress, evidence of compliance with recommendations, or interim site visits. Provisional Approval may be extended, with justification, beyond one year subject to SABPAC determination.

      If a program fails to reapply in five years, they will be given provisional status for one year. If the program fails to reapply in one year, the university will be withdrawn from the list of SABPAC approved programs.
   c. Denial of Approval
      A program may be denied SABPAC approval if it does not meet the criteria and guidelines in the determination of SABPAC, or does not possess the necessary capabilities and resources to meet them within one year.

10. Program Review Costs
    As with all review and accreditation processes, there are two basic costs for program review: application/initial review fees and site visit costs. Each is described below.

    a. Initial Review
       Following notification from SABPAC of review eligibility, a non-refundable fee of $1,000.00 is due from the program. No other registration fees are required of programs during the five years of their initial approval.

    b. Site Visit
       Each institution accepted for program review must bear the costs associated with the two-day onsite review. This includes all expenses for the Site Visit Review Team (e.g., travel, lodging, and meals). Honoraria or other compensation is not expected nor should any be paid for SVR Team participants.
B. Renewal of Approval

All of the General Policies and Program Eligibility criteria applicable to initial program review also apply to renewal of approval except as noted below.

1. Time Frame and Fee for Program Renewal Review

A review of an Approved program is required at five-year intervals for re-approval. Figure 2 provides an outline of the steps for renewal of approval and the approximate time frame.

SABPAC will notify institutions in writing of approval review at the end of the fourth year. Upon receipt of the written notification, the chair or director of the department or unit seeking review and renewal for a baccalaureate program in health education should submit a letter of application to SABPAC. The letter should be originated by the program administrator and co-signed by all appropriate administrators, including the chief academic officer for the institution. The letter should include a brief statement indicating the desire to be reviewed for renewal and the expected timeline for submitting the self-study document. The letter should be sent to the Society for Public Health Education (SOPHE), 10 G Street, NE, Suite 605, Washington, DC 20002.

Upon determination that the program has met the SABPAC eligibility criteria, the program will be invoiced for the renewal fee of $1500.00. A check, payable to “SABPAC Review”, should be sent to the SOPHE National Office, 10 G Street, NE, Suite 605, Washington, DC 20002. Note: This fee is non-refundable for any reason.
Figure 2: Time Frame and Process for Renewal of Approval

1. SABPAC sends letter to institution at end of fourth year.

2. Applicant submits letter of application; SABPAC reviews and approves application and invoices program $1,500.


4. SABPAC may provide fee-based consultation to program if requested.

5. Applicant completes self-study process; notifies SABPAC that Report is finalized.

6. SABPAC selects Review Team.

7. Applicant submits 5 copies of Self-Study Report: SABPAC Co-Chairs (2) and Reviewers Team (3) according to instructions from Co-chairs. Self-study must be final and submitted as hard copy and on CD-ROM (in Word and PDF format.) Should also include recommendations from prior Final SABPAC Report.

8. SABPAC Review Team reads Self-Study Report. Team Chair sends Preliminary Report to SABPAC co-chairs. SABPAC co-chairs send preliminary report to SABPAC Committee and appellant program.

9. Applicant may respond to SABPAC co-chairs regarding preliminary SABPAC Report. Applicant also invited to SABPAC meeting: Spring at AAHE Annual Meeting and Fall at SOPHE Annual Meeting.

10. SABPAC makes approval decision in executive session and reports to SOPHE and AAHE Boards and notifies the institution.

1–2 months 6–12 months 2 months 3–6 months 1–6 months

2. Self-Study

A reflective and participatory self-study of the program shall be the primary means for determining compliance with the “Criteria and Guidelines for Baccalaureate Degree Programs in Community Health Education” for renewal approval. Institutions applying for renewal approval must update their self-study document from the previous review process, adhering to all the guidelines presented in the initial review procedures. The self-study should include the recommendations and subsequent disposition of the recommendations from the most recent SABPAC final report. The Applicant must send five copies of the self-study document (including Appendices) and the current university or college bulletin to: the Co-Chairs of SABPAC (2 copies – 1 to each co-chair) and to each member of the Site Review Team (3 copies – 1 to each Site Review Team member). The Self-study must be final and submitted both in hard copy and on CD-ROM (in Word and PDF format) to each individual. Supplementary documents, examples of students’ work, or other relevant materials should be available upon request.

3. The Review Team

SABPAC will assign a three-member Review Team to review the renewal for approval and notify the Applicant. The Team will exclude anyone with a conflict of interest in regard to the
the program under review (see Appendix, SAPBAC Conflict of Interest Policy & Code of Conduct). If the institution has any objections to any member of the Team, it may ask for replacement of the member in question as soon as the Team is announced.

The Review Team will be composed of three persons selected for their competency, knowledge, experience, and training in health education: one non-academic practitioner of health education; one faculty member from a baccalaureate health education program; and one person with expertise in health curriculum development at the baccalaureate level. A team chair with significant SABPAC experience will be appointed. At least two Team members must be Certified Health Education Specialists (CHES) or, at the discretion of SABPAC, possess other appropriate qualifications.

4. Review Team Report

The Review Team will prepare a report on whether or not the criteria for approval were met. Strengths, concerns, and recommendations will be noted. The report shall be submitted to SABPAC, with a copy sent to the program administrator. The program will have the opportunity to correct factual errors or other major errata in writing to the SABPAC Co-Chairs 60 days prior to the SABPAC conference call or meeting where a final decision will be made. If after review of the self-study document SABPAC finds that the institution meets all the criteria for renewal approval, a site visit will not be conducted. However, if after review of the self-study document SABPAC cannot determine if the criteria are met, the institution will be placed on provisional status for one year to provide complete documentation for satisfying the criteria. SABPAC meets face-to-face twice yearly at the annual meetings of SOPHE and AAHE, as well as via conference call during most other months. At the designated meeting, the chairperson of the SVR team for the program being considered will present the team’s report. SABPAC members will receive the final report (including the response of the program) at least 21 days prior to the meeting where a decision will be made. The administrator of the program or unit will be invited to attend the presentation to comment on progress since the review visit and to present reactions to the Team’s report. Action on approval status will be taken by SABPAC in executive session by majority vote.

The SABPAC Co-Chairs will send the final copy of the SABPAC report and a notification of approval status to the administrator of the program or unit and the chief executive officer of the university within 30 calendar days of its decision. In cases when approval is denied or provisional status is designated, the Co-Chairs’ communication will include specific reasons for the action, notification of the right of appeal, and the deadline for filing. During an appeals process, the approval status held by a department or unit prior to the current review will remain unchanged.

Renewal of approval is granted for five years. Following initial approval and renewal of approval (total of 10 years), a program must apply under the “Initial Approval” guidelines and sponsor an onsite review.

An annual written report of SABPAC action will be forwarded to the SOPHE and AAHE Presidents for announcement to the SOPHE and AAHE boards. Programs or units receiving Approval or Provisional Approval will be reported in a published listing of baccalaureate health education programs approved by SABPAC.

5. Renewal Approval Designations:

Approval designations for renewal are the same as those for initial approval:

a. Approval

Approval status is awarded to a baccalaureate program that has applied for approval and has demonstrated the resources, designed curricula, and, after the appropriate self-study review and paper review, is judged to have met all standards for Approval. This status is awarded for a period of five years, at the end of which time a renewal review must be conducted for Approval.
continuation. Only one renewal is granted; a program must sponsor an onsite review every 10 years.

b. **Provisional Approval**  
Provisional status is awarded to a baccalaureate program that has not met all criteria but has the promise of meeting all requirements within one year. Conditions attached to this status may include reports of progress, evidence of compliance with recommendations, or interim site visits. Provisional Approval may be extended, with justification, beyond one year subject to SABPAC determination.

c. **Denial of Approval**  
A program may be denied SABPAC approval if it does not meet the criteria and guidelines and in the determination of SABPAC, or does not possess the necessary capabilities and resources to meet them within one year.

C. **Appeals Procedure**

If after appropriate review of the program self-study report and the SVR Team report, SABPAC decides to grant provisional approval or to deny approval, a specific statement of reasons for this action will be provided to the program administrator and the chief executive officer of the university. The program has a right to appeal this decision. Notification of the appeal must be made in writing to the SABPAC Co-Chairs within 30 calendar days of the date of the correspondence from SABPAC. The appellant university shall specifically state in writing the basis for the appeal and send its letter to the SABPAC Co-Chairs via the SOPHE office. If no appeal is made within 30 days, the right to an appeal will be withdrawn.

If an appeal is made, a hearing panel with a designated chairperson will be appointed by the Co-Chairs of SABPAC within 30 calendar days of receiving the written appeal from the appellant university. The panel will consist of three members, none of whom served on the Site Review Team or, are at that time, serving on SABPAC. The panel will include: one non-academic practitioner of health education; one faculty member from a baccalaureate health education program; and one person with expertise in health education curriculum development at the baccalaureate level. Any individual with a conflict of interest in regard to the program being appealed will be excluded from the panel.

The panel chairperson will select the place and date of the hearing (but not later than 60 calendar days) after the panel’s designation. Proper notification of the hearing shall be conducted as an open proceeding unless the appellant school requests that it is closed. All costs for appeal hearings will be the responsibility of the appellant program.

Opportunity to appear before the hearing panel will be extended to representatives of the program involved. At least two members of the Review Team (one of whom served as chairperson) will also appear before the panel. The panel will consider documents and reports submitted by the program and by SABPAC as well as oral arguments and discussion with the representatives of the appellant university and SABPAC. The hearing panel, however, may only consider evidence relating to conditions existing at the time the decision was appealed. The decision of the hearing panel will be final.

SABPAC will make notification, including specifics of the hearing panel’s decision, to the program administrator and to the chief executive administrative officer of the appropriate university component in writing no later than 30 calendar days after the hearing. If the decision is to uphold denial of approval, the university will be withdrawn from the list of SABPAC approved programs. It may at any subsequent time request a formal site visit or reconsideration.
III. Criteria and Guidelines for Baccalaureate Programs in Community Health Education

Introduction
The “Criteria and Guidelines for Baccalaureate Programs in Community Health Education” include minimum requirements for the professional entry-level health educators. The requirements were developed for use by colleges and universities. They can be used as a guide to establish or improve baccalaureate programs in community health education, or when used with the documentation for the criteria, can serve to evaluate programs.

The Self-Study document should be succinct, double-spaced with one-inch margins, and 12 point Times Roman font. Each major criterion should be started on a new page and restated. Paginate the entire document, and include a table of contents as well as tabs for ease in navigation. Forms or data templates are provided to facilitate a logical presentation of required data. When necessary, the forms may be modified to reflect the unique situations of each program.

A total of five copies of the final Self-Study document should be sent to the SABPAC co-chairs (2) and the Review Team (3). The Self-study document should be sent in both hard and electronic copies (on CD-ROM in Word and PDF formats) to all five individuals.

The Self-Study document should begin with a discussion of the results of the most recent internal review for initial SABPAC approval or the Self-Study for renewal of approval. Include evidence of what the program has done regarding the previous recommendations contained in the final SABPAC report. Each recommendation should be addressed separately. The Self-Study report should be final; draft copies for review will not be accepted.
CRITERION 1.0: PROGRAM HISTORY, MISSION

Criterion
The undergraduate health education program in community health education should have a clearly defined and publicly available mission.

Guidelines
The program mission should reflect the nature of the institution, the home department or unit, and the health education program itself. The mission should have evolved from the historical purpose, role, and vision of health education professional preparation in the unit, university, and community. The program mission should be publicly available to all constituents including students, faculty, preceptors, and the public.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.

Provide a brief description of the development of health education at your institution and include the following information:

1.1 A historical description of how the current health education program evolved, including the major strengths and needs of the program, as well as the programmatic changes anticipated by the program.

1.2 A clear, concise, current mission statement of the health education program that reflects the nature of the health education profession, the institution, department, and program is available via multiple channels (e.g. catalog and website).
CRITERION 2.0: PROGRAM GOALS AND EDUCATIONAL OBJECTIVES

Criterion
The undergraduate health education program in community health education shall have clearly defined program goals and related educational objectives.

Guidelines
Program goals should state the measurable skills and competencies acquired through reinforcing learning opportunities of the program. Educational objectives should clearly provide a basis for curriculum development and assessment so that, upon completion of the course of study, graduates achieve the broad program outcomes. Goals and objectives should not be written so specifically that they dictate individual courses; inhibit creativity, experimentation, or diversity; or hinder change and expansion of programs. While creativity is encouraged, objectives that might be considered out of the ordinary or uncommon to health education programs should be identified and explained. Program goals and educational objectives should be available to all faculty, students, and field supervisors.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.
2.1 Identify the intended goals of the health education program.

2.2 State the specific educational objectives for each goal identified.
CRITERION 3.0: PROGRAM ORGANIZATION AND ADMINISTRATION

Criterion
The department or program area responsible for preparation of health educators must be an integral part of a college or university that is accredited by a regional accrediting organization affiliated with the Federation of Regional Accrediting Commissions of Higher Education. The department or program should have a clear organizational structure.

Guidelines
An individual designated as the program administrator has overall responsibility for the program. The faculty should provide ongoing input into decisions related to program administration and organization. As much as institutional policies and procedures allow, faculty should have input into curricular changes and program budget.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.

3.1 By which regional accrediting organization is the university/college approved?
3.2 What is the official name of the department in which the health education program is housed?
3.3 Prepare a chart showing the location and administrative structure of the health education program within the university administrative structure. Does the location of the health education program provide maximum opportunity for meeting its educational goals? Why or why not?
3.4 Describe the functions, responsibilities, and activities of the health education program administrator. (Include an official university statement.)
3.5 What role does the faculty play in determining program policies, procedures, schedules, activities, research, and service activities?
3.6 Describe the procedures for making teaching assignments, other assignments, and committee appointments.
3.7 What plans have been projected for changes and developments in the organization and administration of the health education program for the next five year period? (Exclude plans for curriculum development)
3.8 What provisions have been made for continuous study and evaluation of the organization and administration of the health education program?
3.9 List supporting personnel and describe their responsibilities. Indicate whether they are assigned full-time to the program or shared with other units.
CRITERION 4.0: PHYSICAL FACILITIES

Criterion
Appropriate and sufficient classrooms, laboratories, libraries, and other facilities should be made available to carry out both the required and elective course work, including field experience.

Guidelines
The physical facilities should include sufficient classrooms, seminar rooms, laboratories, and offices that are comparable to those available to other programs at the institution. There must be convenient access to adequate and comprehensive library resources on health education and related fields. In addition, students and faculty members should have access to auditoria, reading and study spaces, computer equipment and services, and conveniently located health programs available to faculty and students for observation, study, analysis, and criticism, and field experience of high quality.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.
4.1 Provide narrative describing program space utilization, including:

A. How adequate for instructional needs are classrooms, seminar rooms, laboratories, or other special instructional space?

B. How adequate is storage?

C. How adequate are offices and other work space in meeting faculty needs?

D. How accessible is the allocated space to students and faculty?

E. If additional space were available, how would it be used?

F. As the program changes or grows, what is the procedure for extending or modifying space allocations?

4.2 Provide a narrative describing the computing facilities and equipment available for use in the program, including the following:

A. What is the number of computers and computer laboratories available to faculty and students in the health education program?

B. What is the condition of the computers and computer laboratories?
C. Is the Internet available throughout the campus?

4.3 Provide a narrative description of equipment available for use in the program, including the following:

A. What is the condition of the equipment at the present time?
B. How adequate is available equipment for meeting instructional needs?
C. How accessible is the equipment to students and faculty?
D. How adequately is equipment maintained?
E. What is the procedure for securing needed equipment?
F. What instructional areas are limited as a result of needed equipment?

4.4 Provide a narrative of the library facilities available for use in the program, including the following:

A. Describe the types of library materials and resources available to the health education program.
B. Do those library materials and resources include all types of material needed by health educators? Explain. Does the library provide adequate services available through other libraries and retrieval information services?
C. What have been the budget allocations for program requests during the past three years?
D. Are funds annually allocated for the library? Indicate expenditures specifically for health education in the past three years.
E. Who administers the distribution of the funds?
F. Does the library collection reflect and support the educational goals of the program?

- List periodicals most useful to the health education program. Are the essential content areas represented by books available to the health education program?
- Are an adequate number of copies of references available when the library reference is the primary source of information?

G. Are non-book materials, particularly those concerned with health and education programs, readily available? If not, what is needed?

H. Are the services rendered by the library adequate as judged by the faculty and students?

I. Describe the services of the library and materials beyond the usual listing and distributing of books and periodicals.

J. Are the hours of the library conducive to full utilization? Include a schedule of library hours.

K. Describe the adequacy of the library’s physical facilities.

- Is there adequate seating and general physical comfort?
- Are the facilities easily accessible to students and faculty?

L. Does the program maintain a library separate from the main library? If so, explain.
CRITERION 5.0: QUALIFICATIONS AND NUMBER OF FACULTY

Criteria

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 with educational qualifications and professional experience in health education, and evidence of professional eligibility for credentialing as 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, at least commensurate with other baccalaureate programs at your institution.

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.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.

Faculty Description

5.1 Describe the administrative and organizational functions, responsibilities, and activities of program faculty.

5.2 Complete a Faculty Snapshot (Form A) that identifies faculty according to their educational qualifications (degree, institution, year), professional experience/specialty, rank, tenure status, and professional eligibility for credentialing as a Certified Health Education Specialist (CHES).

5.3 Provide a Faculty Vita for all full-time faculty members using Form B (Note: Must use the required format and provide required information; do not attach standard vitae).

5.4 Complete a chart that illustrates faculty load for teaching, research, administration, and service responsibilities for the past two years using Form C.
5.5 Prepare a chart that illustrates faculty turnover for the past ten years (Form D).

5.6 List part-time faculty, adjunct instructors, and faculty shared between other departments (Form E).

Identify their experience and qualifications, roles and assignments, participation in program governance, and other responsibilities as assigned.

5.7 What is the student-faculty ratio for your institution’s undergraduate program? What is the student faculty ratio for your community health education program?

Retention, Promotion and Tenure

5.8 What are the policies and procedures for granting retention, promotion and tenure?

5.9 Are there increased benefits or tangible values with retention, promotion and tenure?

5.10 What effect do retention, promotion, and tenure have on salary increments?

5.11 To what degree is meritorious performance recognized? How?
CRITERION 6.0: INTERRELATIONSHIPS

Criterion
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 members, between faculty members and students, and among faculty members 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.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.

6.1 What provisions are made to develop and maintain a high level of communication between the health education faculty members and all other levels of the university?

6.2 What provisions are made within the department to plan and coordinate programs and curricula (including resources) with other departments in the school and in the university?

6.3 What areas of expertise are available and used in the health education program from faculty members in other departments?

6.4 What community practitioner (i.e., professional health educator) competencies are available and used in the health education program from local or state agencies or services associated with the program?

6.5 Identify joint collaborative efforts between other health education agencies, and health education program, including distance education and resource-sharing activities.

6.6 Identify working relationships with agencies and organizations that provide field experience opportunities for students.

6.7 Identify collaborative teaching, research, service, and continuing education activities conducted between faculty members and students.
CRITERION 7.0: FINANCING

Criterion
The department or program area should have adequate resources including an assigned budget adequate for its teaching, scholarly activities, and service functions. These should be comparable to resources in similar departments within the institution. The department or program budget should be easily identifiable even though it may be part of the budget of a larger administrative unit.

Guidelines
Adequate financing is essential to make needed resources available, to maintain field training programs, and to provide current materials and resources for students and faculty.

Documentation. The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.
7.1 Prepare a brief narrative of the program budget process with income and expenditures classified by major function.

7.2 What were the sources of special funds or grants obtained by the health education program during the past two years? How these funds obtained and what was the purpose of the funding?

7.3 How is the budget controlled at the program level? How and by whom is the expenditure of funds determined?

7.4 Who has the responsibility for purchasing, inventory control, supplies, and equipment?

7.5 Are there policies and procedures for faculty, staff, and students to follow in requesting program funds? If these policies and procedures are in writing, include a copy with this report.
CRITERION 8:0: ADMISSION AND RETENTION REQUIREMENTS

Criterion
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, purposes, and objectives.

Guidelines
Requirements of admission to and retention in the college or university and to the department should be described.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.

8.1 On Form F, record the number of health education majors enrolled by class standing (e.g., freshmen, sophomores, etc.) during each of the past five years.

8.2 Describe the process(es) used to recruit students.

8.3 Is the curriculum listed prominently in the university/college catalog? Is health education easily identifiable as a career opportunity? Comment.

8.4 Describe and evaluate the policies for the administration of admission to the program (e.g., university/college quota policies).
A. Where is this policy stated?
B. How was this policy determined?
C. Is this policy adequate to fulfill enrollment needs? If not, explain.

D. What changes are needed in this policy?
E. How can these changes be achieved?
F. What is the policy for change of major?
G. How are credits earned in other schools and other countries evaluated for admission to the university and to the program?
H. What is the required grade point average? Are exceptions ever made? Explain.
I. What is being done to recruit, plan for, retain, and place individuals who are socially, educationally, and/or economically underserved?
J. For students whose English is a second language, how is competency in English evaluated?
K. Are students permitted to earn course credits by examination? Explain. Identify courses.
L. Are former and current students active in recruitment and selection of new students? If so, explain their role.
M. Complete Form G showing the characteristics of students admitted to
the program during the past three years, i.e. average GPA, and geographic distribution (i.e. in state, out of state, international).
CRITERION 9.0: COMMUNITY HEALTH EDUCATION CURRICULUM

Criterion
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. 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, including 25 semester or 37 quarter credit hours in health education course work addressing the Health Education Areas of Responsibility.

Guidelines
The program should include the academic foundations that are basic to health education practice; concepts and skills essential to health education practice at the entry level; field experience; and preparation in public health and health information. Describe the general college courses required of all students; general requirements for the major in health education; requirements for a minor in health education and other additions such as independent study, honors programs, exceptions through examinations; whether requirements are uniform for all students; how exceptions are made; and whether there are any special requirements. The health education faculty should be responsible for defining the combinations of courses, planning their sequence, and relating the learning to applied practice in health education. In addition, students should fulfill other requirements equivalent to those required of candidates for similar bachelor’s degree programs in other parts of the college or university.

The fields of instruction to be attained or competence to be demonstrated at the bachelor’s degree level for health educators before the degree is awarded are related to the following areas and objectives:

1. **Academic Foundations**—This area of study should include selected biological, social, and behavioral sciences; psychological and sociological foundations of education; basic techniques of quantitative reasoning; critical thinking; and written, verbal, and interpersonal communication skills. The academic foundations may be provided in general education requirements, elective courses, and courses required for the major in health education. The foundations area should provide the student with the following understandings:
a. Human nature; the physical, biological, and psychosocial environment; and the interaction between people and the environment.

b. The basic techniques of assessment and evaluation of experience, observation, information, and data.

c. The economic, political, cultural, and social dimensions and forces of the community; community organization; and community change.

2. **Professional Preparation**—This area of study should build on the academic foundations area and provide the student with the understandings and the skills for health education practice. When content in this area is taught outside the department or program, the faculty in health education should provide opportunities for application of the learning in the courses offered in the department or in field experience. Instruction for professional preparation should cover the following areas:

a. The methods and processes of health education practice identified in the seven major responsibilities and related competencies of the health education profession in a planned and coherent manner.

b. The use and contribution of population-based approaches and core areas of public health to community health education program design and evaluation, including biostatistics, environmental health services, epidemiology, health policy and management, and social and behavioral sciences.

c. The obligations of a professional health educator, including the health education code of ethics.

d. The history and organization of the profession, including the role and contributions of professional organizations.

e. The role of certification and continuing education in maintaining high-quality professional practice.

3. **Health Topics and Issues**—The information pertinent to health educators changes with new research, legislation, or social reorganization. For this reason, health educators need lifelong skills to keep up-to-date on new information needs, study specific health problems, and relate to many agencies and institutions. Health educators must establish rapport with professionals in schools and community agencies (public and private); know and respect their roles and contributions in solving health problems; and work with them and the people in the community.

The health educator needs to understand the methodology and have the skills to study organizations/institutions/systems and to study epidemiological approaches to health problems. The body of knowledge, understandings, and attitudes from the health information area deals with health issues that are of special concern to communities, schools, and agencies. The selection of course offerings should be determined by the department or program area in accord with the mission and objectives of the department. They may include the following areas as well as other health interests:
a. Health disparities and concerns of special risk groups including the elderly; women, infants, and children; low-income populations; and minority groups.
b. Control of communicable and chronic degenerative diseases.
c. Mental health and related issues such as suicide, alcoholism, drug use and abuse, violence and injury, and stress management.
d. Other areas of special interest; for example, oral dental health, nutrition, sex education, consumer issues, and global health.
e. Health education in specific settings, i.e., schools, medical care, work sites, communities.
f. The health system at national, regional, state, and local levels, including organization, financing, planning, delivery systems, and workforce issues.
g. Health education research
h. Health literacy

Finally, students need to understand the obligations one assumes as a professional health educator. They need to feel identity with the profession, which can be accomplished by: 1) acquainting them with the pioneers of the field; 2) encouraging membership in professional organizations; 3) providing a sense of professional history and tradition; and 4) inculcating a code of ethics. Education about credentialing must be provided.

4. Internship/Field Experience—
Students must be provided opportunities to apply in the field the knowledge and skills acquired through course work. It is recommended that whenever possible this practicum should be full-time and should be supervised by an experienced health educator who has demonstrated competency as a practitioner and supervisor. A minimum of 320 hours of internship/field experience must be required. The department or program area should provide an internship guide for the student and supervisor that includes the course objectives and a clear delineation of the responsibilities of the student, the supervisor, the agency, and the institution.

The department/program should orient field supervisors and find ways to provide them in-service training to insure a sound learning experience for the student. The institution is responsible for visits to the field site to evaluate the student’s progress with the student and the supervisor. A written report and organized analysis of the experience should be included as a part of the internship/field experience. The internship is not intended to provide all of the applied experiences. The total curriculum should include concurrent field experiences and practice in the community.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.
for the baccalaureate degree in community health education.

9.2 On Form H (part II), record all required core health education preparation courses offered to the undergraduate student by the Community Health Education Program.

Health Topics & Issues
9.3 On Form H (part III), record all academic courses that cover health topics and issues for the baccalaureate degree in community health education.

Internship/Field Experience
9.4 On Form H (part IV), record all required courses relating to the internship/field experience for the baccalaureate degree in community health education.

9.5 Briefly describe all field experience required of health education students (e.g., HED xxx – 10 hours observation, HED yyy – 20 community health screenings, HED zzz – 320 hours internship). Is a block field placement part of the program? If so, provide the following information. Is it required of all students? If not, which ones are exempt and why? Describe the range of experiences and opportunities for observations and practice.

9.6 How many total hours of field experience are required of all health education students?

9.7 How many credit hours are received by the student?

9.8 How are the student, the faculty, the university, and the internship agency prepared for the practicum?
   A. The Student
   B. The Faculty
   C. The University
   D. The Internship Agency

9.9 How does the field experience relate to other courses and activities before and following the field experience?

9.10 Describe the process of site selection and student placement for the internship.

9.11 Describe the requirements the students must fulfill during the internship (i.e., clock hours, reports, etc.)

9.12 Describe the supervision provided by the preceptor and by the university supervisor.

9.13 How is the internship evaluated? By whom? What is included in the evaluation process?

9.14 Provide a copy of the internship manual.

Overall
9.15 On Form I, record all courses offered in the unit administering the baccalaureate degree in community health education.

9.16 Provide a binder that contains all the health education course syllabi. At a minimum, the syllabi must include the following information:
   A. Course number, title, description, and prerequisites
   B. Course objectives
   C. Competencies assessed by the course
   D. Outline of course content

9.17 How is the field experience evaluated? By whom? What is included in the evaluation process?
9.17 Complete Form J, identifying the course(s) and assessment activity(ies) (e.g. test, project, field experience, peer learning, presentation) that demonstrate proficiency in each sub-competency. Transfer the results to the horizontal matrix, Form K, and comment on the following:

A. How many of the competencies are currently being addressed by the curriculum?

B. How many of the sub-competencies receive major emphasis in the program, as shown by a “2” rating?

C. How many of the sub-competencies receive at least minor study, as shown by a “1” rating?

D. If there are competencies not now receiving any attention at all, which are they and in what area(s) are they found?

E. In each of the areas, how many sub-competencies are not being implemented?

F. Which courses are providing broadest coverage and which are providing least coverage of the seven areas of responsibility.

G. Are there any areas of responsibility that now receive little if any consideration in the curriculum? If so, which ones?

H. Are there courses that appear to be irrelevant to the competencies as reflected in the number of zeros shown? If so, could this be changed without giving up the course itself?

I. What implications in these data do you see for course revision, course modification or the development of new courses?

9.18 What is the minimum number of credit hours students must earn in order to complete the baccalaureate degree in community health education? How many credit hours are required in courses that address the health education areas of responsibility? (This should be 25 semester or 37 quarter credit hours in courses that address the Health Education Areas of Responsibility.)
9.19 What is the official procedure for initiating changes in the curriculum?
A. What factors encourage change?
B. What factors serve as barriers to change? Explain.

9.20 What options do students have in planning their own program? Explain.

9.21 Are there opportunities for the student to explore special interest areas within the program (e.g., consumer issues, nutrition, sex education, counseling, community organization, planning, administration, etc.)? If so, list the available special interest areas.

9.22 Is it possible for students to redirect their program once they have started? If so, are credits lost in doing so? Explain.

9.23 Are curriculum adaptations made for students with special needs? If so, explain.

9.24 Is there an independent study program? If so, how is it evaluated?

9.25 Are requests for program additions considered from all persons in the program, particularly students and faculty most intimately involved? If not, what are the limitations?
CRITERION 10.0: CONTINUING EDUCATION

Criterion
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 develop, conduct, and evaluate continuing education.

Guideline
Adequate continuing education opportunities should be available to keep health education professionals up to date.

Documentation:
The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.

10.1 Provide a description of continuing education program activities provided by faculty members.

10.2 What methods or processes do you use to determine if your continuing education activities are effective in meeting the needs from which the activity was designed?

10.3 What changes are planned for the future as a result of the most recent overall evaluation? Are there any recognizable barriers to these changes?
CRITERION 11.0: SCHOLARLY ACTIVITY

Criterion
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.

Guidelines
Scholarship should be defined broadly and may include involvement in local or regional professional conferences, contributions to the scholarly literature, program evaluation, and research on teaching and learning. Priority should be given to individual and collaborative research and grant activity, including interdisciplinary efforts, which develops and advances the professional preparation of health educators and the practice of health education. The program should identify the extent and scope of faculty and, when appropriate, student scholarship and research.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.
11.1 What is the policy of the university/college concerning the division of responsibility for research and other activities for undergraduate faculty?

A. How much faculty time is allocated to research?
B. Is evidence of competency in research necessary for promotion?
C. What sources of funds are available with the university/college for research?
D. Describe the computer facilities available to faculty.

11.2 For each study completed within the past three years or currently underway, provide the following information on Form L:

A. Title of study
B. Source of funding
C. Principal investigator
D. Extent of student involvement
E. How findings were shared
F. Relationship of the study to educational goals of the program

11.3 Describe any activities designed to develop research skills in students.
CRITERION 12.0: SERVICE

Criterion

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.

Guidelines

Service should be defined broadly and may include participation in university events and initiatives, community projects, and participation in local, state, regional, or national professional organizations. Priority should be given to service activities that utilize and extend the principles and skills of health education. The program should identify the extent and scope of faculty and student service activities.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.

12.1 What administrative provisions are made for the faculty and students to participate in service programs in the college, university, community, region, and nation?

12.2 What services have the health education faculty provided during the past two years to the institution, constituencies both on and off campus, and to the profession, in addition to activities / programs offered for continuing education, identified in Criterion 10?

12.3 List the committees on which the health education faculty serves. Briefly state the purpose of each committee. List the name of the health education faculty members currently serving on each committee.
CRITERION 13:0: STUDENT SERVICES

Criterion
The institution provides for all of its students appropriate services that support student learning and development within the context of the institutional mission.

Guideline
The institution develops and mobilizes academic support resources to improve student achievement.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.

Orientation of Students
13.1 What is the nature and purpose of the orientation program of the college/university? Of the health education program?
13.2 What written materials are available to students that clearly delineate college/university requirements, program requirements, particularly those which require off-campus travel or living? Provide copies.
13.3 What part do current or former students take in orientation of students?

Campus Services to Students
13.4 Counseling, Guidance, and Placement
   A. Describe the counseling and guidance program.
   B. How are students assigned for counseling and guidance?
   C. What procedure is used to assist students in appraisal of their potential, diagnosis of needs, or referral for remedial services where needed?
13.5 Financial Aid to Students
   A. What financial aid (scholarships, loans, etc.) is available other than for a general university/college student?
   B. How is the financial aid administered?
   C. What financial assistance is available to specific socioeconomic, racial, or cultural persons?
13.6 Health Services. Describe the health services available to students.
13.7 Social and Academic Activities
   A. Describe any social or academic activities arranged specially for students in the program.
   B. Describe other services available to students in the program.

Alumni Affairs
13.8 Is there an annual or periodic alumni program or activity?
13.9 What continuing written contact is made with the alumni?
13.10 What continuing education is available to the alumni? How is it administered, planned, and financed?
13.11 How are alumni evaluations of the program made? How are the suggestions evaluated and implemented?
CRITERION 14.0: EVALUATION

Criterion
The department or program area offering baccalaureate preparation in health education should develop a definitive process for self-evaluation. The process should include evaluation of the program by the students, alumni, employers of the graduates, and recipients of the services provided by graduates of the program.

Guideline
Evaluation and assessment should be based on program mission and objectives and linked to specific course objectives.

Documentation: The written Self-Study document should include a response to each of the following items and, when appropriate, supporting data provided as appendices.

14.1 How is the total program evaluated by the faculty, by the students, and by outside groups?

14.2 How is feedback provided to the faculty, students, and outside groups?

14.3 How is instruction evaluated by the faculty, by the students, and by outside groups? Include evaluation forms as appropriate.

14.4 Who reviews the evaluation and how is it used?

14.5 Have any evaluation studies been done on how other factors such as class size or teaching load relate to the effectiveness of instruction? If so, explain.

14.6 How are instructors helped to improve their instructional effectiveness?

14.7 Describe any research projects or other activities completed, underway, or projected in your program to improve the quality of teaching.

14.8 Is there any planned way of exchanging or putting into practice new ideas? Describe.

14.9 What procedures are used for resolving conflict and for handling resistance to change?

14.10 How is the success of students evaluated?

14.11 Under what circumstances are students dropped from the program?

14.12 Describe any studies completed, underway, or planned to evaluate success of graduates in employment.

14.13 Document the consistency between stated program objectives and the current program. List any apparent inconsistencies

A. What changes are anticipated in courses or activities during the next five years?

B. Are the anticipated changes consistent with the statement of needs? Give reasons and priorities.
IV. APPENDICES