Institutional Effectiveness Report
Healthcare Administration Department

Name of Program:	Healthcare Administration
Year:	2021-2022
Name of Preparer	Sarah Kershner

Program Mission Statement: The Healthcare Administration (HCA) major (Bachelor of Science) is offered in collaboration with Nursing, the Department of Political Science, Department of Psychology, and the School of Business. The Healthcare Administration major prepares graduates as leaders in healthcare organizations and endeavors to prepare graduates for career advancement, lifelong learning, and graduate education.

The School of Health Sciences at FMU strives to provide interprofessional learning opportunities for students from diverse backgrounds and assist them to become competent, caring healthcare professionals who use evidence-based practice to improve health outcomes for patients, families, and populations. The School of Health Sciences faculty facilitate student learning that emphasizes leadership, clinical decision-making, and ethical practice. Students develop understanding of healthcare policies and how policies affect the health of populations as well as the US and global healthcare systems. Students graduate as professional healthcare providers who can care safely and efficiently for diverse patients, families, and populations.

Program Learning Outcomes (PLOs)

Bachelor of Science in Healthcare Administration PLOs:
1. The HCA Graduate will be prepared to use the knowledge and skills in leadership, quality improvement and patient care derived from the physical sciences, bio-psycho-social sciences, and humanities in applying models of evidence-based practice in healthcare with a focus on health promotion and prevention.
2. The HCA Graduate will be prepared to apply information on patient care technologies, healthcare policies and a functioning of the healthcare system in professional practice.
3. The HCA Graduate will be prepared to demonstrate leadership skills through inter-professional communication and collaboration through communication skills while exhibiting accountability, altruism, integrity, and a focus on social justice in the delivery of patient care.
4. The HCA Graduate will be prepared to use the role of manager/coordinator of care and member of a professional network in the provision of safe and effective care to diverse populations across the lifespan.

Student Learning Outcomes (SLOs)

Bachelor of Science in Healthcare Administration SLOs:
1. Utilize the liberal education courses as the cornerstone for study and practice as a professional (measure of PLO #1).
2. Incorporate the knowledge and skills in leadership, quality improvement, and patient safety in the provision of high-quality healthcare (measure of PLO #1).
3. Provide safe and effective care to all individuals and groups across the lifespan based upon the principles and models of evidence-based practice (measure of PLO #1).
4. Incorporate information management, patient care technologies, and communication devices in providing safe and effective patient care (measure of PLO #2).
5. Incorporate information on healthcare policies, including financial and regulatory, directly and indirectly influencing the nature and functioning of the healthcare system in professional practice (measure of PLO #2).
6. Demonstrate effective inter-professional communication and collaboration through verbal, nonverbal and written communication skills to practice individual accountability, client advocacy, conflict resolution principles, and team building strategies (measure of PLO #3).

7. Integrate knowledge and skill derived from the physical sciences, bio-psycho-social sciences, and humanities in the provision of holistic care to individuals, families, groups, communities, and populations across the life span with a focus on health promotion, disease and injury prevention (measure of PLO #1).
8. Demonstrate and utilize principles of legal ethical core values of professionalism with the application of professional values of altruism, autonomy, human dignity, integrity and social justice in the delivery of patient care (measure of PLO #3).
9. Utilize the role of provider of care, manager/coordinator of care, and member of the profession in developing and providing safe and effective care to all clients across the lifespan with diverse multicultural needs, including but not limited to cultural, spiritual, ethnic, gender and sexual orientation to diversity (measure of PLO #9).

SLO Assessment Methods

1. Utilize the liberal education courses as the cornerstone for study and practice as a professional.
   a. **Direct Evaluation Method:** Students enrolled in Capstone Course (IPHC 457) will engage in professional conversation and collaboration with each other through online discussion board posts and peer responses.
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark:** At least 95% of students enrolled in Capstone Course (IPHC 457) able to share through an online discussion board the impact of environmental factors on health and respond to peers about what they feel they gained from the course and what they would change about the course based on a course grade of 72.5% or higher.
   d. **Target:** By the end of three years, at least 95% of students enrolled in Capstone Course (IPHC 457) will be maintained to share through an online discussion board the impact of environmental factors on health and respond to peers about what they feel they gained from the course and what they would change about the course based on a course grade of 72.5% or higher.

2. Incorporate the knowledge and skills in leadership, quality improvement, and patient safety in the provision of high-quality healthcare.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to incorporate knowledge in leadership, quality improvement, and patient safety in the provision of high-quality healthcare through the development of a comprehensive public health plan.
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark:** At least 95% of students enrolled in Capstone Course (IPHC 457) completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.
   d. **Target:** By the end of three years, at least 95% of students enrolled in Capstone Course (IPHC 457) will complete a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

3. Provide safe and effective care to all individuals and groups across the lifespan based upon the principles and models of evidence-based practice.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to perform a literature review for a comprehensive public health plan (rubric provided in Appendix A).
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.

     c. **Benchmark:** At least 95% of students enrolled in Capstone Course (IPHC 457) completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

     d. **Target:** By the end of three years, at least 95% of students enrolled in Capstone Course (IPHC 457) will complete a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

4. Incorporate information management, patient care technologies, and communication devices in providing safe and effective patient care.

     a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to incorporate innovative strategies in a comprehensive public health plan.

     b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.

     c. **Benchmark:** At least 95% of students enrolled in Capstone Course (IPHC 457) completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

     d. **Target:** By the end of three years, at least 95% of students enrolled in Capstone Course (IPHC 457) will complete a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

5. Incorporate information on healthcare policies, including financial and regulatory, directly and indirectly influencing the nature and functioning of the healthcare system in professional practice.

     a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to identify relevant healthcare policies impacting the healthcare system through the development of a comprehensive public health plan

     b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.

     c. **Benchmark:** At least 95% of students enrolled in Capstone Course (IPHC 457) completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

     d. **Target:** By the end of three years, at least 95% of students enrolled in Capstone Course (IPHC 457) will complete a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

6. Demonstrate effective inter-professional communication and collaboration through verbal, nonverbal and written communication skills to practice individual accountability, client advocacy, conflict resolution principles, and team building strategies.

     a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will demonstrate effective inter-professional communication and collaboration through the development of a comprehensive public health plan.

     b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.

     c. **Benchmark:** At least 95% of students enrolled in Capstone Course (IPHC 457) completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

d. **Target:** By the end of three years, at least 95% of students enrolled in Capstone Course (IPHC 457) will complete a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

7. Integrate knowledge and skill derived from the physical sciences, bio-psycho-social sciences, and humanities in the provision of holistic care to individuals, families, groups, communities, and populations across the life span with a focus on health promotion, disease and injury prevention.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to write and organize a comprehensive public health plan (rubric provided in Appendix A) with a focus on health promotion, disease and injury prevention.
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark:** At least 95% of students enrolled in Capstone Course (IPHC 457) completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.
   d. **Target:** By the end of three years, at least 95% of students enrolled in Capstone Course (IPHC 457) will complete a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

8. Demonstrate and utilize principles of legal ethical core values of professionalism with the application of professional values of altruism, autonomy, human dignity, integrity and social justice in the delivery of patient care.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to incorporate ethical core values of professionalism in a comprehensive public health plan (rubric provided in Appendix A).
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark:** At least 95% of students enrolled in Capstone Course (IPHC 457) completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.
   d. **Target:** By the end of three years, at least 95% of students enrolled in Capstone Course (IPHC 457) will complete a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

9. Utilize the role of provider of care, manager/coordinator of care, and member of the profession in developing and providing safe and effective care to all clients across the lifespan with diverse multicultural needs, including: but not limited to cultural, spiritual, ethnic, gender and sexual orientation to diversity.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will develop a comprehensive public health plan (rubric provided in Appendix A) for an organization that ensures safe and effective care to a diverse population.
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark:** At least 95% of students enrolled in Capstone Course (IPHC 457) completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

    d. **Target:** By the end of three years, at least 95% of students enrolled in Capstone Course (IPHC 457) will complete a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.

SLO Assessment Results

1. Utilize the liberal education courses as the cornerstone for study and practice as a professional.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will engage in professional conversation and collaboration with each other through online discussion board posts and peer responses.
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark (>95%):** 91% of students enrolled in Capstone Course (IPHC 457), 40 out of 44 students enrolled, shared through an online discussion board the impact of environmental factors on health and respond to peers about what they feel they gained from the course and what they would change about the course based on a course grade of 72.5% or higher.
   d. **Benchmark:** not achieved
   e. **Students assessed:** 44 (Fall 2021 and Spring 2022)
   f. **Department Enrollment:** 196 (as of July 14, 2022)

2. Incorporate the knowledge and skills in leadership, quality improvement, and patient safety in the provision of high-quality healthcare.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to incorporate knowledge in leadership, quality improvement, and patient safety in the provision of high-quality healthcare through the development of a comprehensive public health plan.
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark (>95%):** 91% of students enrolled in Capstone Course (IPHC 457), 40 out of 44 students enrolled, completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.
   d. **Benchmark:** not achieved
   e. **Students assessed:** 44 (Fall 2021 and Spring 2022)
   f. **Department Enrollment:** 196 (as of July 14, 2022)

3. Provide safe and effective care to all individuals and groups across the lifespan based upon the principles and models of evidence-based practice.
   e. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to perform a literature review for a comprehensive public health plan (rubric provided in Appendix A).
   a. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   b. **Benchmark (>95%):** 91% of students enrolled in Capstone Course (IPHC 457), 40 out of 44 students enrolled, completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.
   c. **Benchmark:** not achieved
   d. **Students assessed:** 44 (Fall 2021 and Spring 2022)
   e. **Department Enrollment:** 196 (as of July 14, 2022)

4. Incorporate information management, patient care technologies, and communication devices in providing safe and effective patient care.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to incorporate innovative strategies in a comprehensive public health plan.
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark (>95%):** 91% of students enrolled in Capstone Course (IPHC 457), 40 out of 44 students enrolled, completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.
   d. **Benchmark:** not achieved
   e. **Students assessed:** 44 (Fall 2021 and Spring 2022)
   f. **Department Enrollment:** 196 (as of July 14, 2022)

5. Incorporate information on healthcare policies, including financial and regulatory, directly and indirectly influencing the nature and functioning of the healthcare system in professional practice.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to identify relevant healthcare policies impacting the healthcare system through the development of a comprehensive public health plan.
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark (>95%):** 91% of students enrolled in Capstone Course (IPHC 457), 40 out of 44 students enrolled, completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.
   d. **Benchmark:** not achieved
   e. **Students assessed:** 44 (Fall 2021 and Spring 2022)
   f. **Department Enrollment:** 196 (as of July 14, 2022)

6. Demonstrate effective inter-professional communication and collaboration through verbal, nonverbal and written communication skills to practice individual accountability, client advocacy, conflict resolution principles, and team building strategies.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will demonstrate effective inter-professional communication and collaboration through the development of a comprehensive public health plan.
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark (>95%):** 91% of students enrolled in Capstone Course (IPHC 457), 40 out of 44 students enrolled, completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.
   d. **Benchmark:** not achieved
   e. **Students assessed:** 44 (Fall 2021 and Spring 2022)
   f. **Department Enrollment:** 196 (as of July 14, 2022)

7. Integrate knowledge and skill derived from the physical sciences, bio-psycho-social sciences, and humanities in the provision of holistic care to individuals, families, groups, communities, and populations across the life span with a focus on health promotion, disease and injury prevention.

a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to write and organize a comprehensive public health plan (rubric provided in Appendix A) with a focus on health promotion, disease and injury prevention.
b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
c. **Benchmark (>95%):** 91% of students enrolled in Capstone Course (IPHC 457), 40 out of 44 students enrolled, completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.
d. **Benchmark:** not achieved
e. **Students assessed:** 44 (Fall 2021 and Spring 2022)
f. **Department Enrollment:** 196 (as of July 14, 2022)

8. Demonstrate and utilize principles of legal ethical core values of professionalism with the application of professional values of altruism, autonomy, human dignity, integrity and social justice in the delivery of patient care.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457) will be able to incorporate ethical core values of professionalism in a comprehensive public health plan (rubric provided in Appendix A).
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark (>95%):** 91% of students enrolled in Capstone Course (IPHC 457), 40 out of 44 students enrolled, completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.
   d. **Benchmark:** not achieved
   e. **Students assessed:** 44 (Fall 2021 and Spring 2022)
   f. **Department Enrollment:** 196 (as of July 14, 2022)

9. Utilize the role of provider of care, manager/coordinator of care, and member of the profession in developing and providing safe and effective care to all clients across the lifespan with diverse multicultural needs, including: but not limited to cultural, spiritual, ethnic, gender and sexual orientation to diversity.
   a. **Direct Evaluation Methods:** Students enrolled in Capstone Course (IPHC 457)) will develop a comprehensive public health plan (rubric provided in Appendix A) for an organization that ensures safe and effective care to a diverse population.
   b. **Baseline:** Not applicable due to a revision of the Capstone Project prior to Fall 2021 semester; the Continuous Quality Improvement Project Paper was revised to reflect more accurate public health assessment and planning methods through the development of a Public Health Planning Paper.
   c. **Benchmark (>95%):** 91% of students enrolled in Capstone Course (IPHC 457), 40 out of 44 students enrolled, completed a comprehensive public health plan (rubric provided in Appendix A) as measured by a course grade of 72.5% or higher.
   d. **Benchmark:** not achieved
   e. **Students assessed:** 44 (Fall 2021 and Spring 2022)
   f. **Department Enrollment:** 196 (as of July 14, 2022)

Action Items

The rubric for the Public Health Planning Paper was revised in Summer 2022 to reflect more realistic strategies for developing a public health plan to better prepare students as future public health professionals. Supplemental resources and additional examples of Public Health Planning components (e.g., needs assessment, goal and objective developing, program plan and evaluation plan) have been added to the course materials in Blackboard.

Executive Summary

The Bachelor of Science in Healthcare Administration department has two options: one for associate degreed allied health professionals (clinical track), and a second option for traditional undergraduate students (general track). The plan of study includes an interdisciplinary focus and ten (10) online courses. The School of Business contributes two courses, the department of psychology one course, and the department of political science one course. The remaining courses are taught by faculty in the School of Health Sciences. There are 196 students currently enrolled in the program. Since the inception of the program in Fall 2016, a total of 550 students have graduated or are currently enrolled.

Appendix A: Rubric for Public Health Planning Paper

This paper serves as a comprehensive assignment to assess your understanding of the factors related to individual and community health, understanding of public health planning, and understanding of how to review and present relevant data related to health topics. Individually students will choose a target population and health issue for this paper. The topic should lend itself to being considered and addressed from multiple perspectives, including social, political, and economic determinants, a national and international perspectives, structural bias and health inequities, ethical and legal considerations, and policy and advocacy perspectives. The topic should be sufficiently broad to allow incorporation of relevant published literature but not so broad as to be overwhelming and unfocused. For example, mental health or women's health may be overly broad. Reducing traffic accidents in Florence County, SC may be overly narrow and may not easily lend itself to tackling the problem from multiple perspectives.

There are four (4) sections to this paper that will be submitted and graded individually with the final submission including all four sections with revisions and feedback incorporated into final version.
- Section I: Needs Assessment
- Section II: Goals/Objectives
- Section III: Program Plan
- Section IV: Evaluation Plan.

The entire paper should not exceed 10 pages INCLUDING a title page, Section I (max of 2 pages), Section II (max of 2 pages), Section III (max of 2 pages), Section IV (max of 1 page) and reference page(s) in double spaced Times New Roman size 12 font.

NOTE: Section I is the only section that requires outside references to be used. This section will require the student to conduct research on current literature regarding the identified topic and target population. Section I must use at least 5 valid and reputable references published within the last 5 years, of which at least 3 are from peer reviewed journals. References must be cited in-text and in the reference list per APA 7th edition guidelines.

SECTION I: NEEDS ASSESSMENT RUBRIC

A community health assessment is an examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Students need to conduct a needs assessment for a target population around a selected health topic. Students gather relevant information and data as the basis for the needs assessment. Students provide an overview of the target population's health and then provide information on their specific topic. For example, students could provide a general overview of college student health and then provide information on college students and physical activity. This section should not exceed 2 pages, typed double space using Times New Roman 12-point font.

This section requires outside references to be used. Section I must use at least 5 valid and reputable references published within the last 5 years, of which at least 3 are from peer reviewed journals. References must be cited in-text and in the reference list per APA 7th edition guidelines.

| Component	Poor	Good	Excellent
Identification of target population and relevant health issue as supported by valid and current data. max points = 30	Unclear and/or inaccurate identification of target population and relevant health issue. Target population and health issue not supported by valid and current data. **(0-10 pts)**	Identification of target population and relevant health issue presented but confusing and/or irrelevant data presented to support target population and health issue. **(11-20 pts)**	Identification of target population and relevant health issue presented and clearly supported by valid and current data. **(21-30 pts)**
Presentation of data to support evidence of target population and relevant health issue (at least two graphs or charts included). max points = 30	Data is not presented in graphs or charts, and/or data is not relevant, accurate and/or valid to support evidence of target population and relevant health issue. **(0-10 pts)**	Data presented in one graph or chart, and/or data do not directly support evidence of target population and relevant health issue. **(11-20 pts)**	Data presented in two graphs or charts, data shown directly supports evidence of target population and relevant health issue. **(21-30 pts)**
Organization & Structure max points = 30	Organization and structure detract from message; paragraphs are disjointed; topic sentences unclear. **(0-10 pts)**	Structure of paragraphs weak; transitions unclear in spots; sentences need editing for clearer purpose and clarity; disorganized in places. **(11-20 pts)**	Structure clear and easy to follow; paragraphs supported with clear, strong facts; flow of text easy to understand. **(21-30 pts)**
Grammar, Punctuation, APA formatting & Spelling max points = 10	Section contains more than 10 grammatical, punctuation, and spelling errors. Section does not cite at least 5 valid and reputable references published within the last 5 years **(0-3 pts)**	Section contains 3 - 9 grammatical, punctuation and spelling errors; language lacks clarity or polished tone. Section uses at least 3 valid and reputable references published within the last 5 years **(4-7 pts)**	Section contains 2 or fewer grammatical, usage or punctuation errors; language is clear and precise; strongly worded. Section uses at least 5 valid and reputable references published within the last 5 years **(8-10 pts)**

Examples provided to demonstrate how to summarize and synthesize research; please disregard outdated references, APA formatting errors and/or other issues that are not congruent with assignment expectations.

While there has been a marked decrease in the use of cigarettes and smokeless tobacco amongst adolescents, the use of e-cigarettes has increased at an alarming rate. As shown in Figure 1, there has been a consistent decrease in past 30-day cigarette smoking in girls and boys since roughly 1996 (Meza et al., 2020).

Figure 1
Past 30-Day and Daily Cigarette Smoking Prevalence Among Adolescents by Sex and Grade from 1991-2019
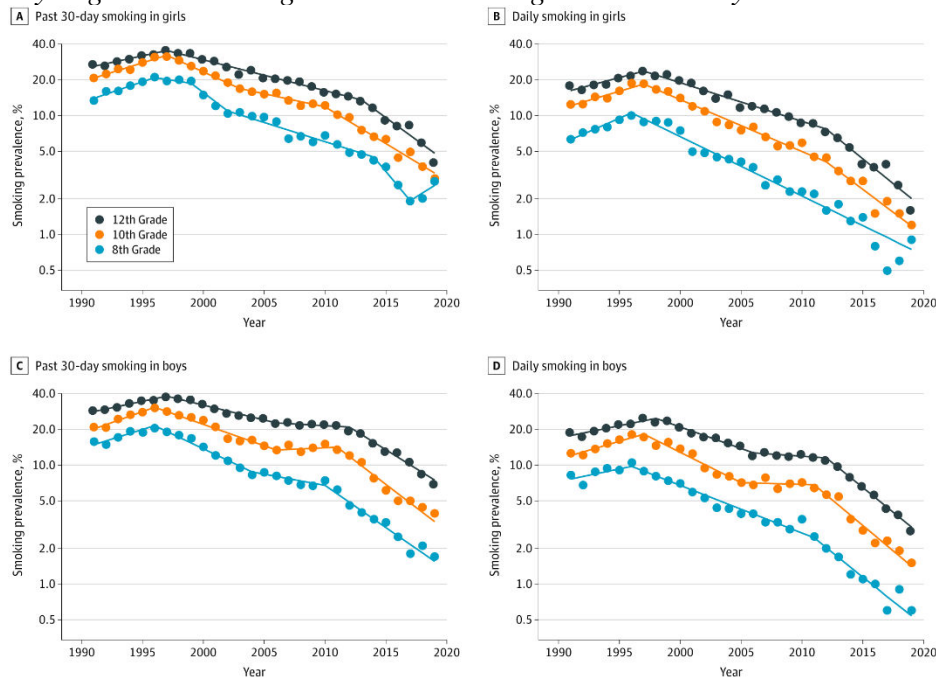
In contrast, Figure 2 shows an uptick in tobacco use amongst high school students between 2012 and 2019; specifically, with e-cigarettes. Additionally, there is a stark increase beginning in 2017 and continuing to 2019 (Jackson et al., 2020).

Examples provided to demonstrate how to summarize and synthesize research; please disregard outdated references, APA formatting errors and/or other issues that are not congruent with assignment expectations.

Figure 2
Past 30-Day Tobacco Use Among High School Students from 2012-2019
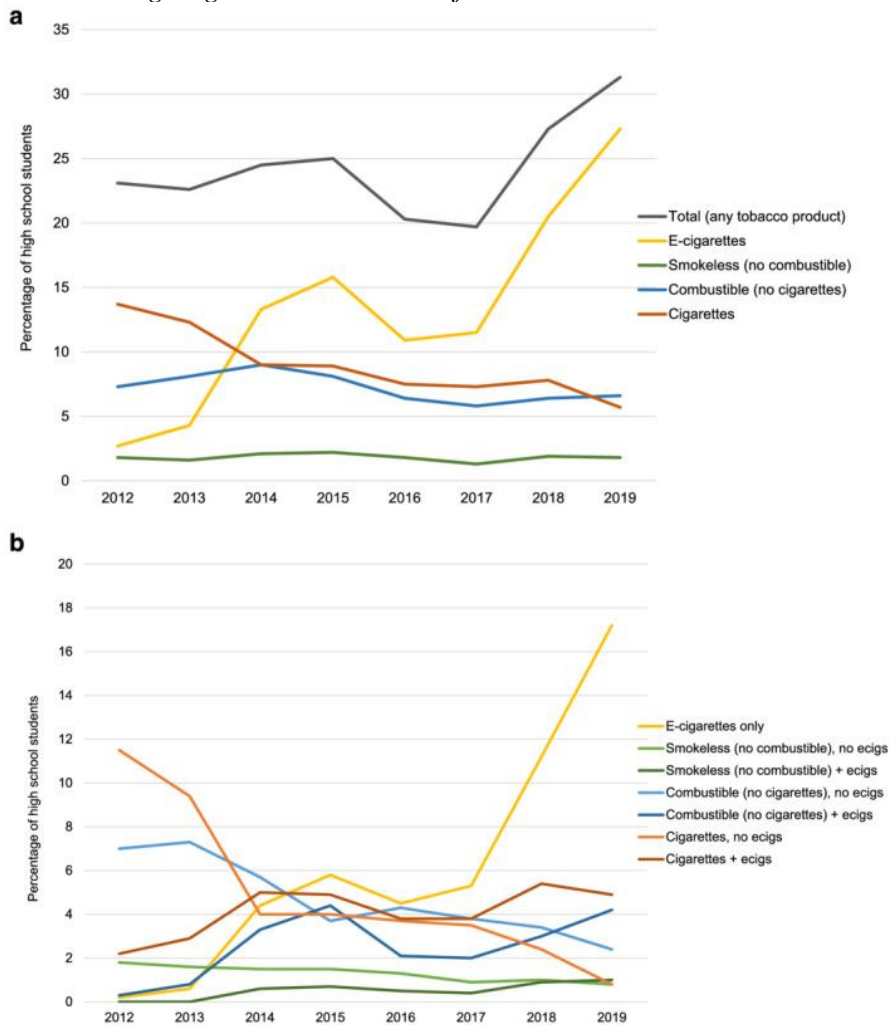
Federal efforts to curb tobacco usage amongst all populations, but especially middle and high school populations, continue. The focus tends to be on educating middle and high school students on the dangers that tobacco stands to present in their lives. The problem is, students are much more accessible now than ever before because of technology and social media. According to Clendennen et al. (2020), findings show that students who encounter tobacco-related social media are more at risk for future tobacco use among young people. Federal focus needs to shift to accommodate the influence of social media in order to successfully intervene to curb and prevent tobacco usage amongst youth.

References

Clendennen, S., Loukas, A., Vandewater, E., Perry, C., & Wilkinson, A. (2020). Exposure and

engagement with tobacco-related social media and associations with subsequent tobacco use among

young adults: A longitudinal analysis. *Science Direct*. *213*.

https://doi.org/10.1016/j.drugalcdep.2020.108072

Jackson, S., Brown, J, & Jarvis, M. (2020). Dependence on nicotine in us high school students in

the context of changing patterns of tobacco product use. *Society for the Study of Addiction*.

https://doi.org/10.1111/add.15403

Meza, R., Jimenez-Mendoza, E., & Levy, D. (2020). Trends in tobacco use among adolescents

grade, sex, and race, 1991-2019. *Jama Network*. https://doi.org/10.1001/jamanetworkopen.2020.27465

Wang, T., Neff, L., Park-Lee, E., Ren, C., Cullen, K., & King, B. (2020). E-cigarette use among

middle and high school students- united states, 2020. *Morbidity and Mortality Weekly Report. 69*(37):

1310-1312. https://ncbi.nlm.nih.gov/pmc/articles/PMC7498174/

Wiggins, A., Huntington-Moskos, L., Rayens, E., Rayens, M., Noland, M., Butler, K., & Hahn,

E. (2019). Tobacco use among rural and urban us middle and high school students: National

youth tobacco survey, 2011-2016. *The Journal of Rural Health. 36*(1): 48-54.

https://doi.org/10.1111/jrh.12356

Examples provided to demonstrate how to summarize and synthesize research; please disregard outdated references, APA formatting errors and/or other issues that are not congruent with assignment expectations.

Prevalence of Substance Abuse/Misuse in Darlington County

      The South Carolina County-Level Profiles on Substance Use-Related Indicators was developed as part of ongoing efforts by the State Epidemiological Outcomes Workgroup (SEOW) to generate user-friendly data reports related to substance misuse prevention. This report is intended to be a starting place to identify areas to target regarding substance use/misuse in each county. Data from all 46 counties in South Carolina are included in these analyses, providing a picture of the conditions that put communities at risk for substance misuse and other related behavioral health issues. Counties were ranked for all measures from worst/highest percentage or rate (1) to best/lowest percentage or rate (46) (SEOW, 2020).

      According to the 2020 report by SEOW (as shown in Table 1 below), Darlington County ranked 9th highest in the state with the greatest prevalence of alcohol use, drug use and infectious diseases. In regard to specific indicators of drug and alcohol use, Darlington County ranked 1st in the state for DUI crashes per 100,000 population with an increase of 14% since the previous year and ranked 1st in Opioid prescriptions dispensed per 100,000 population even though the rate declined 4.75% since the previous year. The indicator experiencing the largest increase from 2018 to 2019 was the rate of opioid involved overdose deaths with a 21.80% increase. The indicator experiencing the largest decline from 2018 to 2019 was the percent of adults using smokeless tobacco with a 47.52% decrease (SEOW, 2020).

Table 1. Prevalence of Drug and Alcohol Abuse in Darlington County

Drug and Alcohol Abuse in Darlington County	County Rank	Current Value	% change 2018-2019
Binge drinking among adults (%)	26	11.72	-11.15%
Heavy use of alcohol among adults (%)	28	5.00	17.35%
DUI crashes (rate per 100,000 population)	1	196.19	14.04%
Alcohol-related hospitalizations (rate per 100,000 population)	18	1,145.34	15.31%
Cigarette use among adults (%)	14	20.38	-20.74%
Smokeless tobacco use among adults (%)	28	3.21	-47.52%
Nicotine-related hospitalizations (rate per 100,000 population)	22	9,847.19	17.30%
Opioid prescriptions dispensed (rate per 100,000 population)	1	1,205.32	-4.75%
Opioid involved overdose deaths (rate per 100,000 population)	27	10.16	21.80%
Opioid-related hospitalizations (rate per 100,000 population)	8	316.73	4.93%

Statewide the hospitalizations involving primary and secondary cocaine use decreased by 1.2% and decreased by 7.70% in Darlington County. Statewide the hospitalizations involving primary and secondary use of other stimulants (e.g., methamphetamines) increased by 16.4% and Darlington County experienced an even larger increase of 21.37% from 2018-2019. Darlington County experienced a substantially larger increase in hospitalizations involving primary or secondary cannabis use from 2018 to 2019, 48.56% increase in Darlington County compared to 10.3% statewide (SEOW, 2020).

References

State Epidemiological Outcomes Workgroup (SEOW) (2020). South Carolina County-Level Profiles on

Substance Use-Related Indicators. https://www.daodas.sc.gov/wp-content/uploads/2021/02/2020-SC-County-Level-Profiles-on-Substance-Use-Related-Indicators.pdf

SECTION II: GOALS AND OBJECTIVES RUBRIC

After the needs assessment is completed, students then develop a health program goal and SMART (Specific, Measurable, Achievable, Realistic, Timely) objectives for a health program based on the information in the needs assessment. Students will be required to develop one overall goal, at least three objectives and at least one activity to achieve each objective. Goals, objectives, and activities should all be supported by the data provided in the needs assessment section. For example, if the needs assessment talks about obesity and physical activity issues with college students, then the goal and objective should be focused on these issues. This section should not exceed 2 pages, typed double space using Times New Roman 12-point font.

This section can be formatted in a table or narrative/bullet format for clarity and organization.

Component	Poor	Good	Excellent
Develop health program goal based on data provided in needs assessment **max points = 30**	Goal is not clearly stated and/or not supported by data from needs assessment and/or irrelevant to target population and relevant health issue. **(0-10 pts)**	Goal is included but not clearly supported by data from needs assessment. Goal is not specific or relevant to target population and relevant health issue. **(11-20 pts)**	Goal is included and clearly supported by data from needs assessment. Goal is specific to target population and relevant health issue. **(21-30 pts)**
Write at least three SMART objectives to achieve the health program goal based on data provided in needs assessment **max points = 30**	Objectives are not SMART and/or there are not at least three objectives included as required. **(0-10 pts)**	At least three objectives presented as required however objectives are missing required components to be fully SMART and/or presented in a way that is not clear how they relate to health program goal. **(11-20 pts)**	At least three objectives presented as required and objectives are fully SMART and presented clearly how they related to health program goal. **(21-30 pts)**
Write at least one activity per objective (three total) to achieve each objective presented. **max points = 30**	Not at least one activity presented for each objective and/or activities do not clearly relate to each objective. **(0-10 pts)**	At least one activity presented for each objective, but activities are not directly related to each objective. **(11-20 pts)**	At least one activity presented for each objective and activities are directly related to each objective **(21-30 pts)**
Grammar Punctuation & Spelling **max points = 10**	Paper contains more than 10 grammatical, punctuation, and spelling errors. **(0-3 pts)**	Paper contains 3 - 9 grammatical, punctuation and spelling errors; language lacks clarity or polished tone. **(4-7 pts)**	Paper contains 2 or fewer grammatical, usage or punctuation errors; language is clear and precise; strongly worded. **(8-10 pts)**

Goals

This program aims to reduce obesity among non-Hispanic black individuals by helping them learn how to choose healthy meals, serve the right portions sizes, and maintain at least 30 minutes of physical activity daily.

Objectives

- By the end of the year, 80% of the African American population in this community will incorporate physical activity into their daily regimen, as recommended by the World Health Organization (WHO).

- By the end of six months, at least 60% of the schools serving the African American population in the community will provide daily education classes and healthy food options, including snacks, as recommended by the Center for Disease Control.

- By the end of six months, there will be a 60% reduction in TV watching time and other sedentary behaviors among the non-Hispanic black population in the community, as evidenced by studies.

Activities

Objective One: Daily Physical Activity

Daily physical activity is the recommended activity for the first objective. Physical exercise appears to be a significant component of weight loss and maintenance lifestyle strategies. Although the effects of physical exercise on weight reduction appear to be minor, a dose-response association between physical activity and weight loss exists. Physical activity seems necessary for keeping up with long-term weight loss and preventing weight gain. Adults are required to input at least 150 minutes of physical activity each week.

Objective Two: Patient Education Classes

Education classes and healthy meal choices can also influence healthy eating. African American diets are rich in fat and sodium since the meals and characterized mostly meat and fried foods. Consuming too much sodium can increase the risk of developing stroke, blood pressure, and heart disease. The dietary choices of individuals significantly increase their risk of developing hypercholesterolemia, hypertension, inflammation,

obesity, and hyperlipidemia, resulting in high mortality and morbidity. There is a causal link between the increasing dietary patterns in the world and the westernization of the world. Westernization is characterized by increased fatty foods, processed meats, refined grains, saturated fats, sugar, and salt. At the same time, the dietary patterns do not include vegetables and fresh fruits.

Objective Three: Reduction of TV Watching and Sedentary Habits

Long periods of inactivity can weaken the body's ability to control blood sugar levels, break down fats, regulating blood pressure, and reducing metabolism. The individuals who live a sedentary lifestyle are most likely aren't meeting the national physical activity guidelines. Adults and children who spend hours sitting do not spend time doing exercises. Sedentary activities, particularly watching TV, are at a higher risk of type 2 diabetes and obesity, regardless of exercise intensity. In contrast, light to moderate activity was linked to a considerably lower risk. The importance of limiting long-term TV viewing and other sedentary activities in preventing obesity and diabetes is emphasized in this study.

SECTION II: GOALS AND OBJECTIVES EXAMPLE #2 (TABLE FORMAT)

Examples provided to demonstrate how to summarize and synthesize research; please disregard outdated references, APA formatting errors and/or other issues that are not congruent with assignment expectations.

Priority Area #1: Obesity			
Goals	**SMART Objectives (When, What)**	**Outcome Measures**	**Evidence-based intervention strategies (how)**
Goal: Decrease obesity through promoting healthy lifestyles	**Objective#1:** Increase the consumption of healthy foods for residents, so that by 2016, 35% of County adults are consuming the recommended amount of fruits and vegetables	• By 2016, 35% of County adults are consuming the recommended amount of fruits and vegetables • 100% of schools have a healthy vending policy by 2016 • Increase sales of healthy foods in vending machines from 10% to 30% • Increase in population who buy food at farmers' market from 20% to 50%	Work with school board to create and implement healthy vending policy Increase hours of operation and awareness of Farmers market Provide healthy food classes at local community center
	Objective #2: Increase the number of adults who are physically active so that by 2016, 60% of County a will participate in recommended levels of physical activity.	• By 2016, 60% of women participate in recommended amounts of physical activity • 50% of County women enrolled in the program	Implement the Strong Women, Healthy Hearts initiative (from Kansas Health Matters)

SECTION III: PROGRAM PLAN RUBRIC

Once the goal and objective are complete, students use this goal and objectives to develop the health program that they will implement that will help them reach the objectives. Students will provide details on how they will implement this program by giving full descriptions of activities (as mentioned in Section II) and how the activities will be implemented addressing determinants of health such as environmental factors, social factors, individual factors, and other barriers as related to addressing health behaviors. This section should not exceed 2 pages, typed double space using Times New Roman 12-point font.

This section can be formatted in a table or narrative format for clarity and organization.

Component	Poor	Good	Excellent
Program plan addresses each activity listed in Section II **max points = 45**	Program description does not adequately and/or clearly include each activity listed in Section II. **(0-15 pts)**	Program description clearly addresses and includes at least two activities listed in Section II. Details were missing from activities. **(15-30 pts)**	Program description clearly addresses and includes all three activities listed in Section II. Ample details provided for each activity. **(30-45 pts)**
Program plan includes details of logistics and timeline for each activity. **max points = 45**	Program plan does not adequately and/or clearly indicate logistics and timelines for each activity. **(0-15 pts)**	Program plan adequately and clearly indicates logistics and timelines for at least two of the activities. Some details regarding logistics and timeline missing and/or unclear. **(15-30 pts)**	Program plan adequately and clearly indicates logistics and timelines for all three activities. Ample details provided for logistics and timeline of each activity. **(30-45 pts)**
Grammar Punctuation & Spelling **max points = 10**	Paper contains more than 10 grammatical, punctuation, and spelling errors. **(0-3 pts)**	Paper contains 3 - 9 grammatical, punctuation and spelling errors; language lacks clarity or polished tone. **(4-7 pts)**	Paper contains 2 or fewer grammatical, usage or punctuation errors; language is clear and precise; strongly worded. **(8-10 pts)**

In order to increase access to healthcare in rural areas, a program focusing on the three activities provided in the previous goals and objectives section must be implemented. The purpose of these activities is to educate and provide resources to those in rural areas in order to improve overall health.

The first activity will improve access to healthcare through providing resources. With a grant from the state and investments from shareholders, a shuttle service can be provided to transport those living in rural areas to and from the hospital. These shuttles will have designated stop locations in town and scheduled times to pick people up and drop them back off. This service could start with making three trips a day and adding more to the schedule if an upward trend develops. With the logistics provided and supply rising with the demand for the service, there should easily be a 10% increase in access to healthcare within the six-month timeline given to assess the success of the service. All three activities will require members and shareholders to meet once every two weeks to review progress and discuss improvements. By issuing identification cards for access to the shuttle, records can be kept displaying how often individuals use the shuttle service. The hospital will also be able to use medical records to compare how often individuals visited the hospital before and after the shuttle service. By comparing the six months prior to the shuttle service and the six-month trial period, there is no doubt that there will be a significant increase ensuring success of this activity.

The second activity provided by the program will increase access to healthcare through educating those in rural areas. Volunteer healthcare workers will educate the public twice a week in tents by the shuttle stops in order to make the public more knowledgeable and comfortable with visiting with hospital. The logistics behind this activity are pretty simple as with only two to four volunteers each week, a solid foundation can develop within the community and trust in the healthcare system can be established. These classes will also provide an opportunity to sign up for an identification card to the shuttle service. By keeping track of the amount of people signing up for the shuttle service at these meetings, records can provide how significant these meetings are in increasing access to healthcare by educating the public. Surveys can also be used as a tool to measure

individual's confidence in the healthcare system before and after the educational meetings. Medical records can, once again, be used to compare non-emergency visits before and after these meetings. A lot of people, especially in rural areas, tend to avoid going to the hospital because they don't trust doctors or because they feel uneducated when speaking with healthcare professionals, but by educating people and gaining their trust, there should be at least a 5% increase in access to healthcare in the six-month timeline.

The third activity is simply to bring the providers to the rural areas. This activity seeks state government funding and investments from shareholders in order to develop small urgent care centers in rural areas extremely far from the city. People in rural areas aren't always be able to travel long distances to see their primary care physician and wind up going to urgent care to seek medical attention whether it be an emergency or not. Logistics show that this will require the most resources of all the activities as building an urgent care center will be both expensive and time consuming, but there is a need a for it as demonstrated by the physician shortages in chart B. The timeline for this should take over a year in order to get the property constructed and hire a team of healthcare workers. Though it will have the longest timeline, this activity should prove to be the most valuable as it brings healthcare directly to the rural citizens. With urgent care centers coming to rural areas, a measurement can be taken by comparing the percentage of physician shortages in rural areas in chart B with the percentage after the construction of urgent care centers. The percentage of primary care physician shortages in rural areas should drop by at least two percent from 61.47% within a three-month timeline beginning on opening day.

SECTION III: PROGRAM PLAN EXAMPLE #2 (TABLE FORMAT) …

Examples provided to demonstrate how to summarize and synthesize research; please disregard outdated references, APA formatting errors and/or other issues that are not congruent with assignment expectations.

OBJECTIVE #1:
By DATE, increase the number of ABC County municipalities that are working towards adopting local complete street policies from # to #

BACKGROUND ON STRATEGY
Source: *Complete Streets Program* http://www.completestreets.org/   **Evidence Base:** *"Urban design and land use policies" recommended by The Guide to Community Preventive Services*   **Policy Change (Y/N):** *Yes*

ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**	**Progress Notes**
Attend training on WI's complete street legislation and assess expected impact on ABC County by discussing with Highway Dept.	12/31/12	Staff time Travel	Amy Adams, ABC Health Department	Increased knowledge Written resources Assessment of impact	
Finish photovoice project, targeting the communities of X, Y, and Z	4/30/13	Staff time Volunteer time Travel Cameras	Amy Adams and Physical Activity Team Volunteers	Photo display/ presentation for each community	
Find at least 1 street/road in each community and graphically design a complete street.	4/30/13	Staff time	Amy Adams	Graphic presentation of desired design for each community's selected street	
Conduct walkability/ bikeability checklists in those communities.	5/31/13	Staff time Volunteer time Travel	Amy Adams and Physical Activity Team Volunteers	Completed assessment for each community	
Create a presentation for city councils about the new state law, using photovoice and complete street pictures.	8/30/13	Staff time	Susie Smith, ABC Health Officer Terri Thomas, ABC Hospital	PowerPoint presentation and packet of materials	
Present to city councils and invite to go on a walk audit.	10/31/13	Staff time	Susie Smith Terri Thomas	Presentation and walk audit completed	
Follow up with city council chair after meeting	11/30/13	Staff time	Susie Smith	Discussed next steps	
Announce approved policy to the community collaboratively with the city council (if approved)	12/31/13	Staff time	Terri Thomas	Press release Press coverage	

SECTION IV: EVALUATION PLAN RUBRIC

Even though the proposed health program is not going to be implemented, students need to be able to develop an evaluation plan to think though how they would evaluate the proposed health program. Students will be required to develop at least three evaluation questions to be used to measure whether the health program was successful and what methods should be used to answer these questions.

Students need to use the goals, objectives and activities written in Section II to develop evaluation questions. Additionally, students must provide information on what type of data they would collect and how data would be collected to measure each evaluation question. This section will be presented in the form of a table and should not exceed one page. A template of the evaluation plan table with an example is provided below.

Objective	Evaluation Question	Data Source	Data collection process
By May 1, 2022, at least 95% of college students will report being completely over schoolwork.	What is the percentage of college students reporting being completely over schoolwork?	Post-test survey	A post-test survey will be developed using Google forms and administered to all college students from April 1-May 1, 2022.
Objective 1			
Objective 2			
Objective 3			

Examples provided to demonstrate how to summarize and synthesize research; please disregard outdated references, APA formatting errors and/or other issues that are not congruent with assignment expectations.

Objective	Evaluation Question	Data Source	Data Collection Process
With a grant from the state, hospitals will provide a shuttle service for those in rural areas resulting in a 10% increase of access to healthcare within a six-month period.	What is the percent increase of hospital visits for those in rural areas before and after the shuttle service was provided?	Claims Data	With permission through informed consent, medical records of those using the shuttle service will be tracked to see how often these patients visited the hospital before and after the shuttle service was implemented.
Volunteer healthcare professionals will educate the rural population two days a week by setting tents at the shuttle stops, resulting in a 5% increase in non-emergency hospital visits within six months.	What percent of the rural community feels comfortable and confident in visiting the hospital?	Qualitative Survey	Surveys will be developed using Microsoft Office and handed out before and after each educational class to measure the difference in patient confidence, knowledge, and trust in the healthcare.
By developing state-funded, small urgent care centers in rural areas, the 61.47% of primary healthcare professional shortages found in rural areas can be decreased by 2% within three months.	What percent of physician shortages in rural areas can be overcome by developing urgent care centers in rural areas?	Public Health Data	Data will be collected by recording the number of physicians employed by each urgent care center and comparing the percentage of physician shortage in rural areas before (shown in chart B in the needs assessment section) and after the development of these urgent care centers.

Final Public Health Planning Paper (Section I, II, III & IV combined)

This paper serves as a comprehensive assignment to assess your understanding of the factors related to individual and community health, understanding of public health planning, and understanding of how to review and present relevant data related to health topics. Individually students will choose a target population and health issue for this paper. The topic should lend itself to being considered and addressed from multiple perspectives, including social, political, and economic determinants, a national and international perspectives, structural bias and health inequities, ethical and legal considerations, and policy and advocacy perspectives.

The final submission should include all four sections with revisions and feedback incorporated into final version: Section I: Needs Assessment, Section II: Goals/Objectives, Section III: Program Plan, Section IV: Evaluation Plan.

The entire paper should not exceed 10 pages INCLUDING a title page, Section I (max of 2 pages), Section II (max of 2 pages), Section III (max of 2 pages), Section IV (max of 1 page) and reference page(s) in double spaced Times New Roman size 12 font.