

General Education Assessment Health Promotion/Physical Activity Action Plan

Please interpret the findings and provide a specific action plan that can be implemented to improve or reinforce student learning as a result of the assessment process. The action plan should address the area(s) in need of improvement or reinforcement. The plan does not have to be limited to general education student learning but could include departmental initiatives designed to improve student success.

Part One: Results Discussion / Reflection

Please provide insightful interpretations of the results presented in the Findings section, noting any relevant context / background or concerns the unit may have.

KINE

- *Results: Students scored the lowest on SLO 3 with only 32% of the students correctly answering all questions. SLO 3: (Applying Concepts, Skills, Tools, and Methods) Apply concepts, skills, tools and methods in health promotion to assess and improve personal health. # 5: What are the three steps of an exercise prescription? 52% answered correctly*
 - *Interpretation: This area of assessment has always been the hardest to ensure student knowledge and retention of information. This learning outcome is application based which is traditionally harder for students to demonstrate in a testing situation. Question 5 specifically references a module that is taught very late in the semester and is a stand-alone module in its concepts and terminology vs. many of the other concepts and terms which are built upon one another and reiterated in many of the modules.*
- *Results: # 10: Increased mortality risks have been associated with which BMI level? 54% answered correctly. SLO 1: (Explaining Factors) Explain the factors that influence health and wellness and affect major public health issues in society.*
 - *Interpretation: This is the only other question that has a below 75% correctness, students typically do not get this right as they only identify the BMI classified as obese as the mortality risk, student neglect to identify the underweight BMI as a mortality risk. We have changed how we ask this question several times and students still fall short on this question.*
- *Results: Of the 899 students, 249 students increased their on-campus activity participation level after taking KINE 1000 or 1001, whereas 211 students did not change, and 439 students decreased their participation level. The Wilcoxon signed-rank test result suggests that there was a significant statistical difference in the median on-campus activity participation levels between Fall 2017 and Fall 2018, $z = -7.732$, $p < .0005$, $r = 0.2$ (small effect).*

- *Interpretation: This is a positive finding, when we look at those were there were no change and those were an increase occurred, we can see that after taking KINE 1000 over 50% of students either increased their on-campus participation and/or didn't decline.*
- *Results: the quiz in KINE 1000 and 1001 was optional to students; no incentives or requirements were provided to students. It is possible that some students were less motivated when answering the questions*
 - *Interpretation: We have never offered these assessments for grade or extra credit; this was our first year offering the assessment using Blackboard vs. in the classroom pen and paper/scantron.*

HLTH

Assessment Method:

- *Data was collected via the final exam in HLTH 1000*
 - *Interpretation: The assessment was separate from the final exam. It was a 16 question HLTH 1000 Course Assessment Quiz that students were given the opportunity to complete in class at the final exam as well as on their own time outside the classroom before the final.*

Assessment Sample:

- *1155*
 - *Interpretation: Our census day enrollment was 2031. 1155 is 55%. Moving forward, I believe we can do better and get a larger sample size.*

Assessment Results:

- *Students scored the lowest on SLO 1, however, 86% of students correctly answered six or more questions.*
 - *Interpretation: 9 out of the 16 questions were tied to SLO 1. Three questions did not meet our goal (questions 10, 14, 15).*
 - *Question 10 – 64% (Jessica engages in several high-risk behaviors, including smoking, lack of physical activity, and poor diet. If she chooses to change only one of these behaviors, which change will have the biggest impact on reducing her risk of developing a chronic disease? Cancer) This question is covered in our face-to-face Cardiovascular Disease lesson. However, since it isn't directly on my master slide set that I share with the instructors, it may not be emphasized in class.*
 - *Question 14 – 68% (Exercise helps with weight control by increasing the body's metabolic rate.) is not directly on our PowerPoint slide. This question is covered in our face-to-face Weight Management lesson. However, since it isn't directly on*

my master slide set that I share with the instructors, it may not be emphasized in class.

- Question 15 – 66% (Sierra, now 31, has been trying to get pregnant since she got married 4 years ago. Her doctor suspects that their infertility problem was likely caused by her history of PID from the most commonly reported STI. During her early 20s, Sierra had contracted chlamydia.) This question is covered in our face-to-face STIs lesson. This question has given us problems in the past because it was not directly clear on my master slide set. I therefore made it a separate slide along with epididimitis to stress the importance that early detection can prevent long-term damage and possible infertility or sterility. In viewing the question just now, I realized that PID is abbreviated where it should be both pelvic inflammatory disease (PID). I bet if I spell it out in the future more students will get this question correct.
- *Final class grade score among the groups of students taught by GA and faculty as well as Faculty/GA and Faculty were significantly different.*
 - *Interpretation:* It is difficult to pull grade distribution from shared sections by faculty/GTA or faculty/faculty or GTA/GTA. For shared sections, each instructor gets half of the class, and teaches just their half the entire semester. In other words, the entire class is not co-taught by both instructors. In order to get the grade distribution for the split, I would need to get that from the instructors. This is something I can do moving forward.
- *The association between First-Time Full-Time (FTFT) students and their retention status was significant.*
 - *Interpretation:* Are FTFT students in their first semester (spring 2018 was their first semester at ECU)? If so, would it be better to assess in the fall to capture a larger sample size of FTFT students.

Part Two: Action Plan

Please describe what actions you will take as a result of the assessment in the following four areas.

KINE

a. Pedagogical / Curriculum

- Additional course development Spring 2020 within HHP to address all GE learning outcomes related to health and exercise
- Assessment & test questions edits, revisions, etc.
- In Fall 2019 additional student feedback questions will be included into an assignment to better understand the student's mastery experiences in the course

b. Student Support Services

- Highlighting and bridging the gap for on campus resources related to health and wellness for students

c. Faculty Development

- Additional training to the graduate teaching assistants on creating a needs supportive environment
- Additional training and focus on exercise prescription modules, lecture and practical application for the students
- Canvas training for all graduate teaching assistants and faculty Fall 2019 through Fall 2020

d. Other Areas

- In Fall 2019 new pre and post questionnaires will be administered to better evaluate student's physical activity rates before KINE 1000 and at the conclusion. This will include a 7-day self-report assessment tool.
- In Fall 2019- students will be administered a Likert scale on self-efficacy in terms of physical activity both pre and post.

HLTH

a. Pedagogical / Curriculum

- Based on the analysis of our assessment data, specific content was added to our face-to-face lessons and reinforced to our instructors to make sure the take home messages were being clearly covered.
- Course content upgrades based on new health information. We update our HLTH 1000 workbook (created in house) every semester with updated content, activities, and resources for students. In Spring 2020, we are moving to the newest edition of our textbook, HLTH : The Basics 13th Edition.
- With the transition from Blackboard (Bb) to Canvas, I am in the process of redoing our online lessons using Studio, a recording feature in Canvas.
- In Spring 2020 (unless Fall 2019 is better suited), additional student feedback questions will be included into the *HLTH 1000 Course Assessment Quiz* to better understand the students' knowledge and experiences in the course.
- Monthly professional development instructor meetings are essential for teacher development.

b. Student Support Services

- Highlighting and bridging the gap for on campus resources related to health and wellness for students. Monthly professional development instructor meetings addressed hot topics to help meet our students' needs. For example, we had speakers from the Center for Counseling and Student Development (CCSD) talk about mental health and speakers from Student Health Services (SHS) talk about nutrition and sexually transmitted infections (STIs) and testing.
- HLTH 1000 collaborate and sponsor with other areas on campus to bring programming, speakers, and events to students.

c. Faculty Development

- Again, our monthly professional development meetings are critical as well as several instructor observations of their assigned GTAs.
- We are currently in year three of a Teen Pregnancy Prevention Initiatives (TPPI) grant, a *College Level Sexual Health Intervention*. As a part of the grant, we must complete at least one teacher observation during our unit of intervention. The observation form is more thorough than the one we currently use for our GTA program. Since it provides better feedback to the instructor, we are revising our GTA observation form.
- Canvas training for faculty that opt in to use it Spring 2020 in Fall 2019 and for all faculty and GTAs in Fall 2020.

d. Other Areas

- For us to get more information from our students about the impact of the course, our *HLTH 1000 Course Assessment Quiz* will consist of some opinion questions about their experience in the course. This information will let us know if what we think is working is effective. We can then adjust accordingly if necessary.