

Proposal for a New Program

Master of Science Degree In Health Education

Department of Health, Physical Education, Recreation and Dance
Eastern Michigan University
November, 2002

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I. Program Description

A. Goals and Objectives

1. General Philosophy

The profession of health education has been described as eclectic, because as an applied science we draw our body of knowledge from a variety of disciplines. We are also unique. While this body of knowledge is drawn from biological, behavioral, sociological and health sciences, it is interpreted in terms of human needs, human values and human potential.

Although health education has been described as an emerging profession, today we are quite visible to the average person and widely accepted by other health professionals. Much of this visibility can be directly attributed to the health promotion period of public health history that began in the mid 1970's in the United States.

From the late nineteenth century through the mid-twentieth century, the first public health revolution aimed at controlling the morbidity and mortality that came from infectious diseases. By the mid-1950's, many of the infectious diseases in the United States were under control. There were improved infant mortality rates, reduction in the number of children who were contracting childhood diseases, reduction in the overall death rates, and increase in life expectancy. With the control of communicable diseases, the country's health focus moved to the major chronic diseases such as heart disease, cancer, and strokes- diseases that were, in large part, the result of people's lifestyle choices.

During the health promotion phase of the mid-1970's, it became apparent that the greatest potential for reducing morbidity, saving lives, and reducing health care costs was to be achieved through health promotion and disease prevention. At the core of this approach is health education. Today, the federal government is in its third generation of a comprehensive national agenda for prevention with specific goals and objectives for anticipated gains outlined in *Healthy People 2010*.

Health educators plan, implement, and evaluate the effects of educational programs and strategies designed to improve the health of individuals, families, and communities. Health educators work in schools, and universities; federal, state, and local public health departments; hospitals and managed care settings; voluntary groups; businesses; international organizations; and other settings.

The proposed Master's of Science in Health Education is driven by standards and based on the competencies contained in the report *Standards for the Preparation of Graduate-Level Health Educators*. This document outlines the knowledge and skills all students should be expected to demonstrate upon receiving an advanced degree in health education. The standards and competencies are reflected in the proposed courses and will ensure that our graduates are prepared to promote the health of the public. Although there are numerous competencies and sub-competencies, the major responsibilities are as follows;

- Assessing Individual and Community Needs for Health Education
- Planning Effective Health Education Programs
- Implementing Health Education Programs
- Evaluating the Effectiveness of Health Education Programs
- Coordinating the Provision of Health Education Services
- Acting as a Resource Person in Health Education
- Communicating Health and Health Education Needs, Concerns, and Resources
- Applying Appropriate Research Principles and Techniques in Health Education
- Administering Health Education Programs
- Advancing the Profession of Health Education

The proposed Master's of Science in Education, grounded in developing the skills represented in these roles and competencies, will arm future health educators to be at the forefront in dealing with changes in the U.S. demographics, public health infrastructure, health care payment and other areas to improve individual and community health. While health and health care in the country will continue to experience dramatic changes, our program will embrace the basic concept that education and behavior change are critical to our nation's ability to achieve an optimal level of health. Our program of study prepares health

educators for a variety of professional career options, but share a common base of knowledge related to how people learn and make decisions about health.

We believe that it is important to prepare our graduates to utilize basic educational theories and principles, behavioral science concepts, and knowledge about the biological basis of disease and health, drawing upon a variety of effective teaching methods and techniques. To that end, the proposed Master's of Science in Education acknowledges the following goals in preparing the health education professional as a partner in promoting healthy people in a healthy world;

- Assuring its services are state-of-the-art and based on theory, research, best practice standards, and ethical standards.
- Assuring its research is grounded in theory and based in practice.
- Playing a role in the development, diffusion, implementation, and evaluation of policies that influence health.
- Incorporating current technology that is contemporary and dynamic.
- Utilizing appropriate pedagogy.
- Considering social, cultural, economic, and political influences in promoting health.
- Promoting social justice.

Finally, as one of the advanced professional education programs at Eastern Michigan University's College of Education, the Master of Science in Health Education will strive to develop leaders who demonstrate reflective thought and scholarship within the context of a culturally diverse society.

2. Goals and Objectives

By the end of the program, the successful graduate candidate will be able to:

1. Assess the needs of the learner in the context of the community environment by:
 - a. obtaining health related data about social and cultural environments, growth and development factors, needs, and interests;
 - b. distinguishing between behaviors that foster and those that hinder well-being;
 - c. inferring health education needs on the basis of obtained data; and
 - d. determining factors that influence learning and development.

2. Plan effective health education programs by:
 - a. developing a logical scope and sequence plan for a health education program;
 - b. formulating appropriate and measurable program objectives; and
 - c. designing educational programs consistent with specified objectives.

3. Implement health education programs by:
 - a. exhibiting competency in carrying out planned educational programs;
 - b. inferring enabling objectives as needed to implement instructional programs in specified settings;
 - c. selecting methods and media best suited to implement program plans for specific learners; and
 - d. monitoring educational programs and adjusting objectives and activities as necessary.

4. Evaluate the effectiveness of health education programs by:
 - a. developing plans to assess achievement of program objectives;
 - b. carrying out evaluation plans;
 - c. interpreting results of program evaluation; and
 - d. inferring implications from findings for future program planning.

5. Coordinate the provision of health education services by:
 - a. developing a plan for coordinating health education services;
 - b. facilitating cooperation between and among levels of program personnel;
 - c. formulating practical modes of collaboration among health agencies and organizations; and
 - d. organizing in-service training programs.

6. Act as a resource person in health education by:
 - a. utilizing computerized health information retrieval systems effectively;
 - b. establishing effective consultative relationships with those requesting assistance in solving health-related problems;
 - c. interpreting and responding to requests for health information; and

- d. selecting effective educational resource materials for disseminations.
7. Communicate health and health education needs, concerns, and resources by:
 - a. interpreting concepts, purposes, and theories of health education;
 - b. predicting the impact of societal value systems on health education programs;
and
 - c. selecting a variety of communication methods and techniques.
 8. Apply appropriate research principles and methods in health education by:
 - a. conducting thorough reviews of literature;
 - b. using appropriate qualitative and quantitative research methods; and
 - c. applying research to health education practice.
 9. Administer health education programs by:
 - a. developing and managing fiscal resources;
 - b. developing and managing human resources;
 - c. exercising organizational leadership; and
 - d. obtaining acceptance and support for programs.
 10. Advance the profession of health education by:
 - a. providing critical analysis of current and future needs in health education;
 - b. assuming responsibility for advancing the profession; and
 - c. applying ethical principals as they relate to the practice of health education.

Source: Professional responsibilities for Graduate-Level Health Educators as identified by the American Association for Health Education, the National Commission for Health Education Credentialing, Inc., and the Society for Public Health Education, in their document “*A Competency-Based Framework for Graduate-Level Health Educators.*”

B. Program

1. List of Required and Elective Courses

Research Core (Thesis Option) - - 9 Credit Hours

PHED 505 Basic Statistics in Physical Education (3)
(Will be changed to “Basic Statistics in Health and Human Performance” upon approval of the M.S. in Health Education program)

PHED 677 Research, Theory and Design in Physical Activity (3)
(Will be changed to “Research, Theory and Design in Health and Human Performance”) upon approval of the M.S. in Health Education program)

HLED 692 Thesis in Health Education (3)

- or -

Research Core (Graduate Project Option) - - 6 Credit Hours

PHED 505 Basic Statistics in Physical Education (3)
(Will be changed to “Basic Statistics in Health and Human Performance” upon approval of the M.S. in Health Education program)

HLED 690 Graduate Project in Health Education (3)

School Health Education Core - - 21 Credit Hours

HLED 550 Theoretical and Philosophical Foundations of Health Education (3)

HLED 555 Current Health Issues and Trends (3)

HLED 570 Measurement in Health Education (3)

HLED 558 Health Education Methods and Materials (3)

HLED 560 School Health Education Programming and Curriculum (3)

HLED 575 Implementation and Administration of Health Education Programs (3)

HLED 695 Seminar in Health Education (3)

-or-

Community Health Education Core - - 21 Credit Hours

HLED 550 Theoretical and Philosophical Foundations of Health Education (3)

HLED 555 Current Health Issues and Trends (3)

HLED 570 Measurement in Health Education (3)

HLED 558 Health Education Methods and Materials	(3)
HLED 562 Health Education Program Planning	(3)
HLED 575 Implementation and Administration of Health Education Programs	(3)
HLED 695 Seminar in Health Education	(3)

**Suggested Electives - - 6-9 Credit Hours as Approved by Health Education Advisor*
(to complete the 36 hour program of study)**

HLED 565 Women’s Health	(3)
** HLED 495 Health Education for Diverse Populations	(3)
** HLED 460 Concepts of Sexuality Education	(3)
** HLED 490 Drug Use and Abuse	(3)

Total Hours 36

* Elective hours can come from HLED courses or other health-related courses offered by other programs and departments. These electives are selected with guidance and approval of the assigned health education advisor.

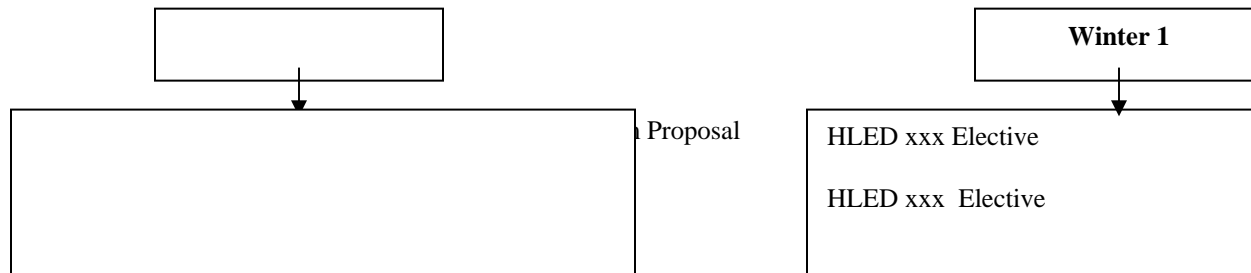
** Note: The above 400 level courses will be presented for graduate credit upon approval from the Graduate School.

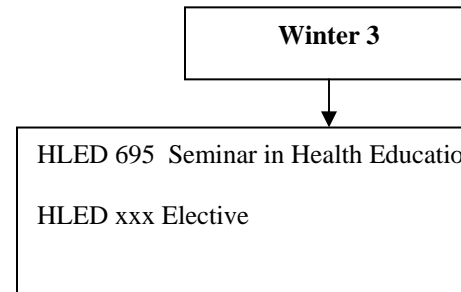
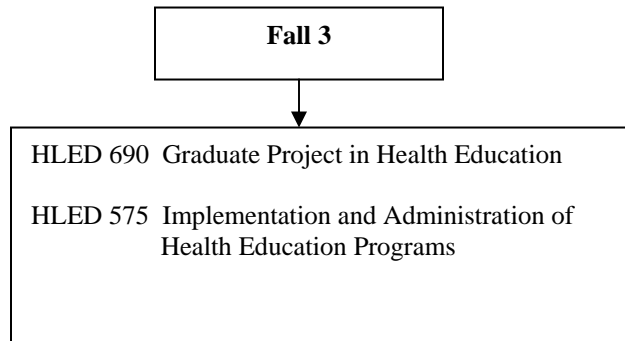
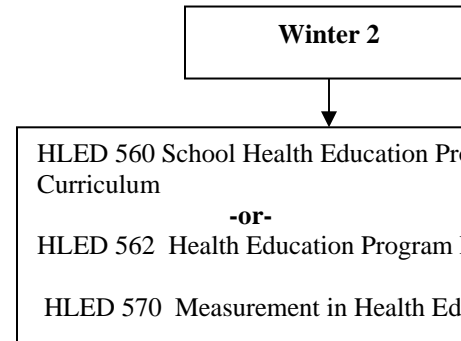
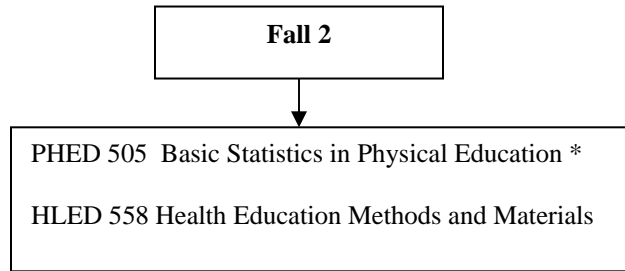
See Appendix A for the outline of each listed course.

2. Typical Programs of Study for Full Time and Part Time Students

**M.S. in Health Education
Program of Study**

**(Part-time Program of Study)
Non-Thesis Option**





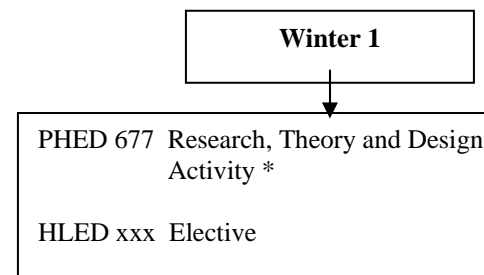
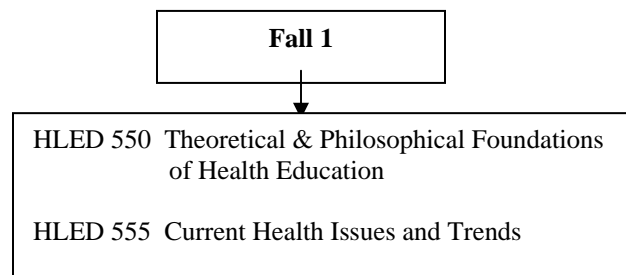
* The name of this course will be changed upon approval of the M.S. in Health Education program to (PHED 505) Statistics in Health and Human Performance.

M.S. in Health Education

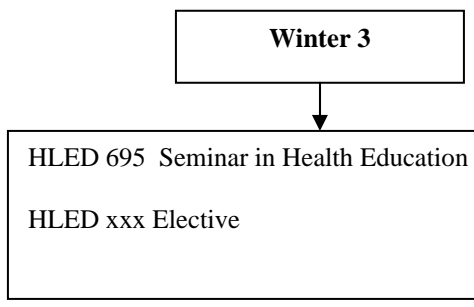
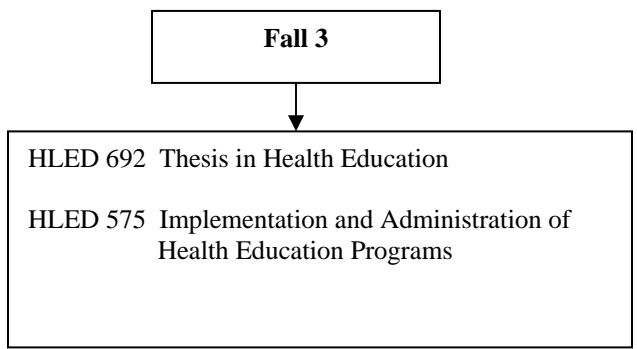
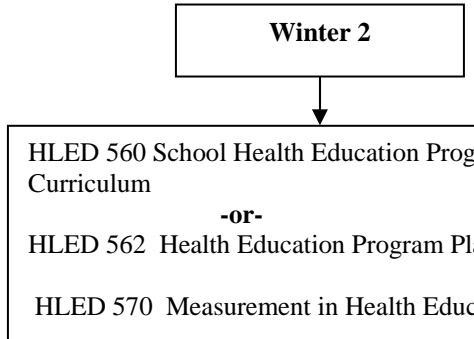
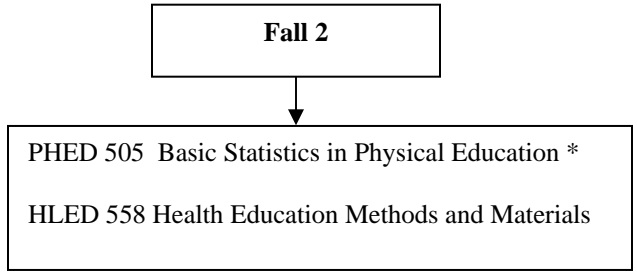
Program of Study

(Part-time Program of Study)

Thesis Option

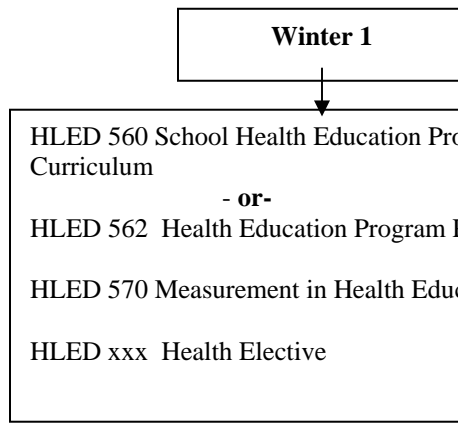
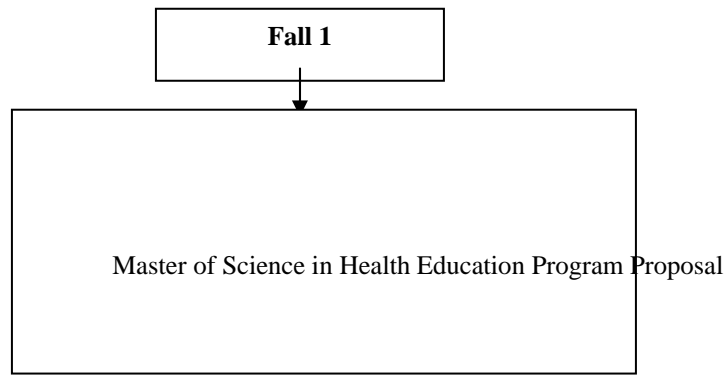


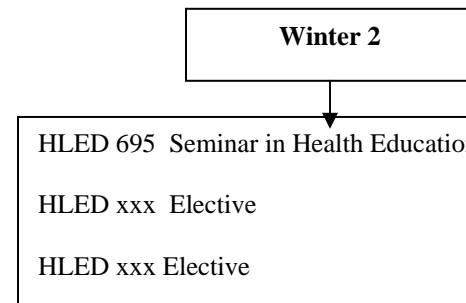
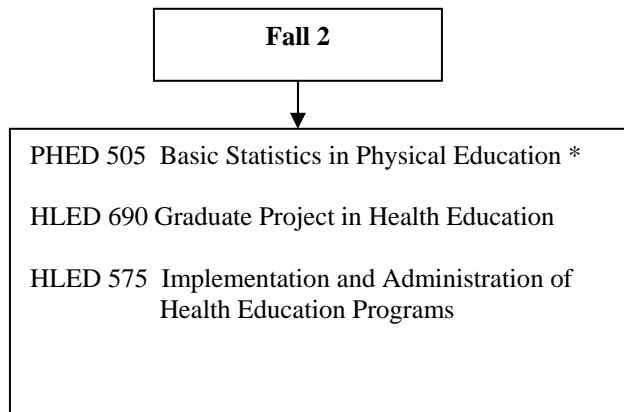
Proposal



* Names of these courses will be changed upon approval of the M.S. in Health Education program to (PHED 505) Basic Statistics in Health and Human Performance, and (PHED 677) Research, Theory and Design in Health and Human Performance.

**M.S. in Health Education
Program of Study**
(Full-time Program of Study)
Non-Thesis Option



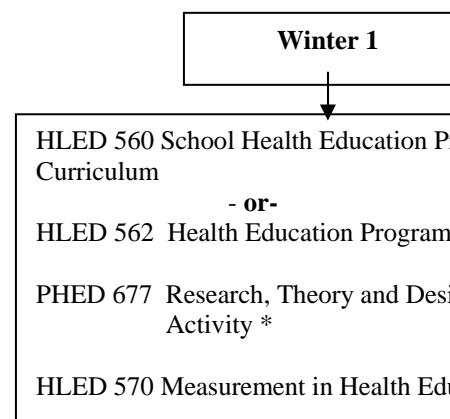
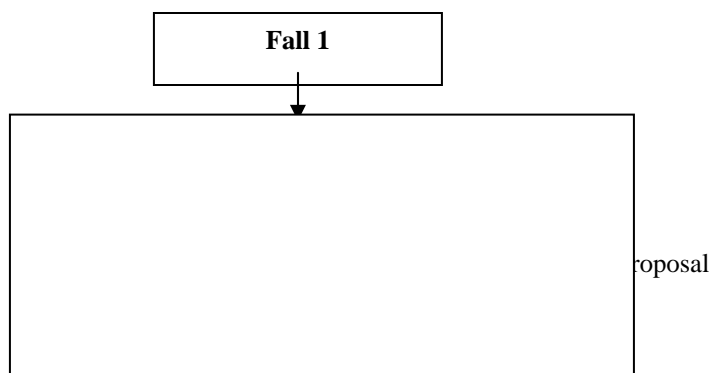


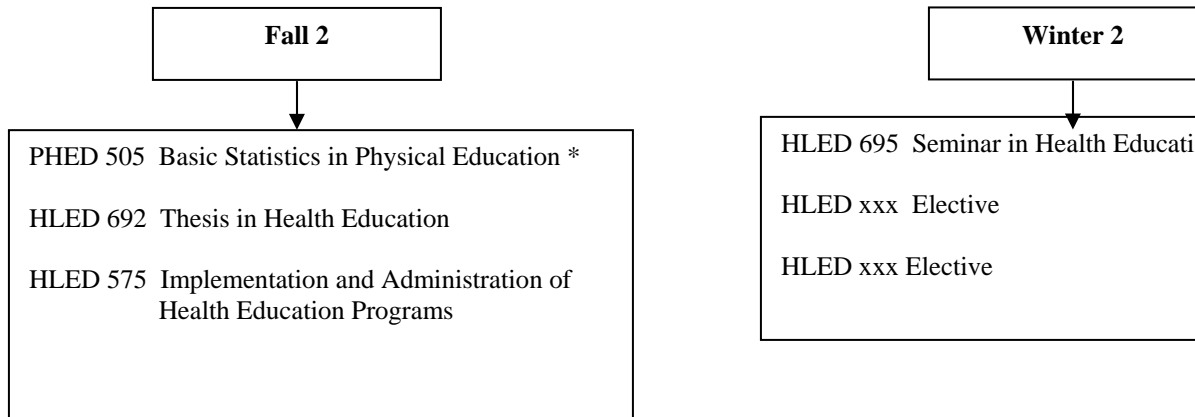
Note: Additional elective courses may be offered during the Spring and Summer sessions.

* The name of this course will be changed upon approval of the M.S. in Health Education program to (PHED 505) Basic Statistics in Health and Human Performance.

**M.S. in Health Education
Program of Study**

**(Full-time Program of Study)
Thesis Option**





Note: Additional elective courses may be offered during the Spring and Summer sessions.

* Names of these courses will be changed upon approval of the M.S. in Health Education program to (PHED Statistics in Health and Human Performance, and (PHED 677) Research, Theory and Design in Health and H

3. List of New Courses

- HLED 550 Theoretical and Philosophical Foundations of Health Education
- HLED 555 Current Health Issues and Trends
- HLED 565 Women’s Health
- HLED 570 Measurement in Health Education
- HLED 558 Health Education Methods and Materials

HLED 575	Implementation and Administration of Health Education Programs
HLED 560	School Health Education Programming & Curriculum
HLED 562	Health Education Program Planning
HLED 695	Seminar in Health Education
HLED 692	Thesis in Health Education
HLED 690	Graduate Project in Health Education
HLED 495	Health Education for Diverse Populations

Note: Course proposals and EMU New Course Forms can be found in Appendix A.

4. Description of Graduate Level Study Strategies

The Master's in Health Education program has been designed to provide its students with an abundance of graduate-level courses (for graduate students only) and professional experiences to enhance their readiness and level of employability in the areas of school health education and community health education. The following are brief descriptions of the graduate-level courses, projects, and seminars to be used in the program of study:

HLED 550 Theoretical and Philosophical Foundations of Health Education

The purpose of this course is to provide students with information related to the historical issues, philosophical foundations, ethical considerations, and theories of health behavior and learning which provide a foundation for the practice of health education.

HLED 555 Current Health Issues and Trends

The purpose of this course is to provide the students with current information related to morbidity, mortality and strategies directed toward the prevention of these. Analysis of social, environmental, and behavioral influences on these will occur. International, national, state, and local information will be utilized.

HLED 558 Health Education Methods and Materials

The purpose of this course is to expose students to a wide variety of methods and materials used in the practice of health education. Curricula, videos, text, and computerized materials will be discussed. Androgical and pedagogical techniques for individuals and groups in settings such as, but not limited to schools, communities, and worksites will be included.

HLED 560 School Health Education Programming & Curriculum

The purpose of this course is to provide students with an overview of the Coordinated School Health Program. Emphasis will be on the development and maintenance of collaborative relationships for support of, and contribution to, the school health program.

HLED 562 Health Education Program Planning

The purpose of this course is to provide students with an overview of health education program planning processes. Discussion and activities will focus on the use of models and theory to ensure that programs sufficiently meet the needs of the target population.

HLED 565 Women's Health

This class will explore the following; economic, sociopolitical and demographic factors effecting women's health, methods for optimizing physical, mental, social, environmental, emotional and spiritual health, and specific health concerns of women throughout the lifespan.

HLED 570 Measurement in Health Education

The purpose of this course is to provide students with opportunities to develop and conduct measurement protocols. The students will become familiar with needs assessment techniques used in health education as well as techniques used to determine program efficiency and effectiveness.

HLED 575 Implementation and Administration of Health Education Programs

The purpose of this course is to develop skills related to health education program implementation and administration. Focus will be on efficient and effective use of resources to meet desired health education program outcomes as well as utilization of social marketing principles for promotion of programs.

HLED 690 Project in Health Education

The purpose of this course is to enable graduate students to pursue an in-depth project related to the practice of health education under the guidance of a faculty committee. Upon completion of the Project in Health Education, the student will present the work to faculty and students.

HLED 692 Thesis in Health Education

The purpose of this course is to prepare students for advanced study, emphasizing research that makes an original contribution to the literature, and culminates with a thesis project and oral defense.

HLED 695 Seminar in Health Education

The purpose of this course is to provide structured opportunities for students to collectively apply course content and skills to situations encountered during the completion of a thesis or graduate project. Focus will be on further development and practice of professional competencies identified and addressed in previous coursework.

5. Research Emphasis

All Health Education graduate students are required to take Basic Statistics in Health and Human Performance (PHED 505). The purpose of this course is to help the student develop an understanding of statistical concepts, so that the student will be better able to critically read the research being done in his/her area of interest. In addition, those students who choose to conduct research and write a thesis are required to take Research Theory and Design in Health and Human Performance (PHED 677). The purpose of this course is to provide the student with an understanding of qualitative and

quantitative research. In addition, students will develop an understanding of the components of a research proposal, common research methodologies (i.e., descriptive, analytical, experimental, philosophical, and historical), reliability and internal and external validity, as well as descriptive and inferential statistics as related to health and movement sciences. The student will have an opportunity to develop the first three chapters of his/her thesis proposal.

Additional information regarding research design, implementation and evaluation will be addressed in the following health education courses:

- HLED 562 Health Education Program Planning;
- HLED 570 Measurement in Health Education;
- HLED 575 Implementation and Administration of Health Education Programs.

(Note: See course outlines in [Appendix A](#) for further details)

C. Admission

1. Admission Requirements

HPERD Department

1. Meet Graduate School requirements.
2. Hold an undergraduate degree from an accredited institution.
 - a. Have an undergraduate major/minor in physical education or health education for the Physical Education pedagogy track or an undergraduate major in an appropriate area for the remaining tracks.
 - b. Have a current teaching certificate in teaching for the Health Education School Health track or an undergraduate major in an appropriate area for the Community Health track.
3. Have an undergraduate major/minor in physical education or health education for the pedagogy tract or an undergraduate major in an appropriate area for the remaining tracts.
4. Evidence of academic preparedness for graduate-level study, that includes at least one of the following:
 - a. A 2.75 overall undergraduate grade point average, or a 3.00 grade-point average in the second half of the undergraduate degree program **OR**

- b. A combined score of 950 on the Verbal and Quantitative portions of GRE (GRE to have been taken within five years prior to the time of application.)
 - c. Applicants not meeting either of the above criteria may apply for **Non-Degree Admission**. If a student is admitted under this category, he/she must complete 9-12 hours in the graduate program and maintain a 3.0 GPA. For the Master's in Physical Education, one class must come from the Core Classes and one from the Emphasis Area of the student's choice. The remaining hours may come from electives. The hours elected as a non-degree admission candidate may be applied to a graduate degree program upon the recommendation of the appropriate Graduate Coordinator.
5. International students must meet at least one of the following additional criteria:
 - a. A score of 213 on the Computer Based Test of English as a Foreign Language (TOFEL), a rating of 4 on the Test of Written English (TWE), and a score of 230 on the Test of Spoken English (TSE).
 - b. A score of 80 on the Michigan English Language Ability Battery (MELAB) and a rating of at least 3.0 on the "Oral Interview" portion of the MELAB.
 6. Submit three professional letters of reference.
 7. Successfully complete an interview with appropriate program faculty.

Admission Procedure

Graduate Admissions

1. For applications to be complete, applicants must submit with their Admission Form:
 - a. official transcripts from each college or university attended.
 - b. GRE scores (*if applicable*).
 - c. teacher certificate (Health Education (School Health track), Pedagogy and Adapted Physical Education Emphasis Areas only). See appropriate Graduate Coordinator if waivers are needed.
2. Graduate Admissions dates for accepting completed application:

Fall Admission	May 15
Winter Admission	September 15
Spring Admission	March 15
Summer Admission	May 15

Note: These are approximate dates. Please check with the Graduate School for exact dates.

HPERD Department

1. Once applications are processed by Graduate Admissions, a Department Recommendation Form is sent to the appropriate Graduate Coordinator for evaluation.
2. The appropriate Graduate Coordinator determines the Type of Admission
 - a. Degree Admission Status- Candidate meets all Department and Graduate School requirements
 - b. Conditional Status- For students with curriculum deficiencies, seniors who are entering directly upon graduation, and foreign students who have not achieved minimum TOEFL scores.
 - c. Non-Degree Admission- Candidate does not meet all Department and Graduate School requirements, or candidate does not wish to pursue a degree program. Students who do not initially meet Department or Graduate School requirements may transfer credits taken to a degree program upon meeting Department and Graduate School Requirements. (See Graduate Catalogue for details on the above categories).
3. The appropriate Graduate Coordinator will advise students until the student selects a major professor to work on his/her thesis/independent project. At that time, the major professor will advise the student until completion of the program.
4. During the first semester of enrollment, the appropriate Graduate Coordinator and student should come to an agreement on the Planned Program. The Graduate Coordinator forwards a copy to the Graduate School. It is essential that the

student has a planned program on file and that the planned program is updated and complete with transfer credits at the time the student applies for graduation.

Departmental Student Dismissal Policy

The University and the Department of Health, Physical Education, Recreation and Dance expect conduct of all students that is consistent with the law, all relevant University policies and rules, including the University Student Conduct Code and the individual disciplines Code of Ethics (Code of Ethics for the Health Education Profession, Long Version; Code of Ethics for the Exercise Science Profession; Code of Ethics for the Physical Education Profession; and the Code of Ethics for the Sports Management Profession.)

Non-Academic Behaviors Resulting in University Disciplinary Action

Any conduct by a student that is a violation of the University Student Conduct Code will be referred to the Student Judicial Services office for campus disciplinary action, in addition to any actions taken by the Department of Health, Physical Education, Recreation and Dance. The Conduct Code outlines the kinds of student behaviors that will result in disciplinary action, including possible dismissal from the University. Conduct violations by a student off-campus in university related activities (e.g. internships) will be handled the same as if the violation had occurred on-campus.

Academic Behaviors Resulting in Departmental Action

When a student's behavior or performance raises concerns about her/his ability to perform satisfactorily in their professional practice, the behavior or performance will be considered as grounds for academic discipline.

Academic disciplinary action may be initiated when a student exhibits the following behavior in one discrete episode that is a violation of law or their Code of Ethics OR when a student exhibits a pattern of recurring behavior which may include, but is not limited to the following;

- Performance or behaviors that demonstrate poor interpersonal skills and an inability to effectively communicate with others, as evidenced by repeated complaints from field supervisors, other students or departmental faculty.

- Unethical, threatening or unprofessional conduct.
- Consistent inability or unwillingness to carry out academic or field placement responsibilities.
- Frequently making excuses when tasks, assignments, tests, or appointments are not completed in a timely manner or require rescheduling.
- Consistent non-attendance in classes, at field placement and other required departmental functions.
- Inability to tolerate different points of view, constructive feedback or supervision.
- Dishonest academic practices, including but not limited to plagiarism, cheating, fabrication, aiding and abetting deception or dishonesty, and the falsification of records or official documents.
- Verbal or physical aggressiveness toward others.

D. Projections

1. Initiation Timeline

Upon approval, the Masters in Health Education program will be initiated immediately, beginning with the implementation of the marketing plan and course scheduling.

2. Enrollment Projections

First year enrollment for the program is projected to be 15 students. By year three, it is estimated that 25 students will be enrolled in the program. It is anticipated that the program will have both full-time as well as part-time students. Full-time students should be able to complete the program in 2 years while part-time students should finish in 3 years. Full-time students beginning in Fall 2004 should be scheduled to graduate in Winter 2006. It is estimated that approximately 5 students will have met all requirements to graduate from the program at that time. However, an estimated 10 part-time students and 5 full-time students should be eligible for graduation in Winter 2007.

3. Future Program Directions

Three to five years after program startup, the program could consider taking some or all of the following directions:

- ◆ Revise some courses for movement into a distance learning format.
- ◆ Develop new course proposals in the areas of aging and emerging health issues (i.e., bioterrorism).
- ◆ Develop cognate areas for students wanting to specialize in a particular health area (i.e., substance abuse, gerontology, etc.).
- ◆ Acquire additional assistantships as student demand increases.
- ◆ Acquire additional faculty lines as student demand increases.

II. Justification for the Proposed Master's Degree in Health Education

This section of the New Program Proposal will illustrate the need for a new Master of Science Degree Program at Eastern Michigan University. The need for professionally prepared health educators in Michigan will be described, as well as potential employment opportunities for Master's prepared Health Educators. Data will also be presented that documents great student interest in pursuing a Health Education Master's Degree at EMU.

A. The Need for Professionally Prepared Health Educators

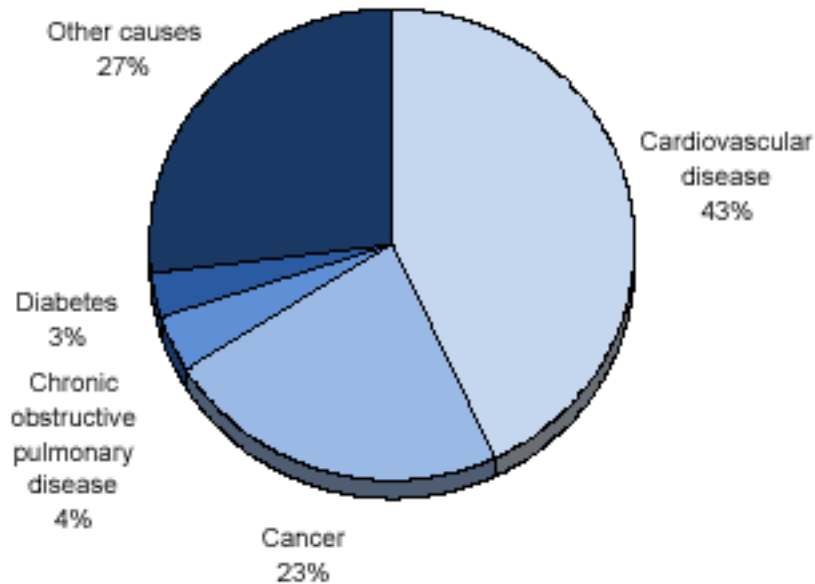
Each year too many people in the United States, and in Michigan, die or are disabled by diseases or injuries that are preventable. Health education can play an important role in developing school- and community-based education programs that can help to prevent premature death and disability. However, professionally prepared health educators are needed to help plan, implement, and evaluate these disease prevention and health promotion programs. Eastern Michigan University would be providing an important service to the state and nation by providing the opportunity for more individuals to become graduate prepared health educators.

1. Health Concerns in Michigan and the United States

The leading causes of death for adults aged 25 and older in both the United States and Michigan are cardiovascular disease (including heart disease and stroke), cancer, chronic obstructive lung disease, and diabetes (see Figure 1). The Centers for Disease Control and Prevention have determined that over two-thirds of the deaths caused by

these five diseases are associated with three specific preventable behaviors. These root causes of adult deaths in the U.S. and Michigan are tobacco use, dietary behaviors, and a lack of physical activity.

Figure 1: Leading Causes of Death for Michigan Adults Aged 25 and Older

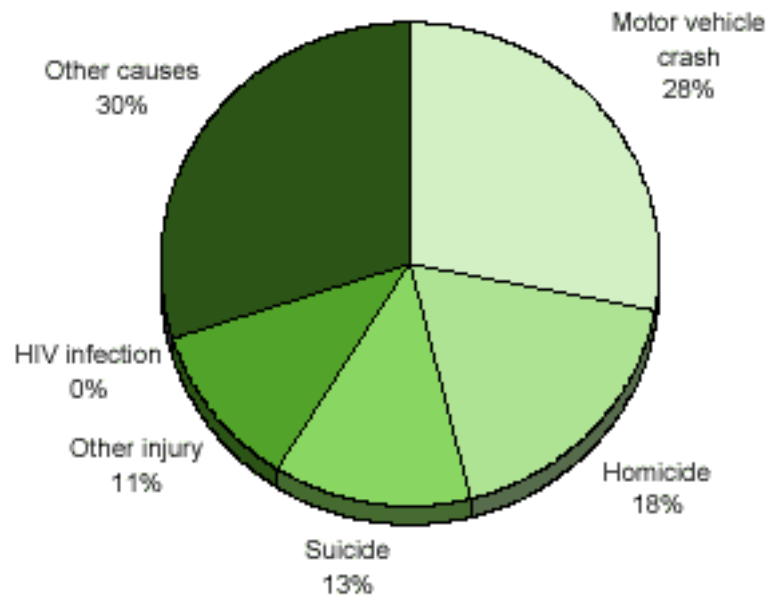


Source: CDC. (2002). Summary Results, 2001, Michigan.

http://www.cdc.gov/nccdphp/dash/yrbs/summary_results/michigan.htm

The leading causes of death for youth aged 10 – 24 years in both the United States and Michigan are motor vehicle crashes, homicide, suicide, and other injury (see Figure 2). Additionally, young people in the U.S. and Michigan have rates of sexually transmitted diseases (including HIV infection) and unwanted pregnancy that are too high. The Centers for Disease Control and Prevention has determined that over three-fourths of the deaths and disability from injury, sexually transmitted infections, and unwanted pregnancies are associated with three preventable root causes: behaviors related to unintentional injury and violence (such as weapon carrying and physical fighting), alcohol and other drug use, and sexual behaviors.

Figure 2: Leading Causes of Death for Michigan Youth Aged 10-24 Years



Source: CDC. (2002). Summary Results, 2001, Michigan.

http://www.cdc.gov/nccdphp/dash/yrbs/summary_results/michigan.htm

Many of the root causes of death and disability are related to lifestyle patterns that are established as children and young adults. These risk behaviors often result in premature death or disability. High numbers of Michigan youth currently participate in many risk behaviors. A 2001 survey of Michigan High School students found that 64% had smoked cigarettes at some point in their life, with 26% reporting smoking cigarettes during the past month. The Surgeon General of the United States has pointed out that cigarette smoking is the leading cause of preventable death in the U.S., and is a cause of heart disease, stroke, cancer, and chronic obstructive lung disease. Michigan also has a high rate of adult smokers, with 24.1% of adults reporting in 2000 that they were current smokers. This rate puts Michigan in the top 15 states for adult smoking rates.

Injury, both intentional and unintentional, is the leading cause of death for youth in Michigan and the United States. The 2001 survey of Michigan high school students found that 34% reported being in a physical fight during the past year, 32% rode with a drinking driver during the past month, and 12 percent carried a weapon during the past month. Additionally, 46% reported that they drank alcohol during the past month and 29% said that they had experienced episodes of heavy drinking during the past month. These risk factors, and the injuries they cause, are largely preventable.

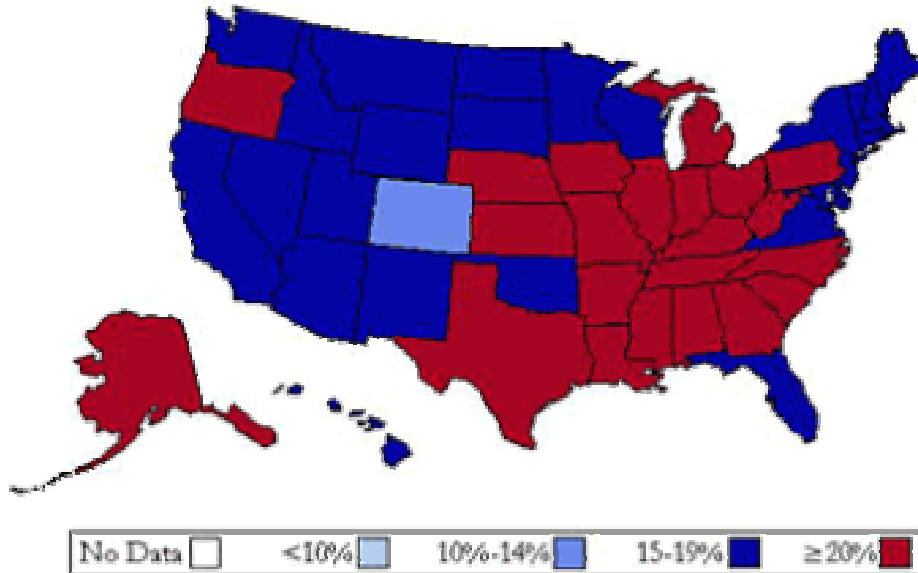
The U.S. Surgeon General has recently identified obesity and overweight as the second leading cause of preventable death in the United States. The CDC has announced that we are in the midst of an epidemic of obesity. “In 1991, only 4 of 45 participating states had obesity rates of 15 to 19 percent and none had rates greater than 20 percent. By the year 2000, all of the 50 states except Colorado had rates of 15 percent or greater, with 22 of the 50 states having obesity rates as high as 20 percent or greater.” Figure 3 illustrates this epidemic.

As of 2000, 21.8 % of adults in Michigan met the criteria for obesity, compared with the national rate of 19.8%. Michigan has led the obesity epidemic over the past decade, with obesity rates among the top 10 states since 1991. Additionally, the numbers are even more disturbing if you include the number of Michigan adults considered to be overweight (61%, including both overweight and obese individuals). Children and youth are also affected by this epidemic. The most recent U.S. data available indicates that, in 1999, 13% of children ages 6-11, and 14% of youth aged 12-19 years were overweight. This is a dramatic change in childhood rates of overweight. For instance, only 4% of children ages 6-11 were overweight in 1963 – 1965, and only 7% were overweight for the years 1976-1980. Obesity is an important risk factor for heart disease, stroke and diabetes, all of which are leading causes of death in the United States and Michigan.

Figure 3: Obesity Rates in the United States, 2000

Obesity* Trends Among U.S. Adults BRFSS, 2000

(*BMI ≥ 30 , or ≈ 30 lbs overweight for 5'4" person)



Source: Mokdad A.H, et al. JAMA 2001;286:10



2. The Role of Health Education in Addressing Health Needs

“Since early in the 20th century, health educators have played an important role in addressing challenges to our health. In the past, when the biggest killers in this country were infectious diseases such as smallpox, science and medicine helped bring these killers more under control. In those efforts the role of the health educator was paramount. Then and now health educators provided expertise in shaping messages, sharing information about different infectious diseases, designing health programs and campaigns, and helping consumers understand disease risks and appropriate ways for improving health status. Now, the greatest threats to our health are chronic diseases like cancer, heart disease, diabetes, AIDS, obesity, injuries, as well as biological agents. In addressing these threats, the job of health educators involves a knowledge base and skill set aimed at improving and maintaining the health of individuals, families, and communities. ... By focusing on prevention, health education reduces the financial and

human costs that individuals, employers, medical facilities, insurance companies, and the nation would spend on medical treatment.” (Health Promotion Network, 2002)

The benefits of health education are great, however, they are directly associated with evidence-based health education program planning and well-designed program evaluations. A master’s level health educator will have the knowledge and skills required to plan, implement and evaluate health education programs that meet the needs of individuals and communities.

B. Employment Opportunities for Masters Prepared Health Educators

The U.S. Bureau of Labor official Standard Occupational Classification (SOC) definition of a health educator states that a health educator “promotes, maintains, and improves individual and community health by teaching individuals and communities how to assume responsibility for addressing health care issues. They collect and analyze data to identify community needs prior to planning, implementing, monitoring, and interpreting programs designed to encourage healthy behaviors. [They] may also serve as a resource to assist the individual or community and may administer fiscal resources for health education programs “ (NEP, 2002). Health Educators carry out these functions in a wide variety of settings, and with many different job titles. This section of the proposal highlights the range of employment settings and job positions commonly held by professionally trained health educators. It also identifies employment databases that specialize in advertising health education positions, and can serve as a resource to students graduating from the proposed new master’s degree program.

1. Employment Settings

Health educators with training in School Health Education often teach health as a subject area at the middle and high school levels. Additionally, they help promote and implement a Coordinated School Health Program “including health services, student, staff and parent health education, and promote healthy school environments and school-community partnerships” (CNHEO, 2002). School health educators also work at the district level, with a focus on developing health education materials, conducting professional trainings for health education teachers in their districts, planning and

evaluating school health education programs, and seeking funding through grant proposals. Health educators at the district level act as a resource person for K-12 teachers.

Health educators with training in Community Health Education are commonly found working on college and university campuses, in community organizations such as voluntary health organizations, in government agencies such as public health departments, in health care settings such as clinics and hospitals, and in companies that provide worksite health promotion programs for their employees. Regardless of the setting, community health educators “help a community to identify its needs, draw upon its problem-solving abilities and mobilize its resources to develop, promote, implement and evaluate strategies to improve its own health status” (CNHEO, 2002).

2. Health Education Positions

Master’s prepared health educators are qualified for a number of employment positions, many of which go by job titles other than health educator. As a part of this new program proposal, a survey was conducted of Michigan employment opportunities that require a master’s degree in health education. From September 2001 through September 2002, five online health employment databases were monitored for health education positions available in Michigan. The results provide a sample of the types of job opportunities that have been available for graduate-level health educators during the past year.

A wide range of positions were identified that were appropriate for a graduate-prepared health educator. Table 1 presents a summary of these positions. As table 1 illustrates, many of the job titles use the term “health educator” as part of the position title. There are, however, a wide variety of other titles for positions suitable for health educators. Examples include Executive Director, Program Director, Health Teacher, Emergency Preparedness Coordinator, Evaluation Coordinator, etc. The job titles vary considerably, however the position requirements tend to focus on the graduate-level roles and responsibilities delineated by the American Association for Health Education, the National Commission for Health Education Credentialing, Inc., and the Society for Public Health Education, in their document “*A Competency-Based Framework for Graduate-Level Health Educators.*” These competencies have guided curriculum development for

the proposed master's degree in health education. Students graduating from the proposed master's program would be well qualified for the wide variety of positions available.

Table 1		
A Sampling of Michigan Health Education Employment Opportunities		
Job Title	Employer	MI Location
Program Associate	Migrant Health Promotion	Saline
Executive Director	Migrant Health Promotion	Saline
Program Director	Migrant Health Promotion	Saline
Public Health Educator I (several positions)	Kent County	Grand Rapids
Public Health Educator II (several positions)	Oakland County Health Department	Southfield
Public Health Educator II	Oakland County	Pontiac
Assistant Environmental Health Educator	Washtenaw County Service Center	Ann Arbor
Life Management/Health Teacher, Grades 7-12	Camden-Frontier Schools	Camden
Public Health Program Supervisor II (several positions)	Kent County Health Department	Grand Rapids
Emergency Preparedness Coordinator	Macomb County Health Department	Mt. Clemons
Emergency Preparedness Coordinator	Shiawassee County Health Department	Corunna
Emergency Preparedness Coordinator	Muskegon County Health Department	Muskegon
Emergency Preparedness Coordinator	Kalamazoo County Government	Kalamazoo
Emergency Preparedness Coordinator	Kent County	Grand Rapids
Abstinence Specialist	Alcona Health Center	Lincoln
Evaluation Coordinator	Spectrum Health	Grand Rapids
Education Specialist/Coordinator	PC-Child and Family Resource Council	Grand Rapids
Community Health Consultant	Michigan Public Health Institute	Okemos
Vaccines for Children Specialist	Michigan Public Health Institute	Okemos
SAFE KIDS Chapter Coordinator	Michigan Public Health Institute	Lansing
Community Outreach Coordinator	Grand Rapids Clinical Oncology Program	Grand Rapids
Health Center Administrator	Ingham County	Lansing
Assoc. Director Health Promotion & Education	Western Michigan Univ.	Kalamazoo
Health Educator	University of Michigan	Ann Arbor
Director, Center for Leadership in Sexuality Education	Planned Parenthood of South Central Michigan	Kalamazoo

A recent CDC study of school health education in Michigan found that more than 80% of principals at both the middle school and high school levels reported that health education is required for students in their school (Michigan State Board of Education, 1999). The Michigan School Code requires that health education be provided in all public schools in the state (Section 1502), and that school districts teach about dangerous communicable diseases, including HIV/AIDS (Section 1169). Schools can elect to offer instruction in sex education, however, if they offer this instruction it must be done by teachers qualified to teach health education (Section 1507). Currently, the Health Education program at EMU offers a program of study for Post Baccalaureate students who are seeking to become qualified to teach health education in Michigan public schools. Many of these students are admitted as graduate students and have health education teaching positions waiting for them when they receive their health education endorsement. The proposed Master's Degree in Health Education, with a concentration in School Health Education, would be a perfect fit for these students. We expect that a large number of Post-Baccalaureate students would choose to enter the new master's program when it becomes available.

3. Health Education Employment Data Bases

The health-related employment data bases used for this new program proposal are listed below. These data bases are a readily available and easy-to-use resource for health education master's degree students as they prepare to seek employment following graduate school. Most advertise Michigan jobs, as well as other jobs located throughout the United States.

- New York University Health Education Professional Resources Job Postings (<http://www.nyu.edu/education/hepr/jobs/index.html>)
- Great Lakes Chapter of the Society of Public Health Education Job Bank (<http://www.glcsope.org/jobbank.htm>)
- Public Health Employment Connection (<http://cfusion.sph.emory.edu/PHEC/phec.cfm>)
- Michigan Association for Local Public Health Job Openings (<http://www.malph.org/page.cfm/17>)
- HealthLine: Michigan's Public Health Community (<http://209.153.169.244/links/>)

C. EMU Student Survey

During the month of March 2002, a Student Survey was conducted to assess student interest in the availability of a Master's Degree Program in Health Education at Eastern Michigan University. Results indicate that there is a large potential market for the proposed Health Education Master's Degree at EMU.

1. Description of the Survey

EMU students enrolled in PEGN 210: Lifetime Wellness and Fitness, HLED 179 Healthy Sexuality, HLED 379 Nutrition for Health and Fitness, and HLED 379 Principles of Health Education were surveyed for the purpose of assessing student interest in graduate education opportunities in Health Education at EMU. PEGN 210 and HLED 179 are courses that attract students from the general student body, while the HLED 379 courses enroll many undergraduate Health Minors. Thus, this data provides some indication of interest from both Health Minors, and students with a variety of other majors and minors.

2. Survey Results

The Health Education Interest Survey was completed by 188 undergraduate students at EMU. These students reported majoring in 35 different subject areas. Physical education was the most commonly reported major (29%), and Health was the most commonly reported minor (40%) in this sample.

The students surveyed were primarily juniors and seniors (59%), however there were also a significant number of freshmen (22%) and sophomores (14%) who participated in the survey. Most of the students were full time students (93%).

Students were asked if they were interested in pursuing a Master's Degree. Over three quarters of the students (77%) indicated that they were interested in attending graduate school. Of those students interested in pursuing a Master's Degree, 79% (114 students) indicated that they would be interested in studying Health Education. Of these 114 students, 55 indicated an interest in a School Health Education concentration, 30 indicated an interest in a Community Health Education concentration, and 29 were interested in both the School and Community Health Education concentrations. (Appendix B contains complete survey data.) The results of this survey clearly support the need for a new Master's Degree in Health Education at Eastern Michigan University.

C. Comparison to Other Programs

1. Michigan Masters Programs in Health Education

Three Michigan universities were identified which offer Masters programs in Health Education and/or some related aspect of it. Refer to Table 2 in Appendix C for the characteristics of each of these three programs as well as Eastern Michigan University's (EMU) proposed Masters program. While each shares some similarities to those of EMU's proposed program, only EMU has concentrations in community health education and school health education.

The Master of Public Health (MPH) program at the University of Michigan (UM) program will draw a distinctly different student population than the Master of Science (MS) in Health Education at EMU. According to UM's School of Public Health (2002), 65% of their beginning graduate students for Fall 2002 come from out-of-state. Additionally, 19% of their beginning graduate students come from countries outside the United States. The proposed Master's program for EMU anticipates that it will draw students from Southeastern Michigan, especially from suburban areas in Washtenaw and Wayne counties. Additionally, UM's MPH program is likely to attract doctors of medicine as well as post-doctorates while EMU's program is more likely to attract graduate students who want to obtain the Master of Science degree to enhance or advance their professional careers in community health education or school health education.

Although the programs at Wayne State University (WSU) and Central Michigan University (CMU) are similar to EMU's proposed program, each of these programs serve different geographic regions in the state. The program at WSU serves the urban area of Southeastern Michigan, while the program at CMU serves the central and northern areas of the state. Western Michigan University does not have a masters program in health education. As mentioned previously, EMU anticipates that it will draw students from suburban areas in Southeastern Michigan. Therefore the programs at these three Michigan universities will serve the needs of students in different geographic regions.

2. Peer Institution Masters Programs in Health Education

Four universities, which are considered peer institutions to EMU, were identified as institutions that offer Master's programs in Health Education. Table 3 in Appendix C

presents detailed data on the characteristics of each of these four programs as well as EMU's proposed Masters program. Western Michigan University (WMU) is identified as a peer institution but it does not offer a master's degree program in health education and was not included in Table 3. The Health Education program at Ball State University (BSU) is comparable to EMU's proposed program. The Health Education program at Old Dominion University (ODU) is also comparable to EMU's proposed program although it only has a community health education concentration. Kent State University (KSU) and Portland State University (PSU) share some similarities with EMU's proposed program although neither has the school health education or community health education concentrations.

3. Unique Features of the Proposed Master of Science in Health Education

Several factors make EMU's proposed masters program unique, especially for Michigan. It offers both school health education and community health education concentrations. These specialized concentrations will thoroughly prepare students for their similar yet distinctly different professional careers as school health educators or community health educators. Additionally, EMU's proposed program is designed to meet the needs of both full-time and part-time students. It is anticipated that many of the students in the program will be maintaining full-time employment while obtaining the master's degree. The program at EMU was developed to ensure it would be user friendly as well as within reach to all students.

III. Preparedness

Both the Health Education faculty and the University are fully prepared to offer a new Master of Science Degree program in Health Education. This section of the new program proposal addresses the qualifications of the faculty and the University resources necessary to mount this new program.

A. Qualifications of the EMU Health Education Faculty

Courses for the proposed Master of Science Degree in Health Education would be taught by five professionally prepared Health Educators, all of whom have a Ph.D. in

Health (Health Education, Health Science or Biobehavioral Health). Faculty vitas are included in Appendix D for Kathleen Mullen Conley, Professor; Jeffrey W. Schulz, Associate Professor; D. Kay Woodiel, Assistant Professor; Christine Karshin, Assistant Professor; and Susan McCarthy, Assistant Professor.

The EMU Health Education Faculty has expertise in both School Health Education and Community Health Education, and is well prepared to teach the required and elective courses needed for a Masters Degree in Health Education. Dr. Conley and Dr. Schulz have both previously taught in Health Education Masters Programs at other universities before coming to EMU. Additionally, Dr. Conley, Dr. Schulz and Dr. Woodiel have taught graduate level health education courses at EMU.

B. Library Holdings

For this section of the proposal, we were assisted by Twyla Racz, the collection librarian at Halle Library. The following information was provided about our library holdings.

When the term “health education” is entered into the online catalog, 5,313 entries for titles appear. When more specific terms were taken from the course list, the total of entries was 2,940. Some of these will be duplicates because books usually have more than one subject heading. The entries include monographs, media, and periodicals. Halle Library also has the following databases that would be useful to the proposed Health Education Master’s:

- Article First (some full-text)
- CINAHL (some full-text)
- Education Abstracts
- General Reference Center Gold (some full-text)
- Health & Wellness Resource Center (some full-text)
- MDX Health Digest
- MEDLINE
- Nursing Journals (full-text)
- Periodical Abstracts (some full-text)

- Science Direct (some full-text)
- Web of Science
- PsycINFO (some full-text)
- Social Sciences Abstracts (some full-text)
- TOXNET (some full-text)
- ERIC (some full-text)
- Consumer's Index (some full-text)
- Contemporary Women's Issues (full-text)

We provided the library with a list of what is anticipated to be “core journals” for the proposed Master's program. The following is a report of the status of our holdings;

- Journal of School Health (current subscriptions and back files)
- Journal of Health Education (current subscriptions and back files)
- American Journal of Public Health (current subscriptions and back files)
- Journal of American College Health (current subscriptions and back files)
- Journal of Primary Prevention (have 1991-1998, fiche; no current subscription)
- Health Education and Behavior (online access through Periodical Abstracts)
- Health Promotion Practice (no holdings)
- American Journal of Health Promotion (1994-96, fiche; no current subscription)

EMU's health education library holdings are generally good. The library provides access to many of the core journals that are important for graduate study and scholarly productivity in health education. Library holdings are especially strong in School Health Education. It would be helpful for the Library to acquire several additional journals related to Community Health Education and cognate areas important to both School Health Education and Community Health Education. These journals are detailed in the Program Costs section of this proposal.

C. Facilities

The College of Education, housed in the Porter Building, supports many resources that would be available to students in the new Master of Science Degree Program in Health Education. Within the Porter Building students have access to the Bonisteel Computer Lab that is equipped with 123 microcomputers (both Macintosh and PC), 12

printers, 9 scanners, and 5 video cameras. The Bonisteel Lab also provides access to a wide variety of software programs. Additionally, there are five computer classrooms attached to the computer lab. These classrooms are used for course instruction related to computer technology. Many of the health education courses would use these computer lab facilities during a typical semester.

Also located in the Porter Building are four high-tech classrooms, each containing a fixed podium with a PC, DVD Player, and VCR connected to a ceiling mounted projector. Additionally, two of these classrooms have an Elmo Visual Presenter and a computerized white board. Many of the Health Education courses would be taught in these classrooms. For classes that meet in the more traditional classrooms in the Porter Building, portable media carts are available that contain a PC or Macintosh computer and projector. Additionally, all classrooms are wired for connection to the Internet.

The Porter Building also houses the Educational Resources Center. This center provides students access to a variety of instructional materials. Additionally, students can create their own materials at a minimal cost using the center's multimedia equipment.

Eastern Michigan University has a new state-of-the-art library, Halle Library, which provides students access to computer labs, computer classrooms for instruction, and a computer store. Additionally, the Multimedia Commons provides students with access to multimedia equipment that can be used to develop teaching materials. Support staff in Halle Library provides assistance with email, word processing, spreadsheet, and other computer applications.

D. Supportive Resources Outside the Department

The Master of Science Degree in Health Education does not rely on resources from outside the Department.

E. Scope of the EMU Undergraduate Program in Health Education

The current undergraduate program at EMU is a minor in Health. The major focus of the undergraduate minor is School Health Education, however, there is also a minor option for students who are not pursuing a teaching certificate. Many Health minors have Physical Education majors. Additionally, there are a growing number of Elementary

Education and Special Education students selecting a minor in Health. It is our belief that the appropriate undergraduate program in School Health Education is the minor. Physical Education students and Elementary Education students easily find employment with the Health minor.

The College of Education keeps data on the number of Health minors currently enrolled each semester. Table 4 illustrates enrollment by School Health Education minors for the past two academic years. The data illustrates that enrollments by Health minors are growing, and that enrollments during the regular academic year now range between 149 and 187 students. As indicated by our student survey described previously, many of these School Health Education minors are interested in pursuing a Master’s degree in Health Education at EMU.

Table 4				
Enrollment by School Health Education Minors				
Academic Year	Fall Semester	Winter Semester	Spring Semester	Summer Semester
2000-2001	104	139	84	38
2001-2002	149	187	115	58

The Health Education Program at EMU also currently offers a program of study for Post Baccalaureate students seeking an Endorsement in School Health Education. Most of these students are admitted as graduate students. Presently, there are 28 graduate students enrolled in the 24 credit hour Health Education Post-Baccalaureate program. These students are a prime market segment for the proposed Master of Science Degree in Health Education. For an additional 12 credit hours they would be able to earn a Master’s degree instead of a post baccalaureate endorsement in Health.

In summary, EMU has a viable undergraduate program in Health Education currently serving between 150 and 200 undergraduate minors and post-baccalaureate students during the fall and winter semesters. Additionally, the numbers of Health Education minors are growing, and many of these students have expressed an interest in pursuing a Master’s degree in Health Education at EMU.

IV. Plans for Evaluation

A. Plan

1. Assessing Student Outcomes

The Master's Program in Health Education will assess each student's ability to 1) apply basic school health education and community health education concepts and knowledge to the solution of health problems, and 2) demonstrate the integration of knowledge through a culminating experience (graduate project or thesis). These assessments will be based on the professional responsibilities identified by the National Commission for Health Education Credentialing, Inc. These professional responsibilities were also used to guide curriculum development for the Master's Degree Program in Health Education.

a. Electronic Portfolio:

Students will be advised at the beginning of the Master's program to maintain electronic copies of all papers and projects completed as a part of their health education course work. During the Graduate Seminar course, students will be taught how to create an electronic portfolio that highlights their skills and accomplishments as related to the professional responsibilities identified by the National Commission for Health Education Credentialing, Inc. Students will each prepare an electronic portfolio and present the portfolio during the last several weeks of the Graduate Seminar course. The Graduate Seminar course professor will evaluate each portfolio to assess the student's ability to integrate health education knowledge and demonstrate the skills and competencies expected of a graduate prepared health educator. Additionally, all Health Education faculty members will be invited to attend the electronic portfolio presentations. The Health Education Graduate Faculty members will review the overall quality of these electronic portfolios each year as one measure of effectiveness of the Graduate Program in Health Education.

b. Culminating Experience (Graduate Project or Thesis)

Each master's student will be required to complete either a graduate project or a thesis. The graduate project will involve students identifying either a

school health education or a community health education need or issue, followed by the development and implementation of a plan to address that issue or need. The graduate project is an applied experience that helps student to synthesize the various knowledge and skills obtained throughout the Master's Program.

The Thesis will require students to develop a research proposal, and carry out the research project. The thesis will involve the collection and analysis of quantitative or qualitative data. The thesis also requires the master's student to synthesize the various knowledge and skills obtained throughout the Master's Program.

All Health Education Faculty members will be invited to the Graduate Seminar class sessions where students present their projects and theses. Additionally, both the project and thesis require that students make a formal presentation to their thesis or project committee members. Committee members determine if the student passes the graduate project or thesis requirement.

Health Education Graduate Faculty members will review the overall quality of graduate projects and theses each year as one measure of effectiveness of the Graduate Program in Health Education.

2. Required Eastern Michigan University Program Review

The Master's Program in Health Education will be required to participate in a program review process every four years, as are all programs at Eastern Michigan University. According to the EMU Program Review web page, "Program Review at Eastern Michigan University is undertaken for the purpose of program improvement. The Division of Academic Affairs views program review as formative and constructive, rather than summative and judgmental. Reviews identify present strengths and challenges facing programs, encourage and recognize what is good, suggest possible solutions to existing or anticipated problems, and promote constructive change. Reviews assume that every program can be improved, and that regular program review directed toward identifying means for improvement is a major responsibility of faculty, programs, and departments...." (<http://www.emich.edu/public/aa/pr/>)

B. Time Schedule

1. Electronic Portfolios

The first cohort of full time Master's students will create electronic portfolios in the second year of implementation of the Health Education Master's Program. Health Education faculty would meet at the end of the second year to review overall quality of the portfolios and use this information to determine potential areas for program improvement. Meetings during the third and subsequent years would review portfolio quality for both full and part time students.

2. Culminating Experiences

The first cohort of full time Master's students will complete graduate projects and theses in the second year of implementation of the Health Education Master's Program. Health Education faculty will meet at the end of the second year to review overall quality of the projects and theses and use this information to determine potential areas for program improvement. Meetings during the third and subsequent years would review projects and theses for both full and part time students.

3. Program Review

The Health Education Master's Program first EMU Program Review would occur in 2005-2006.

V. Marketing Plan

The strategy used to market the Master's in Health Education program will incorporate both external and internal advertisement components. It is believed that the following advertisement strategies will successfully disseminate information describing the Health Education graduate program, as well as entice members of the targeted population to consider the professional value of enrolling.

1. External Advertising Strategies

1. M.S. in Health Education Pamphlet

This pamphlet will contain: (1) a description of the aim of the program as well as its two concentrations in School Health Education and Community Health

Education; (2) a list of required courses; (3) requirements for admission; (4) a description of the full-time and part-time student's projected time line; (5) opportunities for graduate assistantships; (6) a description of Eastern Michigan University; and (7) contact information for the request of application materials and further questions regarding the program.

This pamphlet will be distributed to local school districts and local community health agencies targeting prospective students interested in a graduate degree focusing on School Health Education or Community Health Education.

2. *Information Booth at State and Regional Professional Conferences*

Attendance and participation in state and regional conferences are an effective manner in which to advertise new programs. The Health Education Graduate program will rent space at the annual Michigan Association of Health, Physical Education, Recreation and Dance (MAHPERD) conference, and at the annual Great Lakes SOPHE (Society for Public Health Education) conference to distribute flyers and pamphlets, and to have personnel on hand to answer questions and distribute application materials.

3. *Direct Mailing Campaign*

A mailing campaign will be used to contact former Physical Education majors and Health minors who have graduated in the previous 5 years to inform them of the opportunity to further their education and professional development in an affiliated field. A form letter describing the program and the potential benefits of enrollment will be sent along with information on how to obtain application materials.

4. *Master's in Health Education Website*

A professional website will be created that provides prospective graduate students with a comprehensive look at the program's goals and objectives, a description of the program, as well as its two concentrations in School Health Education and Community Health Education, a list and description of all required

and elective courses, a description of the full-time and part-time student's projected time line, opportunities for graduate assistantships, biographical information of all Health Education Graduate Faculty members, requirements for admission, a description of Eastern Michigan University, and information on how to request application materials and further information on the program. Links to this website will be found on the HPERD homepage, COE homepage, and EMU Graduate School homepage.

2. Internal Advertising Strategies

1. *Literature distributed by the EMU Graduate School*

Literature describing the Master's in Health Education program will be distributed to the EMU Graduate School to be disseminated to interested parties.

2. *Flyers*

Flyers will be developed and posted on bulletin boards throughout the Porter Education Building. These flyers will notify current undergraduate students of the opportunity to further their education in the Health Education field. Contact information will be included for interested students.

3. *Explore Eastern*

The Master's in Health Education pamphlet will be made available at the HPERD table at all Explore Eastern events to recruit prospective students.

VI. Program Costs

A. Additional Faculty or Supportive Staff

8 Adjunct Faculty lines @ \$1000.00 each

In order to release both Dr. Karshin and Dr. McCarthy from their obligations to PEGN 210, we are requesting Adjunct Faculty (AF) be provided to serve as their replacement. This will amount to 4 AFs/semester for both the Fall and Winter sessions.

Total Costs for Faculty and Supportive Staff = \$8000.00

B. Additional Space or Facilities

While no immediate need for additional space exists, the HLED program will undoubtedly require allocation of at least one office to serve as a home for Graduate Assistants involved with Health Education projects.

Total Costs for Additional Space or Facilities = \$0

C. Additional Equipment

Because of the large amount of field-based application of Health Education principles that has been incorporated into the coursework for the Master's in Health Education program, we are requesting the following equipment be purchased. Health Education faculty will also use this equipment for program marketing and research presentations. The College of Education currently owns such equipment, but it is not available for use outside the lab setting.

2 Digital Video Cameras @ \$1,200.00 each

2 Camera Tripods @ \$50.00 each

2 Laptop Computers @ \$1,500.00 each

2 Portable LCD Projection Units @ \$2000.00 each

In order to ensure that students in the School Health Education option are properly trained in the Michigan Model for Health Education (MMHE), we are requesting that current MMHE curricula and materials be purchased

1 Set of MMHE Curricula and Materials @ \$7,500.00

Total Costs for Additional Equipment = \$17,000.00

D. Assistantships/Fellowships

2 Graduate Assistants @ \$7000.00

Graduate Assistants trained in Health Education at the undergraduate level can provide valuable assistance to Health Education faculty members on research and service projects. Additionally they can teach numerous HPERD areas as well. The most likely areas of instruction for these Graduate Assistants would be PEGN 210 (Lifetime Wellness and Fitness) and HLED 210 (First Aid).

Total Costs for Assistantships/Fellowships = \$14,000.00

E. Additional Library Costs

The following is being requested to provide access to hard copies of the following core journals in Health Education as well as a number of critical instructional videos.

Journal of Family and Community Health

Health Education and Behavior

American Journal of Health Promotion

Health Promotion Practice

Journal of Primary Prevention

Total Costs for Additional Library Resources = \$5000.00

F. Other Costs

The following materials and services are being requested to assist with program marketing:

1 Wall-Mount Display Case @ \$1,500.00

1 Portable Display @ \$4,500.00

Web Page Design @ \$3000.00

Pamphlet Design and Production = \$1,500.00

Mailing Costs = \$1000.00

Materials and Supplies = \$1,500.00

Health Education Graduate Program Coordinator - In order to ensure successful program marketing and administration, we are requesting .25 release time/semester for 1 Health Education faculty member to serve as Graduate Program Coordinator.

2 Adjunct Faculty @ \$1000.00 each

Total Costs for Other Materials and Services = \$15,000.00

G. EMU Cost Analysis Forms by Graduate Course

Total (not including Adjunct Faculty) = \$8400.00 for SS&M

(See Appendix A for EMU Cost Analysis breakdown by course.)

H. Total Costs for Implementation* = \$67,400.00

*This includes all costs identified on the per class cost analysis forms found in Appendix A.