Major Health: Enriching Students’ Lives Through Health Education

Millsaps College
April 9-12, 2012

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1. EXECUTIVE SUMMARY

The Millsaps College Quality Enhancement Plan (QEP) —entitled “Major Health: Enriching Students’ Lives Through Health Education”—is designed to enhance student learning by adding education, reflection, and goal-setting about the body and health to an existing educational curriculum that already deals thoroughly with the intellectual and spiritual dimensions of student lives. The selection and development of our plan was guided by an institutional process spanning 18 months, involving an examination of institutional assessment data, the broad-based participation and collaboration of all college constituencies, and a thorough analysis of relevant research.

Ultimately hoping to improve our students’ lives by promoting health and its many and varied associated benefits, the Major Health program has identified four overarching goals:

1. Improve students’ understanding of health;
2. Improve students’ ability to locate and interpret health information;
3. Improve students’ appreciation of health and its importance;
4. Increase students’ engagement in healthful activity.

These goals may be outlined respectively as addressing knowledge, skills, values, and behaviors associated with health.

In order to promote these goals and to determine whether our plan, in fact, does promote these goals, we have designed Major Health to be a comparative study of the effects of a health education program. All freshmen at Millsaps currently participate in a required one-semester, one-credit course called Foundations. Foundations is intended to acclimate students to college life and inculcate various skills related to college success. For four years, the Major Health program will modify Foundations as follows:

When they arrive on campus, freshmen will be randomly divided into 2 groups—F1 and F2. Members of F1—the control group—will go through the regular Foundations curriculum. Members of F2—the experimental group—will go through the regular Foundations curriculum plus a series of health education modules and personal health-related goal-setting tasks.

To determine the effects of health education and goal-setting, both groups will undergo a set of pre-test assessments during the first few weeks of their first semester and a set of post-test assessments scheduled at three regular points throughout their college career. These assessments will measure students’ knowledge, skills, values, and (indirectly) behaviors related to health.

The specific desired outcome for the Major Health program is for students who undergo the health education version of Foundations and goal-setting tasks to demonstrate a statistically significant improvement in health knowledge and skills as measured by assessment instruments, with the experimental group scoring at least 10% higher on the post-test than the ordinary Foundations students.

It is our hope that this QEP will provide a significant and valuable addition to our curriculum, furthering one of the stated purposes of Millsaps College—to “provide a learning environment that increases knowledge . . . and inspires the development of mature citizens” (Millsaps College Catalog, p. 4).
2. PROCESS USED TO DEVELOP THE QEP

2.1 Overview

This section describes the mission of Millsaps College and the process used to develop the QEP, including initial steps, the multi-proposal system used to select the topic, and the methods used to design the specific plan.

2.2 Millsaps' Mission Statement

Millsaps College is dedicated to academic excellence, to open inquiry and free expression, to the exploration of faith to inform vocation, and to the innovative shaping of the social, economic, and cultural progress of our region (http://millsaps.edu/about_millsaps/mission_statement.php).

2.3 Initial Steps

2.3.1 SACS Leadership Team

The College began the development of our QEP process in December of 2009 by sending a team of administrators and faculty to the annual SACS meeting. Because our last reaffirmation occurred before the creation of the QEP requirement, we sought to gather as much information as possible. Upon returning from the meeting, the team collected notes and met in January 2010 to discuss goals, leadership roles, and a general timeline for the reaffirmation process (QEP-Steering Committee [SC] minutes 1-12-2010). Then Interim Senior Vice President for Academic Affairs and Dean of the College David Davis asked Patrick Hopkins, associate professor of philosophy, to direct the QEP effort and make a first presentation to faculty about the QEP. The first announcement to faculty was made in late January (QEP-Activity Log [AL] 1-21-2010) (all QEP-related minutes at http://millsaps.edu/faculty_staff/quality_enhancement_plan_minutes.php).

Patrick Hopkins met with Katherine Landrum, Millsaps’ Institutional Research Analyst, to discuss how institutional data might inform the selection of a QEP topic. An examination of NSSE data showed that no particular problems or deficits in our students’ educational experience stood out that would clearly direct us toward emphasizing a particular QEP topic. In fact, the results of NSSE survey questions indicated that in many important areas of student engagement our mean scores were significantly higher on a statistical basis than those of our peers. (QEP-SC 1-27-2010; see Appendix I: 2008 NSSE Faculty Report).

Given this, the College decided to create a QEP topic selection process designed to engage as much broad-based participation from the college community as possible.

[Note: Although institutional data did not at that time indicate any deficit, we have now noticed (with 5 years of data from the NSSE survey results) one pattern developing in comparison with college peer groups that is directly related to our QEP topic. This pattern is explained in section 3.2.2 of this report.]
2.3.2 Formation of the QEP Steering Committee (QEP-SC)

Beginning in February 2010, David Davis and Patrick Hopkins discussed the formation of a QEP Steering Committee (hereafter shortened to QEP-SC) that would be charged with guiding the topic selection process and making the final choice of topic. Patrick Hopkins was appointed Chair of the Steering Committee (QEP-SC 2-22-2010). In an effort to bring in many voices and encourage broad-based participation, the committee was composed of members of all areas of the college community, including faculty from each division (Arts & Letters; the Sciences; and the Else School of Management), students, staff, administration, alumni, and trustees (QEP-SC 3-18-2010). In further discussions, the membership of the committee was finalized and in May 2010 fourteen people were formally asked to become members (QEP-AL 5-7-2010; QEP-AL 6-6-2010).

The full committee met in July and each member received a binder containing the QEP handbook, titles and descriptions of other schools’ QEPs, and the section on evaluating the QEP from the SACS on-site reviewers handbook (QEP-SC 7-1-2010). The committee discussed the requirements of the QEP, the importance of being able to assess the plan, and how best to involve all areas of the college community.

Patrick Hopkins presented a preliminary timeline and method for selecting the QEP, based on information gathered from SACS meetings and from reading other schools’ methods. The goal of the process was to maximize input from college constituents, efficiently organize the procedure, and make that procedure transparent.

The proposed method consisted of 3 levels of calls for proposals for the QEP topic and public vetting of those proposals that would take place over 6 months. Each subsequent level would narrow down the possible topics and require more focused and informative proposals. Level 1 (open to anyone) would be a very short, one-paragraph proposal providing a title and a contact person and outlining the general goal of the idea. Level 2 (open to anyone) would be a somewhat more in-depth proposal outlining the goal of the proposed QEP, the methods by which that goal would likely be accomplished, and the general method by which the learning outcomes of the proposed QEP would be assessed. Level 3 (invited by the QEP-SC based on feasibility of Level 2 proposals) would be a more focused proposal providing information about the goal of the QEP, its usefulness, the learning outcomes pursued, the programs by which learning outcomes would be generated, the methods by which learning outcomes would be assessed, and an initial review of the literature. From those Level 3 proposals, the QEP-SC would choose the official QEP topic. Members of the QEP-SC were supportive of this selection procedure and adopted it.

2.4 QEP Topic Selection Process

2.4.1 Community Information and Publicity

While several groups on campus were presented with preliminary QEP-related information in Spring 2010, a full roll-out of QEP publicity began in Fall 2010. A
website was constructed that laid out extensive information about the QEP, including an overview, frequently asked questions, a timeline, a PowerPoint presentation, steering committee membership, explanations of the different levels of proposals, information on financial support for the development of Level 3 proposals, downloadable forms for proposals, an area for the posting of all received proposals, and an area for moderated public commenting on any proposal (http://millsaps.edu/faculty_staff/quality_enhancement_plan.php).

A full 2-page ad describing the QEP purpose and process was placed in the student newspaper and an email with website links was sent to all faculty, staff, and students (QEP-AL 8-26-2010; QEP-AL 9-13-2010). Throughout the fall 2010 semester, PowerPoint presentations, personal appeals for Level 1 proposals, and question-and-answer sessions were presented to faculty (QEP-AL 9-14-2010), staff (QEP-AL 9-15-2010), student government (QEP-AL 9-20-2010), the Alumni Association (QEP-AL 10-8-2010), physical plant, groundskeeping, and housekeeping supervisors (QEP-AL 10-12-2010), student fraternities and sororities (QEP-AL 10-14-2010), and the Board of Trustees (QEP-AL 10-28-2010). An information table and advertisements about the QEP for all interested parties were part of the activities on Homecoming Weekend (QEP-AL 10-8-2010).

2.4.2 Level 1 Proposals

In order to maximize participation, elicit a wide variety of ideas, generate conversation about the QEP, and encourage people with similar ideas to meet and work together, the call for proposals was a broad outreach for simple, basic, ideas with minimal associated proposal requirements. The call succeeded with a final tally of 39 submissions from people representing all constituencies of the College. Proposals were submitted from faculty, staff, students, alumni, trustees, and administrators, ranging over topics as diverse as recruiting and retention, improving math skills, improving critical thinking, developing public service programs, improving classroom technology, creating leadership programs, environmental programs, international programs, and ethics programs, and even changing the menu in the cafeteria. Each of these proposals was posted on the QEP website, including a title, short summary, contact person, and space for public comments (http://millsaps.edu/faculty_staff/quality_enhancement_plan_level_1_proposals.php).

After the 6-week period during which Level 1 proposals were accepted, the QEP-SC met and reviewed each proposal. The QEP-SC followed a very simple set of guidelines for determining which proposals had promise—the proposal was required to be a) related to student learning, b) financially practicable, and c) capable of being assessed. The committee categorized the proposals into 6 general sets that seemed to focus on similar themes, resolved to contact submitters and encourage those with similar ideas to work together, and resolved to inform all those whose proposals were not appropriate for a QEP topic and thank them for their work. The committee also observed that the chief problems with proposals submitted thus far were that very frequently no learning outcomes were specified and for some that did specify outcomes, there was virtually no way that the attainment of those outcomes could be assessed. The committee
thus resolved that Level 2 proposal information would need to emphasize learning outcomes and assessment (QEP-SC minutes 10-25-2010).

The Chair of the QEP-SC then created new guidelines and submission forms for Level 2 proposals, which the committee revised and approved. The Chair contacted every person who submitted Level 1 proposals to give feedback and thanks, advised them of others who had similar interests, or advised them that the idea was valuable but not appropriate for the QEP. The general call for Level 2 proposals then went out.

The broad themes that had emerged from the QEP-SC reading of Level 1 proposals fell under these categories (with some proposals being singular and therefore fitting none of these broad categories):

- Environmental Sustainability
- Freshman Seminar Revision
- Health and Wellness
- Service Learning/Experiential Learning
- Study Abroad/Travel and international education
- Technology in the classroom

2.4.3 Level 2 Proposals

The call for Level 2 proposals was intended to be inviting and open to all (completely new proposals would be accepted, not just proposals based on Level 1 proposals), but it more strongly emphasized matters important to QEP viability, including learning outcomes, assessment strategies, funding needs, the importance of the idea for Millsaps students, and how the idea might fit with current programs. As before, each of the resulting proposals was posted on the website, including a title, short summary, contact person, and space for public comments (http://millsaps.edu/faculty_staff/quality_enhancement_plan_level_2_proposals.php).

In order to raise more awareness and encourage collaboration, we also held a QEP Fair in our central student center meeting rooms where each type of proposal had its own table and sign so that people could see firsthand the ideas submitted (QEP-AL 11-18-2010). There was also a table for individual proposals that did not fall under the general themes. The purpose of the fair was to provide a physical space within which people could share ideas about proposals they had submitted, learn more about proposals they had read and found interesting, find out who was working on certain proposals, and possibly to develop collaborations on Level 2 proposals. Approximately 50 people attended.

By January 12, 2011 a total of 7 Level 2 proposals had been received and posted (several of these were the result of people with similar Level 1 proposals working together on revised submissions). Those 7 proposals related to the following areas: classroom technology, global engagement, critical thinking, health education, sustainability, internationalizing the campus, and service learning (http://millsaps.edu/faculty_staff/quality_enhancement_plan_level_2_proposals.php).
To encourage development of Level 3 proposals, the QEP-SC secured from the administration financial and research support ($1500 for student research assistants) to be made available to anyone invited to revise a Level 2 proposal into a Level 3 proposal. Additionally, information was distributed detailing the process for final development and implementation of the selected QEP. (http://millsaps.edu/faculty_staff/quality_enhancement_plan_workload_information.php).

The QEP-SC met on January 25, 2011 to discuss and evaluate the Level 2 proposals. Using a set of guidelines developed by the QEP-SC Chair based on SACS handbook definitions as well as requirements regarding the specification of learning outcomes, assessability, financial feasibility, and broad community support, the Committee chose 4 proposals to invite to proceed to Level 3 status (QEP-SC 1-25-2011). One of these proposals was later withdrawn because of faculty committee concerns that it would alter the general education curriculum (QEP-AL 2-10-2011). The proposals that achieved Level 3 status focused on health education, internationalization, and sustainability. Each lead author of a Level 2 proposal was contacted individually, thanked, and informed whether his or her proposal would be invited to move on to Level 3 status. From this point forward, only invited proposals would be considered.

2.4.4 Level 3 Proposals

Lead authors were provided with a proposal submission form and a set of guidelines. These Level 3 guidelines asked for further detail for the proposal’s process, timeline, specific learning outcomes, assessability, number of students affected, faculty and staff workload, cohesion with College mission, financial feasibility, and a sense of what the literature and best practices review said about the topic. Lead authors were also provided $1,500 to pay for student research assistants to help with literature reviews and assessment instrument research. It was also made clear to proposal authors that no matter what topic was ultimately chosen as the official QEP topic, all Level 3 proposals would be formally presented to and considered by appropriate Strategic Planning committees that would be established in Fall 2011 as part of our new strategic planning initiative (http://millsaps.edu/faculty_staff/quality_enhancement_plan_faq.php#If_I_put_in_a_proposal_do_I_have_to_do_all_the_work_myself). Thus, though one proposal would be selected as most appropriate for the specific purposes of the QEP, the other proposals might also be implemented as part of strategic planning. By February 28, all Level 3 proposals had been received and were posted in full detail on the QEP website along with a space for public comments (http://millsaps.edu/faculty_staff/quality_enhancement_plan_level_3_proposals.php).

In order to gather further information and generate greater understanding of the QEP process and the content of Level 3 proposals, the QEP-SC organized a series of public events including an informal information session open to all faculty and staff led by proposal authors (QEP-AL 2-10-2011), a presentation on all three proposals to the student body association senate (QEP-AL 2-14-2011), three open forums led by student co-authors of the proposals in separate venues across campus (QEP-AL 3-7-2011; QEP-AL 3-9-2011), and finally a large open
forum for the entire campus community presented by primary authors (QEP-AL 3-9-2011b). These sessions were well publicized and gave every member of the college community the chance to learn more and ask questions of proposal authors. In addition to information sessions, the QEP-SC also created an online survey available to anyone in the Millsaps community to provide feedback on the three Level 3 proposals (the survey was open from March 7-24) (http://millsaps.edu/faculty_staff/quality_enhancement_plan_level_3_proposals.php).

The purpose of this survey was not to enable the College to choose the QEP topic by popular vote. Not only would the survey likely be statistically unrepresentative, there were other important factors to be considered, such as learning outcome assessability, financial feasibility, the beginning of a new strategic planning initiative, and the issue of self-selection bias in online survey-taking. However, the QEP-SC did very much want to gauge community response to the topics to see if any strong tilt toward or away from a topic existed. The survey revealed no decisively strong affinity for or resistance to any of the three topics. Using a basic Likert scale and gathering approximately 190 response (out of a possible response pool of approximately 1200), the survey showed each of the three topics would be supported or strongly supported by 64.7%-76.8% of respondents (see Appendix II: Level 3 Proposals Survey and Summary).

Once all three final proposals had been posted, commented on, thoroughly presented in numerous events for the college community, and the survey completed, the QEP-SC gathered to make the final choice of topic (recognizing that the Level 3 proposals were not complete plans but were proposals for QEP topics and general goals). The committee was guided by a set of general standards (revised from the Level 2 standards and directly referring to SACS language) emphasizing the importance of specificity of learning outcomes, assessability, financial feasibility, broad-support, campus need, and scope for affecting students. After discussion and deliberation, a majority of the committee voted to choose as the official QEP topic the proposal “Enriching Students’ Lives Through Health Education” (QEP-SC minutes 3-24-2011; http://millsaps.edu/faculty_staff/quality_enhancement_plan_level3proposals_1.php).

As explained to the campus community in an informational document about its decision, the committee focused on strategic planning, simplicity, assessability, and opportunity, all the while keeping in mind that the selection of the QEP was not a matter of “winning” or “losing” but rather of the specific best fit for the Millsaps QEP. (see Appendix III: QEP Next Steps: Information on the QEP for Millsaps College). Although balloting was confidential, the discussion of the QEP-SC did include the general reasoning that of the final three proposals, the Health Education idea was the simplest (most linear, direct, focused), and was the one most open to assessment (with manageable methods, timelines, coordination, and instruments). In addition, the Health Education proposal represented an opportunity to pursue a direction valuable for our students (given that the current generation of U.S. students overall is thought to suffer from greater levels of physical and mental poor health than ever before), for our community (given that Mississippi ranks as the worst or next to worst state on
most measures of physical and psychological health), and specifically for our College (given that there is currently very little attention paid to health and wellness in our curriculum, unlike many of our aspirational comparison schools).

2.4.5 Post-Selection Action

After the QEP-SC selected health education as the QEP topic, the entire college community was informed of this choice by email (3-25-2011) and informed that the QEP process would now switch from selection to development, including the formation of a new committee to address the literature review, design, budget, and implementation and planning. A “Next Steps” document summarizing the selection procedure and outlining what would happen next was sent to faculty, administration, and trustees. Several new information sessions were provided to explain the next stages including presentations to faculty (QEP-AL 4-12-2011), trustees (QEP-AL 4-15-2011), and staff (QEP-AL 4-19-2011). Finally in the faculty meeting on May 4, 2011, a motion was made to accept health education as the College’s QEP. The motion stated that “The Faculty affirms the selection of the QEP topic as ‘Enriching Student Lives Through Health Education’ and furthermore endorses the continued development of this general topic for the official Millsaps College QEP – a development that will focus on the promotion of Health Literacy, Health Behavior, the connection between physical fitness and academic success and the connection between mental health and academic success.” The motion was seconded, the interim Dean of the College called the question, and the motion was accepted (see Appendix IV: Faculty Meeting Minutes May 4, 2011).

2.4.6 Timeline

For a graphic representation of the timeline of the QEP Selection Process, please see Appendix V: QEP-Process Gantt Chart.

2.5 QEP Design Process

2.5.1 Formation of the QEP Research and Design Committee (QEP-RD)

Once the QEP topic was selected, work began on the research and design of the actual plan. On April 28, 2011, the Chair of the QEP-SC met with three members of the psychology department because of their relevant expertise—Melissa Lea (one of the co-authors of the chosen proposal who also teaches sports psychology), Katie Hahn (a clinical psychologist), and Kurt Thaw (a neuroscientist specializing in eating and weight-loss behaviors) (QEP-RD 4-18-2011). To focus the conversation, the participants in this meeting were given a set of guiding questions, including the following:

- What should people know about health?
- What is the connection between health and academic performance?
- What do people know about health?
- What should we teach our students?
- How should we teach our students?
- What outcomes should we expect?
The group also discussed timelines, the need for student research assistants, design structure, possible assessments, and the literature review.

Following this meeting, Patrick Hopkins met with Interim Dean of the College David Davis to authorize the official creation of the QEP-RD committee and invite members to join. The committee was created and in addition to Hopkins, Lea, Hahn, and Thaw, Susan Taylor of the Economics program was invited to serve because of her knowledge and teaching experience in health economics. All agreed to serve, with Melissa Lea serving as chair (QEP-RD 5-11-2011).

2.5.2 QEP Research and Design

The committee met again, with the goal of focusing on the enhancement of student learning by designing a program that had clear, assessable desired learning outcomes. Within those guidelines, the committee focused on the following questions:

- What knowledge do we want students to gain?
- What skills do we want students to learn?
- What behaviors do we want students to engage in?
- What values do we want students to adopt?

The committee determined that its overarching goal would be to look for the benefits of health education (broadly conceived) and how best to produce those benefits. The portions of the literature review were then divided among committee members. The committee resolved to meet approximately every two weeks and established a two-month timeline to complete the literature review.

The QEP-RD committee met several times during the summer (QEP-RD 6-15-11; 6-28-11; 7-15-11, plus additional individual meetings for hiring student research assistants) compiling research on health education, mental health knowledge, the impact of good health on academic success, the impact of good health on economic status, health organizations’ push for greater health literacy, and the psychology of personal health goal-setting. The committee also located many assessment instruments and assessment tasks that directly related to our goals of producing and measuring health knowledge, skills, values, and behaviors.

The committee’s research and discussion came together in the initial formation of a program that focused on promoting students’ understanding of health, their ability to locate good health information, their appreciation of health, and their engagement in healthful behavior. The plan was structured so that entering students would (1) engage in a variety of pre-test assessment procedures to gauge their health knowledge, skills, and attitudes; (2) undergo health education; and (3) undergo post-test assessment procedures, followed by another post-test during their senior year (QEP-RD 7-15-2011).

By this time, the college had scheduled a consulting visit with our SACS staff representative, Dr. Rudy Jackson, for August 10, 2011. The QEP-RD committee produced a written summary of the plan as of that point in time and provided it to
SACS (see Appendix VI: QEP Abstract 1). When Dr. Jackson visited campus and spoke with the SACS leadership team, including the chairs of the steering committee and the research and design committee, he was supportive of the plan but correctly pointed out that since we intended to have all freshmen undergo the same education and tasks, we would not be able to tell whether our specific enhancement intervention would work. He suggested making the plan a comparative study so that while all freshmen would be assessed, only half of them would receive the health education components and the personal goal-setting tasks. With such a design we would be able to make statistical comparisons (QEP-AL 8-10-2011).

The QEP-RD met again shortly thereafter to revise the plan to become a comparative study and to discuss health knowledge assessment (QEP-RD 8-17-2011; 8-20-2011). A new timeline was developed that allowed for completing research, revising certain of the assessment tools, inquiring about various logistical issues related to testing, and updating the faculty on the progress of the QEP at our monthly faculty meeting (QEP-AL 8-19-2011). During this time, QEP-RD member Susan Taylor suggested naming the plan “Major Health,” consistent with other programs on campus that use the appellation “major,” which is related to our school’s founder (Major Reuben Millsaps) and our mascot. This name was approved by our marketing and communications office, the new Senior Vice-President and Dean of the College (Keith Dunn), the SACS liaison and Vice President of Institutional Planning and Assessment (Terri Hudson), the President (Rob Pearigen), and the members of the QEP-SC (QEP-SC 9-19-2011; 9-30-2011; 11-16-2011).

At this point, the QEP-SC chair sought a QEP lead evaluator. Although several authors had come up in the literature review, it was difficult to tell who might be best for our needs. We decided it would be helpful to make use of other people’s expertise in identifying a potential lead evaluator. Dr. Hopkins contacted the American College Health Association (the recognized leadership organization for all things related to college health) and requested its assistance. The ACHA personnel were very helpful and, after reading our abstract, they suggested that Dr. Laura Talbott (of the University of Alabama at Birmingham) would be ideal for reviewing our plan. After a very positive exchange verifying Dr. Talbott’s interest and availability, and an enthusiastic affirmation by the College administration, we nominated her.

In January 2012, the QEP-RD committee met for a final time to hear last insights from the December 2011 SACS annual meeting, wrap up all information for the final structure of the QEP and provide Patrick Hopkins all the information needed to produce an initial draft of the official QEP proposal (QEP-RD 12-9-2011).

### 2.5.3 Timeline

For a graphic representation of the timeline of the QEP Research and Design Process, please see Appendix VII: QEP-Design Gantt Chart.

### 2.6 Summary

Millsaps College has made every effort to ensure that the process for selecting our QEP
topic included the broad-based involvement of all institutional constituencies (faculty, staff, student, alumni and trustees) as well as a thorough consideration of institutional data, our culture, strategic planning efforts, and goals and missions, and that it contains an embedded assessment process from which key issues can be identified for actionable next steps. The process comprised a well-publicized, transparent, 7-month long proposal and discussion process, numerous opportunities for information, numerous opportunities for participation, public vetting of proposals, and assurance that all final proposals would be considered by strategic planning committees, culminating in the conscientious selection of health education by a large and diverse steering committee, with formal affirmation by the faculty. The process continued with an 8-month long research and design process that continuously kept a focus on enhancing student learning, identifying goals and assessments, and making certain our institution would be capable of initiating, implementing, and completing the QEP.

3. IDENTIFICATION OF THE TOPIC

3.1 Overview

This section will describe the specific topic chosen for our QEP, including the subject matter, the importance of the topic, the purpose of the QEP, the structure of the plan, and procedures for continued oversight.

3.2 Topic: Health Education

3.2.1 Subject Matter of the QEP

The initial topic selected for our QEP was about a whole-person approach to enhancing students' education at Millsaps College—an approach that would add education and reflection about the body and physical health to the existing educational curriculum and college culture that already thoroughly deals with the intellectual and spiritual dimensions of students' lives. As the QEP developed into a more specific program, it focused on the general mission to promote greater knowledge of, reflection about, and behaviors related to health.

3.2.2 Importance of the QEP

Health is obviously an important and valuable quality for any person's life. While the benefits of health clearly include longevity, vigor, functionality, freedom from pain, resistance to disease, and greater satisfaction with life, there are other benefits to health that are not so commonly understood. Health is associated with improved cognition, learning, memory, executive function, more efficient academic study, improved academic performance, better mental health, and higher economic status and income (see section 5.2 for more information).

Unfortunately, while health and fitness are associated with a wealth of valuable personal, social, and academic goods, the United States is burdened by the serious problem of preventable poor health. The U.S. spends more than any other nation per capita on healthcare and yet consistently ranks at the bottom of industrialized nations on a number of health indicators. Americans also suffer
from high levels of obesity and poor nutrition, as well as having sedentary lifestyles (Reeves and Rafferty, 2005; Levi, et al, 2011).

Although some might consider college students immune to the epidemic of poor health as a result of youthful energy and activity, studies show that they face an increasing deficit in health. College students are demonstrating higher levels of obesity, high blood pressure, metabolic syndrome, poor nutrition, alcohol abuse, and depression (ScienceDaily, 2007). Studies also show that half of people aged 12-21 are not vigorously active and there is a 24% decrease in physical activity from adolescence to early adulthood, largely related to the ending of sports activities after high school (Centers for Disease Control, Physical Activity and Health, 1996; Kwan, 2012).

We have indirect evidence that this trend has also affected our students at Millsaps in particular. In our most recent NSSE surveys, in response to the question “Have you exercised or participated in physical fitness activities often or very often?” freshmen have reported lower exercise and fitness activity than comparison peer groups in four of the last five years and seniors have reported lower activity in three of the past five years (see Appendix I).

Mental health should also be considered a salient factor in the overall health of a college student. A large multi-campus study by the National College Health Assessment (2010) found that up to 40% of college students experience psychological symptoms that negatively impair their level of functioning. Anxiety, stress, and depression are some of the most commonly reported and impairing symptoms in this population (Eisenberg, Gollust, Golberstein, & Hefner, 2007; Williams, Galanter, Dermatis, & Schwartz, 2008) and are highly related to lower physical health, lower GPA’s, and higher attrition rates from college (Eisenberg, Golberstein, & Hunt, 2009; Fabiano, Stark, & Lindsey, 2009; Kessler, Foster, Saunders, & Stang, 1995).

All these issues are particularly pressing in the area of the country where our school is located. Mississippi is consistently ranked as the worst, or next to the worst, state in the union for physical inactivity, obesity, smoking, poor nutrition, diabetes, stroke, heart disease, early death age, lower life expectancy, infant mortality, teen pregnancy, lack of health insurance coverage, depression, and overall low well-being (Centers for Disease Control and Prevention: State Profile Mississippi).

Fortunately, improved health and its benefits can be promoted by education, skills training, and guided reflection on goals. That is the direction of our QEP, Major Health (see section 5.2 for more information).

3.2.3 Purpose of the QEP

In general, the purpose of the Major Health program is to enhance student learning in the area of health and wellness. While our program is intended to promote and improve specific types of knowledge, skills, and values, and while we have identified appropriate, specific, realistic, measurable student learning outcomes, ultimately we hope that this program improves our students’ lives. In that respect, the ultimate purpose of this program is consistent with our other
educational programs and with Millsaps College’s goal to “provide a learning environment that increases knowledge . . . and inspires the development of mature citizens” (Millsaps College Catalog p. 4).

3.3 Structure of the Plan

3.3.1 Program Design

The Major Health program is constructed with a straightforward experimental group/control group comparison model. Our aim is to determine whether the intervention of a health education program improves students’ knowledge, skills, values reflection, and behaviors related to health. We will be assessing students in those four areas. In order to do this, the program will operate within the framework of the Foundations course—a 1-credit required course for all freshmen that is intended to “promote the acclimation of first years into the Millsaps College community by fostering an environment that encourages student development and success; cultivating a sense of community through linking curricular and co-curricular experiences, providing opportunities for self-awareness, values exploration, cultural understanding, and skill development; whereby students feels a sense of connectedness to their fellow classmates, peers, faculty, and staff” (Foundations Syllabus).

Beginning in Fall 2013, all freshmen will be required to have had a basic physical before they enroll (a requirement we had for many years) that will provide them with their personal data for blood pressure, blood sugar, cholesterol, height, and weight (the information promoted by many state health departments and health insurance companies as part of the national “Know Your Numbers” campaign) (http://msdh.ms.gov/msdhsite/_static/43,1161,91,214.html).

When they arrive on campus, freshmen will be randomly divided into 2 groups—F1 and F2. We are randomly assigning students to groups so as to not be biased by self-selection. In this way (unlike QEPs designed to recruit students) we will get a more objective view of what our program will do. The members of the F1—control group—will go through the regular Foundations curriculum. Members of F2—the experimental group—will go through the regular Foundations curriculum plus a series of health education modules and personal health-related goal-setting tasks. The health education and goal-setting tasks are the independent variables of the study. The performance on a series of assessment tests and tasks is the dependent variable.

To determine the effects of health education and goal-setting, both groups will undergo a set of pre-test assessments during the first few weeks of their first semester and a set of three post-test assessments scheduled at regular points throughout their college career. These assessments will measure students’ knowledge, skills, values, and (indirectly) behaviors related to health. These tests include standardized tests, standardized tasks, and graded reflection papers (see section 10 for information on assessment measures and logistics).

After the initial pre-test assessments, the F2 group will undergo a set of approximately 12 1-hour health education modules as part of their enhanced Foundations course. At the end of the fall semester, they will also complete a
personal health goal-setting task. F2 students will also engage in a 2nd goal-setting task in the spring semester of their sophomore year and the fall semester of their senior year (the intention being to gather information on the results and influence of previous goal-setting). Before enrolling for the fall of their senior year, all students will be once again required to have a physical in order to acquire personal information on blood pressure, blood sugar, cholesterol, and body-mass index, which will be incorporated into the reflection paper task. All students will undergo post-test assessments during the spring semester of their freshman year, the spring semester of their sophomore year, and the fall semester of their senior year (the intention being to test retention of knowledge and longitudinal changes in skills, values, and behaviors). For a schema visually explaining the design of the program, see Appendix VIII: Major Health Design Schema. For a schema visually explaining the assessment schedule of the program, see Appendix IX: Major Health Assessment Schema.

3.3.2 Health Education Curriculum

The health education modules will be taught (or supervised by) a specialist in Health Promotion hired to serve in part as coordinator of the Major Health program (see section 6 for implementation plans and timeline). While the specific content of the health education modules will be determined by the Coordinator of the Major Health program, the following defined areas of health knowledge will likely be included: accidents and safety; aging and death; chronic disease; communicable disease; consumer health; environmental health; human sexuality; mental health; nutrition; physical fitness; and drug use. (These specific areas have been determined by health promotion professionals to be crucial, are always presented in college level health and wellness textbooks, and are assessed categorically through our health knowledge assessment instrument—the Health Knowledge Inventory, or HKI [Nicholson, 1990; Price, 1991]). In addition to these topical areas, our health curriculum will also address skills involved in locating and interpreting health-related information (skills associated with information literacy and critical thinking, for which we also have assessment measures) and skills in effective goal-setting.

3.3.3 Monitoring and Reporting

The Coordinator of Major Health will be responsible for supervising the implementation of the program, including assessment testing. We are currently arranging for all assessments to be administered online, which will streamline and centralize data collection and effectuate the transfer of data to our Institutional Research Office for analysis. A QEP Monitoring and Reporting Committee (QEP-MR) will be created to provide oversight, assistance for some data collection and scoring, and assistance with preparing the 5th Year Interim Report. The Coordinator and the QEP-MR will also make recommendations for the final disposition of the Major Health program (expand, eliminate, revise, etc.) depending on outcomes from analysis of the program.

3.4 Summary
Millsaps College has made every effort to identify a topic that is creative and important to the long-term improvement of student learning and has structured a clear and coherent program that focuses on learning outcomes.

4. DESIRED STUDENT LEARNING OUTCOMES

4.1 Overview

This section describes the goals (what we want overall), objectives (what we will do), and desired student learning outcomes (what we will hope happens and will measure) of the QEP.

4.2 Goals

The goal of the Major Health program is to improve students' understanding of health, their ability to locate and interpret good health information, their appreciation of health, and their engagement in healthful behavior. These four areas may be described respectively as addressing knowledge, skills, values, and behaviors associated with health.

4.3 Objectives

The objective of the Major Health program is to determine students' levels of health knowledge and skills, then to examine the effects of a health education program by exposing half of the freshmen class to our ordinary freshman Foundations course and the other half of the class to an augmented Foundations course that includes health education and personal health goal-setting tasks.

4.4 Outcomes

The specific desired outcome for the Major Health program is for students who undergo the health education version of Foundations and goal-setting tasks to demonstrate a statistically significant improvement in health knowledge and skills as measured by assessment instruments, with an effect size of at least 10% improvement from pre-test to post-test scores over the ordinary Foundations students.

4.5 Summary

Millsaps College has made every effort to identify specific, well-defined goals expected to lead to observable results and has selected appropriate methods of assessing whether those goals have been achieved.

5. LITERATURE REVIEW AND BEST PRACTICES

5.1 Overview

This section describes our review of the literature and best practices of college health education, including the value of health, the effects of health education, the significance of health knowledge (knowing what to do), health information skills (acquiring knowledge), and health goal-setting (using the knowledge).
5.2 Value of Health

As briefly mentioned in section 3.2.2, health has great value not only in terms of human physical functioning but also for psychological functioning and social success. Many of these benefits are strongly connected with cognitive and academic activity. Health is strongly correlated with:

- improved brain function and cognition (Tomporowski & Ellis, 1986; Kuhn, Aberg, Pedersen, Toren, Svartengren, & Backstrand, 2009)
- faster learning (Winter, Breitenstein, Mooren, Voelker, Fobker, & Lechtermann, 2007)
- improved memory (Erickson, et al, 2001)
- improved executive function (Bunce, & Murden, 2006)
- improved information process and choice reaction (Arcelin, 1998)
- improved psychomotor function and reaction times (Hogervost, 1996)
- ability to engage in longer and more efficient academic study (Bunce, & Murden, 2006)
- improved academic performance (Ratey, 2008; Viadero, 2008; Grissom, 2005; PE4Life.org)
- academic success (CDC, “Health and Academics”)
- better mental health, self image, and social skills (Landers, 1999; Taylor, 1985)
- improved mood and calmness (Kanning and Schlicht, 2010)
- higher incomes and better financial planning skills (Fuchs 1972; Fuchs 1982; Grossman 1972)
- higher lifetime earnings (Pritchett and Summers 1996)
- higher social capital (Marmot, 1978; Marmot, 1991)

5.3 Health Education

5.3.1 Health Education Effects

The link between general education and health (with all its concomitant values) has been recognized for a long time—cross-culturally and over time periods. The more highly educated a person is, statistically, the more likely they are to have lower disease rates, better disease prevention interventions, diminished effects of childhood disease, and longer lives (Cutler and Muney, 2007; Picker, 2012). The question is how education affects health. There is evidence that general higher education produces health indirectly by increasing the likelihood that a person will obtain a good job and higher income, thus being able to afford better healthcare and have access to health information. The evidence also suggests that education has a positive effect by providing people with a greater sense of control over their lives and with higher literacy and analytical skills used in understanding healthcare choices and making decisions (Ross, 1995; Public Health Agency of Canada, 2003; Glassman, 2011; Agency for Health Care Research and Quality, 2004).

Besides general education, specifically health-related education also has an impact. Health education and health promotion programs have been shown to be correlated with higher levels of health. In general, meta-analyses of a wide
variety of health promotion programs have shown an average effect size of about .5 (a “medium” strong effect) (Kok, 1997). Some studies have also shown that health education courses in college have long-lasting positive effects on health, including significant numbers of alumni who report that such courses improved their attitudes toward health and exercise, improved their knowledge of their own important health numbers (blood pressure, cholesterol, fat intake), and made them more likely to exercise, avoid smoking, and consume less fat and sodium (Pearman, 1997).

Programs that promote mental health in school settings tend to have the strongest positive effects, particularly when adapted to the culture of the school in general (Stewart-Brown, 2006). This may be partly attributable to the fact that a social stigma surrounds seeking mental health counseling, and that that stigma has actually increased over time (Pescosolido et al., 2010). Better education about mental health and its treatment is one way to reduce stigmatization (Corrigan & O'Shaughnessy, 2007). This is particularly important since, in general, less than a third of those who need psychological interventions actually receive treatment (Andrews, Issakidis, & Carter, 2001) and college students in particular consistently rank mental and emotional stress as the highest impediment to their academic success (American College Health Association, 2003).

5.3.2 Health Knowledge

Ultimately, the goal of health is attained by doing something. However, one also needs to know what to do. While general education may provide people with the literacy, research, and analytical skills to make sense of health information, it is the actual possession of such information that begins to make a difference. Health knowledge is associated with better health and all its benefits. General education lends itself indirectly to health because an educated person is more likely to be able to understand health-related information and thus obtain health knowledge that they can use (Kenkel, 1991). Health education per se is more direct: in addition to teaching and utilizing literacy, research, and analytical skills, a health education program immediately provides health information content. It is not surprising then that a higher level of health knowledge is correlated with better health and improved healthful behavior.

It has been shown that those individuals with more health knowledge are more likely to choose healthier lifestyles (Fey-Yensan, English, Museler, H., Caldwell, 2002; Kanadiya, & Sallar, 2001). For example, if an individual knows he or she should increase the amount of fruits and vegetables consumed each day, he or she is more likely to do so. Moreover, it has been shown that college students are likely to curb their unhealthy behaviors based on knowledge learned in class (Snyder, 2003).

Moreover, understanding the influences that lead to quitting a health and exercise regimen will help the students make an informed decision. For example, it is important to consider what to wear when exercising, knowing how much water to consume before and after exercise, how to warm up, stretch, and cool down properly for all exercise. This information increases the likelihood of success. Accepting and understanding the factors that affect one’s ability to
maintain an exercise regimen are also important. For example, knowing that social efforts, such as exercising with friends or in groups, can help keep a person on task can increase an individual’s chances of maintaining an exercise schedule (Anshel, 2003). Similarly, knowing important facts about nutrition and being able to interpret food labels make a significant impact on food purchases and eating behavior (Carlson, 1994).

In fact, an important part of America’s health problems seem to be related to a lack of such knowledge. Many Americans are unaware of what counts as healthy and do not recognize the extent of their problems, often judging themselves to be healthier than they are or judging themselves to be normal when they are actually classified as obese (Harris Interactive Survey, 2010). Many have poor knowledge about eating (for instance, 90% of respondents in one survey did not know how many calories they should consume and 79% reported paying no attention to the amount of calories consumed) (International Food Information Council Foundation, 2011). Furthermore, 90% did not know the “numbers” associated with their own personal health status, such as blood pressure, cholesterol, and blood sugar levels (Hoffman, 2011).

The research suggests then, that an effective health education program needs to teach health knowledge.

5.3.3 Health Information Skills

Poor health literacy (with health literacy being defined as the ability to obtain, process, and understand basic health information and services to make appropriate health decisions) is strongly correlated with poorer health, so much so that poor health literacy is “a stronger predictor of a person's health than age, income, employment status, education level, and race” (American Medical Association, 1999). Having health knowledge, however, is preceded by acquiring health information and understanding it. These activities involve a combination of literacy and research skills. The better a person is at accessing good health information and properly interpreting it, the more likely he or she is to have good health knowledge.

The current situation, however, is distressing because the 2003 National Assessment of Adult Literacy (which included health literacy), showed that only 12% of adult Americans had proficient health literacy, 35% scored at basic level or below basic level for health literacy, and over a third of adult Americans would have trouble reading prescription drug labels or following medical chart instructions (Office of Disease Prevention and Health Promotion, 2003). Other reports show that almost 90% of people have difficulty using readily available health information, although most people are likely to get their health information from television and friends (Nielsen-Bohlman, et al, 2004; Kuntner, et al, 2006; Rudd, et al, 2007).

The college population has not escaped such problems with health literacy and health information skills. Studies show that although college students (by virtue of their higher levels of education in general) have greater health literacy than the average person, 12% of college graduates score below basic and many more have problems with gathering and interpreting information. A relevant issue here
is that students (like many other people) get their health information online. One study showed that 74% of students had gotten health information from the Internet and 53% of students preferred to get health information that way (Escoffery, 2005). The problem is that health information online tends to be scanty and inaccurate and students are poor at finding thorough and accurate information. A study from the Journal of the American Medical Association showed that only 20% of a search engine’s first page of results actually linked to relevant health information and on average only 45% of clinical information on sites was completely accurate or represented more than minimal coverage (Berland, et al, 2001).

One might think that allegedly tech-savvy students would be able to compensate for these deficiencies, but students’ online research skills are largely context-dependent. While students are adept at navigating the web for personal use, they have difficulty finding and evaluating research material. The Project Information Literacy Report entitled “Truth Be Told” found that 61% of students had difficulty determining the relevance of results and 41% of students had problems solving information problems (Head and Eisenberg, 2010). Another study (using the health version of the Research Readiness Self-Assessment test, one of the assessment instruments we will use) showed that although 84% of students believed their online research skills were good or better than average, this belief was weakly correlated with their actual research skills. In fact, few students understood how to use Boolean operators to narrow results, nearly 50% had difficulty distinguishing primary and secondary sources, only 50% were able to judge which mock nutritional websites had trustworthy information, and less than 25% correctly recognized that the mock websites all lacked relevant information (Ivanitskaya, 2006). College students have demonstrated similar health literacy difficulties with print information. Yeaton reports that in a study of 144 college students given popular-source print articles on current health topics such as heart disease and cancer treatments, there was an average misunderstanding/misreading rate of nearly 40% and between 30% and 50% for articles taken individually (Yeaton, 1990).

The research suggests then, that an effective health education program needs to teach health information skills.

5.3.4 Health Knowledge Application and Goal-Setting

While health knowledge itself is necessary and health information skills are required to obtain health knowledge, the knowledge itself is of no value without people being able to put it into practice appropriately. Some factors that have been identified as important in translating health knowledge into healthful behavior are risk perception, skills improvement, and goal-setting. Risk perception, such as that involved in knowing one’s health numbers (blood pressure, cholesterol, height and weight, etc.), is linked to disease risk reduction and improved health behavior (Gordon, 2002; Brewer, 2004; Pegus, 2002). Improving skills such as literacy and information research also has positive effects (Kok, 1997; Glassman, 2011).

One of the most important cognitive and behavioral applications of health knowledge, however, is goal-setting. Research has shown that in order to
succeed at and sustain an exercise regimen, goal setting is imperative (Anshel, 2003). Goal setting works because it helps direct attention, it motivates, and it allows for the development of new learning strategies to achieve difficult or complex goals (Locke, Shaw, Saari, and Latham, 1981). Studies have shown that goal-setting makes a significant positive change for a wide variety of health-related behaviors and actual health outcomes. Goal-setting groups have significantly outperformed control non-goal-setting groups on measures of weight reduction, potential for life expectancy increase, lowered alcohol intake, increased seat belt use, and increased exercise. Nutrition programs that incorporate goal-setting as opposed to knowledge-based programs alone have also shown increased success in changing dietary behavior (Cullen, 2001).

The process by which goal-setting works best has been studied as well. Individuals following these ten basic rules are more likely to meet their goals:

1. Write down goals and monitor progress regularly (Wanlin, Hrycarko, Martin, & Mahon, 1997; McCormack, 1986).
2. Set specific goals that are not too vague (Cox, 2007).
3. Set observable and measurable goals (Cox, 2007).
4. Write goals from a positive outlook (I will quit smoking vs. I will not smoke) (Darnon, Butera, Mugny, Quiamzade, & Hulleman, 2009).
5. Set time constraints/time limits for the goals (Tenenbaum, Bar-Eli, and Yarron, 1999).
6. Use achievable but challenging goals (Kyllo, Landers, 1995; Weinberg, Butt, & Knight, 2001; Bar-Eli, Tenenbaum, Pie, Kudar, K. Weinberg, R. Byarak, Y., 1997).
7. Use a mix of process, performance, and outcome goals (Filby, Maynard, & Graydon, 1999; Steinberg, Singer, & Murphy, 2000). Process goals are those that are specific to “how” one would achieve something. For example, a student might have the goal of improving his or her study process and may work at this goal by shutting off distractions (e.g. headphones and television). A performance goal is one that is about the particular individual and does not take into account the environmental factors. For example, a student might set the goal of getting a personal highest grade on his or her next math exam. The test may be curved and therefore the performance goal must be worded to reflect only the individual student’s performance. Finally, the outcome goals are those that are set relative to the environment and individual. For example, a student may have the goal of receiving an A on the next math exam. Regardless of curve or other students’ performances, the student has an end or outcome goal.
9. Be sure goals are internalized; that is, they are not motivated by external motivations (Kyllo and Landers, 1995). Individuals should write their own goals and write their goals based on their own beliefs about what they want to achieve. When others set our goals we tend to want to achieve those goals for the goal setter (an external source), rather than because of our own motivations (internal source).
10. Be sure that goals reflect the personality and achievement styles of the individual (Lambert, Moore, and Dixon, 1999; Theodorakis, 1996; Pierce and Burton, 1998).

The research suggests then, that an effective health education program needs to teach proper goal setting techniques and to set exercise goals in terms of “minutes not miles” (Anshel, 2003).

5.4 Best Practices for Health Education and Promotion

5.4.1 Best Practices

While the literature does not indicate a clear and decisive single answer to the question of how best to teach and promote health—particularly at the college level—it does strongly indicate that an effective program should include health knowledge, health information skills, and formal goal-setting. These components are also represented in the Centers for Disease Control document on “Characteristics of an Effective Health Education Curriculum.” Though covering a wide variety of school ages, the central elements specifically include “teaching functional health information,” “developing the essential health skills necessary to adopt, practice and maintain health-enhancing behaviors,” and building “essential skills—including communication, refusal, assessing accuracy of information, decision-making, planning and goal-setting” (Centers for Disease Control and Prevention “Characteristics of an Effective Health Education Curriculum,” 2011).

The CDC also provides a set of National Health Education Standards designed to help promote health in schools. Those standards include the ability to “comprehend concepts related to health promotion and disease prevention,” “the ability to access valid information,” and “the ability to use goal-setting skills.” (Centers for Disease Control and Prevention “National Health Care Education Standards,” 1995).

5.4.2 Comparison Schools

In addition to conducting a literature review, we also looked at how other liberal arts colleges incorporate health and fitness into their curriculum. Among the top 15 liberal arts colleges listed in the 2010 U.S. New and World Report College Rankings (a grouping that we consider aspirational), 14 have physical education and health education departments offering formal courses and a variety of health and fitness services and 10 have formal physical education, health education, and fitness requirements for graduation. Similarly, many schools in our own consortium (the Associated Colleges of the South) also have physical education requirements. In response to alarming levels of health problems, some schools have recently instituted new and expansive health and fitness programs (Grasgreen, 2011).

5.5 Summary

Millsaps College has made every effort to examine the research and consider best practices related to health education. The research literature, government health agency reports, professional health organization reports, and an examination of
practices at other liberal arts colleges demonstrate that health has a wide variety of benefits beyond simple physical function; that health education programs can be effective in changing health behavior and improving health; that health education is at home in the liberal arts setting; and that effective health education programs should include health knowledge, health information skills, and goal-setting tasks.

6. ACTIONS TO BE IMPLEMENTED

6.1 Overview

This section will describe the steps to be taken to implement the QEP, including the formation of the next QEP committee, the establishment of the data collection and management system, and hiring the education specialist who will direct the plan.

6.2 Form the QEP Committee for Monitoring and Reporting (QEP-MR)

In order to provide oversight for the Major Health program, maintain institutional consistency over the time of the project, and assist in important elements of implementation, we will form a QEP Committee for Monitoring and Reporting (QEP-MR). That committee will be charged with meeting regularly (a minimum of once per month) to monitor the implementation schedule of the program, prompt appropriate personnel for the completion of relevant tasks, assist in interviewing candidates for the position of Coordinator of Major Health, assist the Coordinator in data collection and scoring of tasks, monitor the progress of the program in action, and assist with preparing documents for the 5th Interim Report. Subject to changes based on future assessment of needs in consultation with the Coordinator of Major Health, the committee will consist of 7 people, including a member of Institutional Research (for expertise on data analysis), a member of Information Technology Services (for expertise on online data collection), three faculty members (the current Chair of the QEP Research and Design Committee, Melissa Lea, has agreed to serve as one of those three if asked), and our institutional SACS Liaison in an ex officio capacity.

Personnel responsible: Terri Hudson (Vice President for Institutional Planning and Assessment, SACS Liaison)
Date: July 1-July 15, 2012

6.3 Establish the Data Management system

In order to centralize data collection and management for the assessment portion of the Major Health program, we will have all assessment instruments online. Students will be able to log in during prescribed windows of time to take tests and write short narratives (see section 10 on assessment). We will use Moodle—which goes by the name Course Connect on our campus—as the technology for our online testing (QEP-RD 1-6-2012; QEP-RD 2-16-2012).

Personnel responsible: Chair of the QEP-MR committee; the Associate Librarian in charge of Course Connect (Moodle); and the Information Technology Services Director
Date: July 1-December 1, 2012
6.4 Hire the Coordinator of Major Health

Through conversations between the QEP-SC, the QEP Research and Design Committee, and administrators, it was decided that the College would hire a person with expertise in college health promotion to direct the Major Health program. This position does not, by itself, constitute a full time job. However, since the College currently does not already have a centralized position for managing health promotion and education, the College will hire a person as Director of Health Promotion (housed within the Student Life division) and define as part of that job the direction and management of the Major Health program (QEP-SC 11-9-2011). The Director of Health Promotion's other administrative tasks will be the supervision of our current Health Center, counseling services, and drug and alcohol education programs. As regards the QEP, specifically, this individual will supervise the health education program for the Foundations experimental group and will oversee assessment scheduling and scoring (see section 8.2 for more information).

Hiring of the Director of Health Promotion will occur in Spring 2013, providing the successful applicant with at least 4-6 months of acclimation and preparation time. We plan to advertise for the position during Fall 2012, with interviews and the actual hiring taking place early in the spring semester of 2013.

Personnel responsible: R. Britton Katz, Vice President for Student Life and Dean of Students, as well as the Chair of the QEP-MR Committee
Date: August 1-December 1, 2012 (soliciting applications)
Date: January 15-March 1, 2013 (interviews and hiring)

6.5 Publicity and Engagement

Unlike some QEPs that recruit students and faculty to participate in pilot programs or new courses and thus require considerable marketing, our QEP is a comparative study comprising part of a required Foundations course. Students will be randomly assigned to groups. Therefore, there will be almost no need for publicity and in fact, too much enthusiasm could be a confounding factor for the study if students try to get into or avoid one of the two groups based on personal interest in or resistance to health education. While we will have a website explaining Major Health and what we are hoping to accomplish, this entire program is a test to find out whether a health promotion program should become a permanent part of our curriculum. If the program is successful and is instituted, then more publicity would be warranted.

6.6 Summary

Millsaps College has made every effort to set up the implementation schedule of Major Health in a way that demonstrates our capability to generate the desired learning outcomes. We have set up an implementation schedule that focuses on establishing an oversight committee by July 15, 2012, has online data management systems up and running by December 1, 2012, hires a Coordinator by March 1, 2013, and begins our program in August 2013.
7. TIMELINE

7.1 Overview

This section will lay out the timeline for all the important steps remaining to implement the QEP and the specific College personnel responsible for ensuring that those steps are taken.

7.2 Major Health Implementation

- July 1-July 15, 2012: Formation of QEP MR Committee (Vice President for Institutional Planning and Assessment; Chair, QEP RD Committee)
- July 1-December 1, 2012: Establish all online assessment data collection and data management procedures (Information Technology Services; QEP MR Committee)
- August 1-December 1, 2012: Advertise for and collection applications for Coordinator of Major Health (QEP Monitoring and Reporting Committee; -Vice President of Student Life and Dean of Students; Vice President for Institutional Planning and Assessment)
- January 15-March 1, 2013: Interview candidates and hire Coordinator of Major Health (Vice President of Student Life and Dean of Students; Chair, MR Committee)
- May 1, 2013: Coordinator of Major Health begins work and is oriented (Vice President of Student Life and Dean of Students; Vice President for Institutional Planning and Assessment; QEP MR Committee)
- Fall 2013: 2013 entering class pre-testing (Coordinator of Major Health); health education (Coordinator of Major Health)
- Spring 2014: 2013 entering class post-testing (Coordinator of Major Health)
- Summer 2014: Data Analysis (Institutional Research Office)
- Fall 2014: 2014 entering class pre-testing (Coordinator of Major Health); health education (Coordinator of Major Health)
- Spring 2015: 2014 entering class post-testing, 2013 entering class post-testing (Coordinator of Major Health)
- Summer 2015: Data Analysis (Institutional Research Office)
- Fall 2015: 2015 entering class pre-testing (Coordinator of Major Health); health education (Coordinator of Major Health)
- Spring 2016: 2015 entering class post-testing, 2014 entering class post-testing (Coordinator of Major Health)
- Summer 2016: Data Analysis (Institutional Research Office)
- Fall 2016: 2016 entering class pre-testing, 2013 entering class post-testing (Coordinator of Major Health); health education (Coordinator of Major Health)
- Spring 2017: 2016 entering class post-testing, 2015 entering class post-testing (Coordinator of Major Health)
- Summer 2017: Final Data Analysis (Institutional Research Office)
- Fall 2017: QEP Assessment—determine future status of Major Health based on data analysis (Dean of the College; Vice President for Institutional Planning and Assessment; President of Millsaps College; and other College administrators)
- Fall 2017: Preparation of 5th year interim report (Coordinator of Major Health; QEP MReCommittee; Vice President for Institutional Planning and Assessment)
• March 25, 2018: 5th year interim report due to SACS (Coordinator of Major Health; Vice President for Institutional Planning and Assessment)

7.3 Summary

Millsaps College has made every effort to set up the schedule of Major Health in a way that demonstrates our capability for implementing and completing the QEP (see Appendix X: QEP Implementation Gantt Chart).

8. ORGANIZATIONAL STRUCTURE

8.1 Overview

This section will describe the organizational structure of the QEP, including the lines of authority, lines of responsibility, relationships between persons and positions involved in the QEP, and relation of the QEP personnel to other areas of College life and mission.

8.2 Coordinator of Major Health

As explained in the previous section of this report, coordinating the Major Health program will be the job of the person hired for the new position of Director of Health Promotion. The new full-time Director of Health Promotion will dedicate half of his or her time to running Major Health. Informed by the “Guidelines for Hiring Health Promotion Professionals in Higher Education” of the American College Health Association, this person will possess all the necessary education, training and experience to supervise the program. As those guidelines state, “A director of health promotion is a professionally trained individual who is responsible for overall departmental leadership including assessing, planning, implementing, supervising, and evaluating administrative activities to ensure mission accomplishment and high quality effective health promotion services. Responsibilities include supervising and evaluating staff; managing and coordinating the budget; implementing policies; and prioritizing programs and resources that result in student learning and health behavior and status improvement on individual and community levels” (American College Health Association, 2008).

As Coordinator of Major Health, this person will be responsible for testing and data management, supervising scoring of narrative assessment (reflection papers and goal-setting papers), and teaching or supervising appropriate personnel to teach the health education modules of the F2 Foundations student group. In terms of administrative and management tasks, the Coordinator will be responsible for coordinating with Institutional Research for statistical analysis, coordinating with Information Technology Services for maintenance of the website and online testing, coordinating with the Vice President of Institutional Planning and Assessment for SACS reporting, coordinating with the Foundations director, meeting regularly with the QEP Committee for Monitoring and Reporting (QEP-MR), and supervising the production of the 5th year interim report for SACS.

The Director of Health Promotion will report directly to the Vice President for Student Life and Dean of Students. The person hired for this job will therefore be administratively housed in the Division of Student Life. However, for assessment purposes, this individual will also report to the Vice-President for Institutional Planning and
Assessment, who is also the College’s official SACS Liaison. For more information, see the Appendix XI: Director of Health Promotions Job Description and Appendix XII: Major Health Staff Organization Chart.

8.3 QEP Committee for Monitoring and Reporting

This committee, as described in section 6.2, will be responsible initially for monitoring the implementation of Major Health, prompting relevant personnel to complete tasks relevant to implementation, and assisting in interviewing candidates for the position of Coordinator of Major Health. Once the Coordinator position is filled, the charge of the QEP-MR committee will be to assist the Coordinator in scoring of certain assessment tasks, to monitor the progress of the program in action, and to help prepare documents for the 5th Year Interim Report. After the final data of Major Health has been analyzed, this committee will prepare a report for the College administration that explains the results of the program and makes a recommendation as to whether or not the program should be continued. If it recommends continuation, the committee will also indicate how the initiative should be transformed into a regular part of the general curriculum.

The QEP-MR will be a standing committee of the College under the auspices of the Vice-President of Institutional Planning and Assessment and the Senior Vice President for Academic Affairs and Dean of the College. The Vice President for Institutional Planning and Assessment is an ex-officio member of the committee.

8.4 Institutional Research

The Institutional Research Office specialist will be responsible for analyzing the data produced by Major Health assessment and will consult on how best to prepare and collect data. The specialist will be a member of the QEP-MR. Institutional Research is under the office of the Vice President for Institutional Planning and Assessment and the IR specialist will report directly to the Vice President.

8.5 Vice President for Institutional Planning and Assessment

The Vice President for Institutional Planning and Assessment, who is also our SACS Liaison, is the institutional authority for the QEP. As formally stated in the job description for this position, the Vice President has the following responsibilities: (1) to coordinate planning, implementation and evaluation of the College’s Strategic Plan initiatives; (2) to provide leadership and facilitate the assessment of College outcomes with regard to mission and goals, leadership and governance, administrative structures and services, and institutional integrity; and (3) to oversee both the Office of Institutional Research and the Department of Information Technologies. As such, the Vice President will be responsible for supervising the Coordinator of Major Health (in the latter’s specific role regarding the QEP), supervising Institutional Research’s analysis of the QEP data, meeting with the QEP-MR committee as an ex officio member, monitoring progress and adherence to the Major Health plan and assisting with and authorizing the 5th year interim report.

8.7 Summary
Millsaps College has made every effort to organize the persons and positions involved in the QEP so that the plan is well-monitored and supported, providing clear lines of responsibility for implementation and sustainability.

9. RESOURCES

9.1 Overview

This section will describe the human, technological, and financial resources needed to implement the QEP and the source of those resources.

9.2 Budget

9.2.1 Coordinator and Major Health Office

Coordinating the Major Health program will be the task of a new person—a Director of Health Promotion—hired in the Division of Student Life. Half of the Health Promotion Director’s work will be geared toward the implementation and maintenance of Major Health. Based on guidelines from the American College Health Association and our Dean of Students’ professional knowledge, the salary for the Health Promotion Director’s position will be approximately $40,000 plus associated benefits of $8,000. Since half of that person’s job will be to direct Major Health, we assign an annual cost of $20,000 for related salary and $4,000 for related associate benefits.

In addition to salary and benefits, the Coordinator of Major Health will also be provided with professional development funds of $500 annually (for such things as conference attendance) and with professional organization membership fee funds of $200 annually (for American College Health Association membership).

The Coordinator of Major Health will also be provided with a student assistant (supervised through the Millsaps work study program) at a semester cost of $1,600 (or $3,200 annually). Office supplies associated with Major Health have been determined to run around $1000 annually. The Coordinator will have access to clerical assistance from the general clerical staff of the Division of Student Life as well as from the student assistant. Beyond the funds for the student assistant, general clerical work is part of existing job descriptions and is thus considered an immaterial cost.

The total annual cost for management-related aspects of Major Health is thus $28,900.

9.2.2 Assessment Costs

Many of the assessment instruments we will use are either free of charge when used for institutional assessment (as opposed to publishable studies) or have been provided to us free of charge by the copyright owners. Only one standardized assessment is commercial (the RRSA-Research Readiness Self-Assessment); this assessment will cost $3,300 for a four-year contract, or an annual cost of $825.
All of the other standardized assessment instruments will be provided online and automatically scored using Moodle (a free web-based application, known on our campus as Course Connect). The non-standardized assessments (which include a reflection paper and a goal-setting paper) may be provided online but will require scoring by Major Health staff personnel and faculty from the QEP Monitoring and Reporting committee. It is not certain that additional costs will be incurred for Major Health data storage, because such costs will depend on numerous variables associated with current strategic planning and increasing storage use for other curricular endeavors. In consultation with Information Technology Services, we are preemptively earmarking $5,000 for possible data storage purchase needs. In addition, we are adding one semester of student assistant work-study for entering test questions into the Course Connect site. This assistant will be assigned as the Course Connect manager and will be active from July 1, 2013 through December 1, 2013 at a cost of $1,600.

The ongoing total annual cost for assessment-related aspects of Major Health is thus $825. In addition there is a one-time semester cost of $1,600 for a Course Connect student assistant and a one-time cost of earmarking $5,000 for data storage purchases.

9.2.3 Total Costs

The total annual cost of the Major Health program are estimated to be $29,725. This cost reflects a combining of the costs for management and the RRSA assessment instrument. The costs associated with clerical help and Information Technology are considered part of existing job descriptions and thus are immaterial costs.

We anticipate that the Coordinator of Major Health will begin work in May 2013 (approximately 4 ½ months before the first data collection). The 5th year Interim Report will be due to SACS approximately March 5, 2018. Thus, we will have concluded data collection and analysis by Fall 2017. Our overall budget therefore includes Major Health Coordinator salary and benefits for 4.42 years, office supplies for 4.42 years, professional dues for 4.5 years, student assistant salary for 9 semesters, the RRSA contract for 4 years, and data management costs for 4.5 years.

Adding the earmarked $5,000 for possible data storage needs and the one-time cost of $1,600 for a Course Connect student assistant, the total costs for Major Health are projected to be $131,750 for the period of time from May 1, 2013 through May 1, 2017 (the Coordinator of Major Health will still supervise the writing of the 5th year interim report but this will now be a much reduced portion of their time and so we count it as an immaterial cost).

For a budget chart, see Appendix XIII: Budget Chart.

9.3 Source of Income

The Major Health program will be funded by an allocation of strategic initiative funds. These are present in the budget each year to provide funding for items deemed by the
President and Executive Staff to be among our top priorities for advancing the institution. The monies are designed so that they can be permanent additions to the budget or one-time expenditures. In the case of the QEP, they are semi-permanent (depending on the evaluation of the program at the 5th year) and will have a new budget line. Also, the QEP will be a top priority.

9.4 Summary

Millsaps College has made every effort to create a viable and realistic allocation of human, financial, and physical resources, minimizing costs while nonetheless identifying resources in a way that demonstrates our capability for implementing and completing the QEP.

10. ASSESSMENT

10.1 Overview

This section will describe the methods and tools for assessing the results of the QEP, including assessment of related knowledge, skills, values, and behaviors and the way in which our assessment tools are related to our specific goals and desired student learning outcomes.

10.2 Assessment Instruments

10.2.1 Goals and Outcomes and Success

As stated in section 4.2, the goal of the Major Health program is to improve, through our Foundations health education program, students’ understanding of health, their ability to locate and interpret good health information, their appreciation of health, and their engagement in healthful behavior. These four areas may be outlined respectively as addressing knowledge, skills, values, and behaviors associated with health.

To determine whether the Major Health program is successful in achieving these goals, we have identified assessment methods that address each of the four areas. Through a mixture of quantitative and qualitative assessments and direct and indirect assessments, we should get a representative understanding of the effects of the program.

10.2.2 Knowledge (Improve Understanding of Health)

As stated in the literature review, a necessary part of a health promotion and education program is the development of health knowledge. In order to test for this, we will use two methods.

Reflection Paper:
- Students will be required to have a physical before they enroll at Millsaps, and we will specify that they are to learn those health “numbers” designated by the Know Your Numbers campaign as the most important. These figures include cholesterol levels, blood pressure, blood sugar
levels, height, and weight. As part of the pre-testing, students will be required to articulate in a short reflection paper their perceptions of their own health. The online prompt for this exercise will include a chart describing risk levels associated with these numbers. Students may or may not address their own numbers as they see fit. The purpose of the reflection paper is to get a sense of how thoughtful students are about their own health. The reflection paper will be scored according to a Likert scale using a rubric for scoring (see Appendix XIV: Reflection Paper Sample).

Health Knowledge Inventory (HKI):
- For a more direct measure of health knowledge, we will use a revised Health Knowledge Inventory. The HKI was created by scholars in Public Health (Thomas Nicholson, Jimmie Price, and C. Wayne Higgins) to be a valid measure of general health knowledge for college students. It has 110 items, covering the areas of accidents and safety, aging and death, chronic disease, communicable disease, consumer health, environmental health, human sexuality, mental health, nutrition, physical fitness, and drug use. The test has been validated and reliability established. We plan to use a slightly revised version of the Inventory, since it had not been updated recently (permission provided by the authors) (Nicholson 1990; Nicholson 1991; Price 1991). Please see Appendix XV: Health Knowledge Inventory Sample.

10.2.3 Skills (Improve Ability to Locate and Interpret Good Health Information)

As stated in the literature review, a necessary part of a health promotion and education program is the development of health information skills. In order to test for this, we will use two methods:

Medical Data Interpretation Test:
- The MDIT is an 18-item instrument that tests students’ critical thinking and analysis skills as applied to interpreting medical statistics regarding disease risks and risk reduction. The test presents several paragraphs describing medical studies and the effects of new drugs and then asks the respondent questions about what statistical conclusions can be drawn concerning treatment effectiveness and medical risk. The test has acceptable validity and reliability (see Appendix XVI: Medical Data Interpretation Test Sample).

Research Readiness Self-Assessment:
- The RRSA is an interactive online 56-item assessment tool used to measure a student’s health information competency and in particular the student’s ability to find, analyze, and judge the value of online health information (the most common way students acquire such information except for personal communication). The RRSA includes multiple-choice questions and problem-based exercises concerning areas such as finding health information (search skills, understanding Boolean operators), evaluating health information (judging the value of the source), understanding plagiarism, and assessing their own information search
skill level. The test has acceptable validity and reliability (please see Appendix XVII: Research Readiness Self-Assessment Sample.)

10.2.4 Values (Improve Appreciation of Health)

We are interested in learning more about the values and attitudes that affect a student’s health behavior. We will use three methods to make assessments in this area:

Self-Stigma of Seeking Help:
• A 10-item questionnaire measuring students’ perceptions of mental illness and attitudes toward seeking help for mental health problems.

Social Stigma for Receiving Psychological Help Scale
• A 5-item questionnaire measuring attitudes toward others’ mental health problems and others’ activities in seeking help (see Appendix XVIII: Self-Stigma of Seeking Help & Social Stigma for Receiving Psychological Help Scale).

Reflection Paper
• Though partially open-ended, the Reflection paper will also give students the opportunity to comment on how much they value health and what their attitudes toward their own health is.

10.2.5 Behavior (Improve Engagement in Healthful Behavior)

As stated in the literature review, a health promotion and education program is only successful if it results in behaviors and healthful behaviors are more likely to occur with goal-setting. While directly measuring health behaviors such as exercise and proper eating is impracticable, there are indirect ways to determine if behavioral changes have occurred. In order to provide assessment in this area, we will use the following three methods:

Health Promoting Lifestyle Profile II
• The HPLP-II is an instrument that measures self-reported actual activities related to a health-promoting lifestyle, including diet, exercise, and seeking medical help (Walker, et al 1987). (See Appendix XIX: Health Promoting Lifestyle Profile II Sample.)

Mental Health Inventory
• In order to include assessments of students’ current mental health and risks we will use the MHI-38, a 38-item scale that provides a score indicating how a student ranks in low-high ranges on 8 subscales—anxiety, depression, loss of behavioral/emotional control, general positive affect, emotional ties and life satisfaction, psychological distress and psychological well-being. (See Appendix XX: Mental Health Inventory Sample.)

Goal-Setting Task
• In order to test whether health education modules and experience make a difference in goal-setting we will have the F2 group perform three goal-
setting tasks over time, looking at how well those students incorporate the
goal-setting skills taught in the health education modules. The goal-
setting tasks will be scored according to a shortened Likert scale and
each successive goal-setting task will require reference to the previous
one. (See Appendix XXI: Goal-Setting Task Sample.)

10.3 Outcomes to Assessment Matrix

For a visual guide to the relationship between our assessment instruments and
our QEP goals and outcomes, see Appendix XXII: Outcomes to Assessment
Matrix.

10.4 Assessment Logistics

10.4.1 Administration Methods and Scoring

All of our assessment instruments will be administered online. The purpose of
this is to simplify and centralize data collection as well as make it easier for
Institutional Research staff to collect and analyze the data. All of our assessment
instruments fall into two categories: multiple choice standardized tests or rubric-
graded narratives. One multiple choice test (the RRSA) will be administered
through an online commercial portal. The remaining multiple choice tests will be
administered online using Course Connect, which will provide automatic scoring
and downloadable results. The two narrative tests (reflection papers and the
goal-setting tasks) will be administered online as prompts followed by text-entry
space. The narratives will be stored and made available to the Coordinator of
Major Health for scoring using a modified Likert scale rubric. In order to assist
the scoring of the reflection and goal-setting narratives, the Coordinator will
involve faculty, staff, and members of the QEP-MR committee. Following
standard procedures for norming Likert-scale scoring within a group of scorers,
the results of the narrative scores will also be stored and sent to institutional
research for analysis.

10.4.2 Use and Reporting

The Coordinator of Major Health, the Office of Institutional Research, the Chair of
the QEP Committee for Monitoring and Reporting, and the Vice President for
Institutional Planning and Assessment (who is also our SACS Liaison), will have
access to Major Health data for reporting, analysis, and monitoring.

Formative Assessment: Typically, QEPs have ongoing formative assessment so
that the school can modify the plan in light of what seems to be working and what
does not. Because of the nature of our plan—a comparative study making use of
multiple pre- and post-testing—we will be keeping track of results as the plan
moves forward, but we will not change the plan as we gather early data. The
reason for this is methodological. If we were to use formative assessment data
to alter the plan as we moved along, we would corrupt the data, since each
successive student group would be undergoing different experimental conditions.
In particular, once our health education curriculum is established, it must be kept
the same. If we changed the health education curriculum within the time period
of the QEP in order to improve the program, we would bias successive groups and ruin the data. In particular, we cannot change our health education modules to teach to observed deficits in health knowledge.

Summative Assessment: When the QEP has run its data collection and analysis course, we will then be able to modify and improve the program should the College decide the plan is worth keeping as part of our general curriculum. At the time of the 5th year interim report, then, all the assessment data we have gathered will be used to inform our next steps and make any modifications that the data suggest would be useful.

10.5 Summary

Millsaps College has made every effort to create a comprehensive evaluation plan that will provide all the relevant information needed to assess the achievement of the QEP goals. The evaluation plan includes direct and indirect measures, quantitative and qualitative measures, and pre- and post-test measures with the goal covering all aspects of our plan.

11. SUMMARY OF KEY ELEMENTS RELATED TO QEP ACCEPTABILITY

11.1 Overview

This section briefly summarizes the key elements of the QEP related to SACS requirements 2.12 and 3.3.2 and general components for acceptability.

11.2 Broad-based Institutional Process Identifying Key Issues

Millsaps College has made every effort to ensure that the process for selecting our QEP topic included an institutional process for identifying key issues emerging from institutional assessment, focused on learning outcomes, furthering the mission of the college, and included the broad-based involvement of institutional constituencies. That process included an examination of existing institutional data, comprehensive discussions with college constituencies, and the creation of a topic selection process that maximized widespread participation and identification of key issues (particularly related to requirement 2.12).

11.3 Focus

Millsaps College has made every effort to identify a significant topic that is creative and important to the long-term improvement of student learning (health education and health skills training) and has structured our plan with an eye toward making a clear and coherent program that focuses on learning outcomes and assists in accomplishing the mission of our institution (particularly related to requirement 2.12).

11.4 Capability

Millsaps College has made every effort to identify the required human, financial, and physical resources in a viable and realistic way, effectively managing costs while also identifying the required resources in a way that that provides an optimal foundation for
implementing and completing the QEP. The Major Health program will be funded by an allocation of strategic initiative funds. These are present in the budget each year to provide funding for items deemed by the President and Executive Staff to be among our top priorities for advancing the institution. The funds can be permanent additions to the budget or one-time expenditures. In the case of the QEP, they are semi-permanent (depending on the evaluation of the program at the 5th year) and will have a new budget line. Millsaps has also identified the human and technological resources to manage our QEP with the hiring of a specialist in health education and the centralization of all assessment measures online using existing and/or free software (particularly related to standard 3.3.2).

11.5 Broad-based Involvement in Development and Implementation

Millsaps College has made every effort to ensure broad-based involvement of all College constituencies in the selection, development, and implementation of our QEP. The selection process comprised an examination of existing institutional data, a well-publicized and transparent 7-month long proposal and discussion process, numerous opportunities for receiving information on the QEP and for participating in the creation and selection of the topic, public vetting of proposals, and assurance that all final proposals would be considered by strategic planning committees. This process culminated in the conscientious selection of health education by a large and diverse steering committee. The development process continued with an 8-month long research and design process guided by a committee composed of members from every division of the College. The implementation process will continue with a well-organized plan that includes monitoring and reporting by a committee also composed of members from every academic division of the College, Institutional Research, Information Technology Services, and the senior administration (particularly related to standard 3.3.2).

11.6 Assessment

Millsaps College has made every effort to formulate clear goals for the QEP and create a comprehensive evaluation plan that will provide all the relevant information needed to assess the achievement of the QEP goals. The goals are to improve students’ understanding of health, their ability to locate and interpret good health information, their appreciation of health, and their engagement in healthful behavior. The evaluation plan includes direct and indirect measures, quantitative and qualitative measures, and pre- and post-test measures with the goal of covering all aspects of our plan. The desired learning outcome is for students who undergo the health education version of Foundations and goal-setting tasks to demonstrate a statistically significant improvement in health knowledge and skills as measured by assessment instruments, with the experimental group scoring at least 10% higher on the post-test than the ordinary Foundations students (particularly related to standard 3.3.2).

11.7 Summary

In a careful and thoughtful manner, Millsaps College has chosen, developed, and prepared to implement a QEP that is solid, in keeping with our mission, and extremely relevant to our students’ lives both educationally and personally. We are excited for the plan to begin and are optimistic that it will achieve results significant and valuable enough to make it a permanent improvement in our curriculum and a rewarding addition to our students’ lives.
12. REFERENCES


Ivanitskaya L, O’Boyle I, Casey AM (2006). Health Information Literacy and Competencies of Information Age Students: Results from the Interactive Online Research Readiness Self-Assessment (RRSA). Journal of Medical Internet Research, 8(2).


Stewart-Brown, S. (2006). “What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach?” World Health Organization, Regional Office for Europe.


13. APPENDICES
### Appendix I: Related NSSE Data

#### NSSE Benchmarks-2008

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>FIRST YEAR STUDENTS</th>
<th><strong>Means</strong></th>
<th><strong>Sig</strong></th>
<th>SENIORS</th>
<th><strong>Means</strong></th>
<th><strong>Sig</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Academic Challenge</td>
<td>64.2</td>
<td></td>
<td>60.1***</td>
<td>60.6</td>
<td>**</td>
<td>0.01</td>
</tr>
<tr>
<td>Active and Collaborative Learning</td>
<td>50.0</td>
<td></td>
<td>46.6*</td>
<td>57.0</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Student-Faculty Interaction</td>
<td>43.9</td>
<td></td>
<td>38.9**</td>
<td>58.8</td>
<td>**</td>
<td>0.01</td>
</tr>
<tr>
<td>Enriching Educational Experiences</td>
<td>34.7</td>
<td></td>
<td>32.6**</td>
<td>54.1</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Supportive Campus Environment</td>
<td>69.5</td>
<td></td>
<td>67.0</td>
<td>65.9</td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>

**Description of Chart and Results:**

- Includes Benchmarks for freshmen and seniors; the average of survey responses ("Mean") for Millsaps students for each Benchmark; "means" for students attending schools in four different groups; and significance levels of p<.05 (*), p< .01 (**), and p<.001 (***).
- An asterisk next to a comparison group mean indicates a significant difference exists between Millsaps and another comparison group for a given Benchmark.
- In all significant cases (as noted with asterisks) the Millsaps mean exceeds the mean of other groups for the Benchmark, indicating higher engagement for the Millsaps students who responded to the survey compared to other groups.
- In the few cases that the comparison group mean exceeds the Millsaps mean, the comparison group mean is underlined. None of these cases is significant, however, indicating that the engagement of Millsaps and comparison groups is not significantly different in these areas.

**Benchmark Results of the National Survey of Student Engagement (NSSE) - Spring 2008**

#### Background:

- NSSE analysts created five Benchmarks of Effective Educational Practice to focus discussions about the importance of student engagement and provide indirect measures of student learning. Based on studies of educational activities that are associated with student success, NSSE calculates numeric Benchmark indicators based on arithmetic averages of student responses to specific survey questions.
- The statistics provided by NSSE below compare the average Millsaps survey response with the average responses for students attending two selected peer groups and two groups identified by NSSE for their high levels of student engagement (the top 50% and top 10% of schools). Millsaps student levels of engagement compare favorably with peer groups. When comparing the most significant mean differences between Millsaps and all four groups, Millsaps engagement is strongest for the "Levels of Academic Challenge" for freshmen and "Student-Faculty Interaction" for seniors.

#### Survey Responses

- **FIRST-YEARS**
  - Participated often or very often:
    - Exercised or participated in physical fitness activities: 59%
  - **SENIORS**
    - Participated often or very often:
      - Exercised or participated in physical fitness activities: 55%

**Legend for National Survey of Student Engagement comparison groups:**

- **CPB A&S** = Carnegie Private Baccalaureate Arts & Sciences institutions with similar admissions policies
- **All Bacc A&S** = All Baccalaureate Arts & Sciences institutions which responded to the NSSE survey.

**Summary of 2007-2011 NSSE Results**

- **Bolded Millsaps figures indicate a more positive response than both peer groups listed. Asterisks indicate significant differences.**

**Additional Notes:**

- Underlined asterisks indicate that the peer group responses were significantly more favorable than the Millsaps response.
1. PROPOSAL: ENRICHING STUDENT LIVES THROUGH HEALTH EDUCATION This two-part program will strive to integrate health education and healthy lifestyle choices into Millsaps students’ everyday life. The first part of the program aims to present Millsaps students with relevant and practical health education topics during their first year in college through the Foundations program. Students will discuss the importance of these issues and learn how to incorporate healthy habits into their lifestyle. Students will also discuss how to utilize health resources as well as health staff and employees on campus. Topics would be specific to most college students and would include sleep/stress management, sexual education, mental health, women/men’s health, nutrition, drugs/alcohol. Campus medical procedures will also be discussed at this time. The second part of this program will involve the continuation of this education through the practice of the learned healthy lifestyle choices discussed in the student’s first year. Students will be required to complete a 1 hour health/physical fitness credit any time during each semester after their first year at Millsaps in order to graduate. These credits are to be completed by participating in approved activities, including participation in any physical fitness club, using the HAC (Hall Activities Center) facilities, and participating in sports and/or intramurals. Students will have their hours approved by a health professional hired by Millsaps College to facilitate health education and activities on campus. During this time students must also complete a physical assessment performed by a medical professional in the Wesson health center freshman and senior year.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Rating Average</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I would support this plan.</td>
<td>6.8% (13)</td>
<td>16.8% (32)</td>
<td>11.6% (22)</td>
<td>36.3% (69)</td>
<td>28.4% (54)</td>
<td>1.00</td>
<td>190</td>
</tr>
<tr>
<td>b. It is clear to me what this plan would do.</td>
<td>1.1% (2)</td>
<td>9.1% (17)</td>
<td>9.1% (17)</td>
<td>55.6% (104)</td>
<td>25.1% (47)</td>
<td>1.00</td>
<td>187</td>
</tr>
<tr>
<td>c. This plan is needed on the Millsaps College campus.</td>
<td>5.9% (11)</td>
<td>17.7% (33)</td>
<td>24.2% (45)</td>
<td>32.8% (61)</td>
<td>19.4% (36)</td>
<td>1.00</td>
<td>186</td>
</tr>
<tr>
<td>d. This plan would improve student learning.</td>
<td>6.4% (12)</td>
<td>16.5% (31)</td>
<td>28.7% (54)</td>
<td>35.1% (66)</td>
<td>13.3% (25)</td>
<td>1.00</td>
<td>188</td>
</tr>
<tr>
<td>e. I would be excited about this plan.</td>
<td>13.2% (25)</td>
<td>20.6% (39)</td>
<td>24.3% (46)</td>
<td>24.3% (46)</td>
<td>17.5% (33)</td>
<td>1.00</td>
<td>189</td>
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</table>
2. PROPOSAL: INTERNATIONALIZING THE MILLSAPS CAMPUS: This plan aims to infuse an ethos of international engagement and awareness into the Millsaps campus. The plan is designed to build on an existing strength in study abroad programs that actively involve significant numbers of Millsaps students and faculty and the increasing number of international students studying at Millsaps. It provides the necessary counterpart to these existing components of the college in an effort to facilitate the type of comprehensive internationalization increasingly discussed as central to liberal education and preparation for lives and careers in the twenty-first century. Focusing on curricular and co-curricular aspects of the Millsaps home campus in Jackson, this QEP seeks to create an environment that is conducive to international engagement in Jackson, Mississippi. This environment will invite students and other members of the community with a wide range of academic interests to embrace and critically reflect on their place in an international world.

The plan allows students to engage an internationalized educational experience in a variety of ways, including: the creation of a living-learning environment populated by international scholars drawn from the student body in their first two years; an annual international scholar in residence program; a certificate program in global engagement that leverages existing courses of study and international opportunities; public fora for sharing ideas, writing, and photography related to international experiences; possible curricular initiatives; and enhanced language learning opportunities with native speakers on campus.
3. PROPOSAL: SUSTAINABLE MILLSAPS: DEVELOPING LEADERS FOR A SUSTAINABLE FUTURE:
This QEP proposes to broaden student learning in the area of sustainability and to prepare students as leaders capable of developing creative and constructive solutions to global environmental problems. Faculty, staff, and students have fostered an array of programs and classes in response to growing interest in sustainability, but these have been difficult to maintain from year to year. With the institutional recognition and support that comes with the QEP, these separate initiatives can be integrated into a coherent program with lasting and meaningful results. Examples of ways in which sustainability might be incorporated into existing programs as part of the QEP include: faculty workshops, Art of Teaching sessions, a dedicated Friday Forum, development of a living-learning community (similar to Wellspring, information on recycling and other sustainability initiatives provided to new students, periodic selection of first-year summer reading focused on sustainability, promotion of sustainability service in the community, promotion of Millsaps' unique facilities in Yucatan as a model for sustainability, development of a decision-making scheme that would involve advisement from a committee of faculty, students and staff charged with advancing campus sustainability, establishment of an undergraduate Sustainability Intern program, development of a web site added to the Millsaps domain in order to promote awareness of sustainability initiatives in campus life, service, campus operations, and academics at home and abroad.
### 4. What is your role at Millsaps College?

<table>
<thead>
<tr>
<th>Role</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
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<tbody>
<tr>
<td>Student</td>
<td>51.3%</td>
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</tr>
<tr>
<td>Staff</td>
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<td>38</td>
</tr>
<tr>
<td>Faculty</td>
<td>29.0%</td>
<td>56</td>
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answered question 193
skipped question 0
APPENDIX III: QEP NEXT STEPS: INFORMATION ON THE QEP FOR MILLSAPS COLLEGE

QEP NEXT STEPS: Information On The QEP For Millsaps College

This year Millsaps College has been in the process of developing our Quality Enhancement Plan… In order to provide more information on the QEP process here at Millsaps, this document is intended to address some general questions about the QEP—the selection process, the content of the plan, and next steps.

ABOUT THE QEP

1. What was the QEP Topic selected?
   - The proposal chosen was called “Enriching Students' Lives Through Health Education”. This proposal establishes the general topic and outline, but much more work will be done to focus the topic for accreditation purposes.
   - This proposal is about a whole-person approach to enriching students' lives at Millsaps College—an approach that adds education about the body (including physical and psychological health) to the already existing educational program dealing with the intellectual and spiritual dimensions of student lives. It is a two-part program that will strive to integrate health education and healthy lifestyle choices into Millsaps students' everyday experience.
   - The first part of this program aims to present Millsaps students with relevant and practical health education topics during their first year in college through the Foundations program. Students will discuss the importance of these issues and learn how to incorporate healthy habits into their lifestyle. Topics would be specific to our current generation of college students and would include information about sleep/stress management, sexual education, mental health, women/men's health, nutrition, drugs/alcohol.
   - The second part of this program will involve the continuation of this education through the practice of the learned healthy lifestyle choices discussed in the student's first year. Students will be required to complete a health/physical fitness credit during each semester after their first year at Millsaps in order to graduate. These credits are to be completed by participating in health and fitness approved activities. During this time students must also complete a full medical physical assessment, one during the freshman year, one during the senior year.

2. How was the QEP selected?
   - Following a very common procedure in QEP development, a committee was formed in March of 2010 composed of members of every segment of the college community (and added to later). The purpose of the committee was to inform the community about the QEP, to solicit proposals, and eventually to select the official QEP. The purpose of the committee and the procedure for QEP selection was posted on the QEP website in August of 2010 and was also explained in a large, 2-page ad in the P&W on August 26, 2010.
   - The committee shepherded the process of publicizing and soliciting proposals for the QEP until the proposals were narrowed to 3. Then the committee, based on their best understanding of QEP requirements, using numerous bits of information gathered from attending SACS conferences, and incorporating feedback from the college community, selected the QEP topic.

3. What was the QEP Committee's reasoning in their selection?
   - The committee looked at a variety of issues relevant to the requirements of the QEP. Taking into account that the final version of the QEP would necessarily require adapting and modifying any proposal in order to meet SACS requirements, the overarching consideration for the committee was which proposal would best lend itself to satisfying the specific needs of the QEP.
   - Those requirements include the very specific articulation of learning outcomes, the need to quantitatively and qualitatively assess whether those learning outcomes were achieved, the existence of clear and manageable assessment tools, the scope of the campus that would be affected, and the financial and labor-usage feasibility of implementing the plan.
   - Though many considerations were raised in the 2-hour discussion the committee had during the final selection meeting, the themes that attracted the most attention and analysis were these:
     - **Simplicity:** One of the most common criticisms SACS reviewers make of QEP proposals is that they are too ambitious, engage too many elements, have too many objectives, underestimate the labor and costs of the plan, and in general just try to do too much. As such, this meant that the committee placed a high value on simplicity, directness, and linearity of the proposal.
     - **Assessability:** A crucial aspect of the QEP is that it must be assessable, that the assessment instruments are clearly delineated, and that the labor associated with assessment is considered as part of the costs. As such, the committee looked for clear and manageable assessment possibilities, paying special attention to how much cost, labor, manageability, and directness was associated with a proposal.
     - **Opportunity:** While a QEP is certainly not required to be a completely new plan for a school, the committee did take into account the issue that some of the final proposals are more likely than others to be incorporated into our strategic planning initiative. As such, the committee considered whether the QEP process provided an exceptional opportunity for some valuable ideas more than others.
     - **Strategic Planning:** The QEP is only one aspect of campus culture and since the current and upcoming strategic planning process will be looking seriously at a variety of proposals, projects, programs, and plans, in no way is the selection of the QEP a contest with a "winner" and "losers". Proposals that are not selected for the QEP will still receive formal and focused consideration in that strategic planning process. As such—and unlike most schools that are not engaged in a major strategic planning initiative at the same time accreditation is occurring—this means that the committee could earn the right to take consideration which proposals would be best suited for strategic planning and which would be best suited for the more limited needs of the QEP. To the extent that any of the proposals had an effect on the curriculum, it was also thought best that the strategic planning process was the appropriate context for accreditation purposes. The proposal chosen was the one most open to assessment (manageable methods, timelines, coordination, instruments), and represented a somewhat unusual opportunity to pursue a directed value for students (given that the current generation of US students overall is thought to suffer from greater levels of physical and mental poor health than ever before) and for our community (given that Mississippi ranks as the worst on most measures of physical and psychological health). The proposals for Internationalizing the Campus and Sustainability on the other hand, were seen as more appropriate for the strategic planning process given that they are associated with programs and initiatives already in place on campus, that they were more academically and socially diverse in their goals, that assessment methods and for judging learning outcomes are more complex and labor intensive, and that there is no singular window of opportunity for these plans as required by the QEP.

4. How was the survey about the Level 3 proposals used?
   - The survey regarding attitudes towards the final three proposals was always recognized by the committee as a worthy, but very limited, source of information with which to inform the selection decision.
• Since the survey was not scientific (there was no random sampling of respondents, there would be a strong self-selection bias, there was no way to ensure that each respondent submitted only one set of answers, respondents would likely have far less information about the specific requirements of the QEP than committee members, not many people usually respond to online surveys), it could not provide decisive information on which proposal would be most suitable for the QEP.
• What the committee did want to see was whether there was a very strong tendency to reject any particular proposal. There was not.
• There were 193 responses (approximately 16% of the campus community including students, faculty, and staff). All the proposals were supported/strongly supported by approximately 65% to 80% of respondents (keep in mind the unscientific nature of the survey— self-selecting respondents are very unlikely to be a statistically representative sampling of a large population).
• Since the survey could provide only very limited information to begin with, and since the survey showed respondent support for all three proposals above 65%, the committee focused its attention on the themes discussed previously.

5. Is the QEP academic enough?
• The purpose of the QEP is to enhance student learning. SACS defines student learning broadly, however, as changes in knowledge, skills, behaviors, or values. QEPs are not limited therefore to direct changes in the academic curriculum of a school.
• Of the 39 initial proposals produced by the campus community, only about 7 were directly associated with altering the academic curriculum of the College. As the proposals progressed to Level 2, only a couple were directly related to the curriculum. As more information about the proposals was publicized to the campus community, it also became clear to the committee that there was significant resistance to any QEP that made direct changes to the curriculum. The explicitly voiced concern that any QEP that affected the curriculum would need to be approved by faculty led to a vetting of the proposals by appropriate faculty committees. The results of that vetting winnowed the final group of proposals to three.
• While the committee noted that it seemed somewhat unusual that none of the final three proposals were significantly curricular in nature, the committee also understood that QEPs do not have to be limited to traditional curricular changes, that faculty were concerned about any proposals that affected the curriculum, and that the strategic planning process would be a more appropriate venue for curricular changes in any case.

5. Do other schools have similar programs?
• Other schools do have similar programs to the QEP topic chosen for Millsaps.
• In order to determine how the Millsaps QEP stacks up against the category of schools that Millsaps aspires to join, the top 15 schools listed in the most recent U.S. News and World Report Liberal Arts College ranking were examined. Of those 15 schools, 14 have physical education and health education departments offering formal courses and a variety of health and fitness services. Of those 15 schools, 10 have formal physical education, health education, and fitness requirements. A summary is below (in order of USN&WR ranking):…

6. What will happen next?
• The next steps are to develop the QEP into the format and structure required by SACS. While the topic and outline of the QEP was shaped by the Level 3 proposal, there is much work to be done.
• The official QEP proposal that is presented to SACS must have very detailed information about timelines, literature reviews, implementation strategies, budgets, learning outcomes, and assessment instruments. As such, there will be a new set of committees organized that will handle each of these concerns.
• The QEP will be finalized in form and content over the summer and the fall and will be formally submitted to SACS in December of 2011. After that, an on-site review team from SACS will come to campus in April of 2012 to interview people, look through information, and make a final determination of the QEP and accreditation in general.

APPENDIX IV: FACULTY MEETING MINUTES MAY 4, 2011

Announcements
D. Davis: Baccalaureate and Commencement exercises Friday and Saturday; Baccalaureate speaker is Bishop Larry Goodpaster; Erica Cook posted the fastest time in 100m in Division III and has provisionally qualified for nationals.
M. Galaty: faculty and staff encouraged to give to annual fund by June 30.
D. Ray: AAUP meeting immediately following this meeting; the Bethlehem Center is accepting donations.

QEP Report and discussion, David Davis
Bob McElvaine re-introduced a motion made at the previous Faculty meeting which was adjourned before consideration. McElvaine read the motion:

The Faculty affirms the selection of the QEP topic as “Enriching Student Lives Through Health Education” and furthermore endorses the continued development of this general topic for the official Millsaps College QEP – a development that will focus on the promotion of Health Literacy, Health Behavior, the connection between physical fitness and academic success and the connection between mental health and academic success.

Motion was seconded; there was no discussion. David called the question which passed unanimously.

Meeting adjourned.

Tom Henderson
Faculty Secretary
# APPENDIX V: QEP-PROCESS GANTT CHART

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APPENDIX VI: QEP ABSTRACT

MILLSAPS COLLEGE QEP ABSTRACT

1. TITLE: QEP on Health and Wellness (name to be decided)

2. SUMMARY: The QEP will educate students about health facts, healthy behaviors, and healthy lifestyles, and will also stimulate goal setting for personal health, reflection on the value of health, and healthful behaviors.

3. JUSTIFICATION: The literature shows that most Americans fall short in both general and personal health knowledge, that such knowledge has a positive impact on physical and mental health, academic success, and financial success, that general and health knowledge can be improved, and that goal-setting for personal healthful living is more likely to result in healthy lifestyles. These issues are particularly important for our college's region since on almost all health measures tracked by the Centers for Disease Control, we live in the part of the country at highest risk (heart disease, diabetes, depression, stroke, obesity, inactivity, etc.).

4. GOALS
   a. Goals: The goals of the QEP are to promote students' understanding of health, ability to locate good health information, appreciation of health, and engagement in healthful behavior. These four goals may be outlined respectively as addressing knowledge, skills, values, and behaviors associated with health.
   b. Objectives: The objectives of the QEP are to determine students' levels of health knowledge and skills, to improve knowledge and skills through education, to develop goal-setting and reflection for personal health, and to require continuing healthful activity and acquisition of health knowledge throughout their time in college.
   c. Outcomes: The specific desired outcomes for the QEP are for students to demonstrate improved health knowledge (defined as an average 10% improvement in assessment scores from pre-test to post-test), show reflection on the value of health (defined as an “acceptable” score on the grading rubric for 3 health reflection papers, the latter two of which addresses the previous papers), set personal health goals for their time at college (defined as an “acceptable” score on the grading rubric for the goal-setting paper), and engage in continuing fitness or health education activity (defined as satisfying 2 health credits each semester from freshman semester 2 to senior semester 1 through a variety of approved activities).

5. STRATEGIES
   a. Knowledge: Requiring students to have a physical before starting school, to engage in assessment pre-testing, to engage in a health education curriculum that includes factual information on physical and mental health (as part of the required Freshman experience course), and to engage in assessment post-testing.
   b. Skills: Requiring students to engage in assessment pre-testing, to engage in a health education curriculum that includes training on how to interpret medical data and how to find and judge health information, and to engage in assessment post-testing.
   c. Values: Requiring students to write reflective papers on health and set goals for their personal health while at college—papers will occur before the health education curriculum, immediately after the health education curriculum, and again as seniors.
   d. Behaviors: Requiring students to satisfy a “health credit” obligation each of 6 semesters (freshman 2—senior 1), which may be accomplished by engaging in regular approved physical fitness activities, attending health education lectures or classes, or participating in an approved health program (such as smoking cessation or weight loss).
   e. Process: Students will participate in the QEP as follows:
      i. Freshman Semester 1: Physical, Pre-test, Health Education, Post-test
      ii. Freshman Semester 2: Health Credits
      iii. Sophomore Year: Health Credits
      iv. Junior Year: Health Credits
      v. Senior Semester 1: Physical, Post-test, Health Credits
      vi. Senior Semester 2: nothing

6. ASSESSMENT
   a. Knowledge (pre- and post-testing for all)
      i. Health Knowledge Inventory: The HKI is a 110-item survey that measures students' knowledge in 11 health content areas. The test has been developed and validated using thousands of college students and has been administered to students in several countries. Validity, internal consistency, and test/retest reliability are all high. While the test is no longer being updated, it has been used as recently as 2007 and we have obtained permission to use it and modify it as necessary.
      ii. Know Your Numbers: The Know Your Numbers Campaign is a health awareness program promoted by numerous health organizations, insurance companies, and government agencies to encourage people to understand important metrics related to their health, health risks, and lifestyle choices. With some variation, the KYN campaign encourages people to know the following: blood pressure, cholesterol levels, body mass index, blood sugar levels, waist circumference, and thyroid levels. This information will be required for incoming students as part of a complete physical and required again as seniors. Students will be tested on their knowledge of their own numbers and what normal ranges and risks are associated with those numbers.
      iii. Health Risk Assessment: Students will be required to complete a health risk assessment in which they input their KYN information, answer various questions regarding their fitness, nutrition, and activity behaviors and will receive a health risk assessment for the following conditions: heart disease, stroke, cancer, diabetes, high blood pressure, and osteoporosis. Currently we have access to the Polar Body Age Health Risk Assessment, however, there are numerous free online HRAs provided by such organizations as the American Heart Association that may prove more feasible. These assessments will directly increase students' knowledge of their own health status and trajectories.
      iv. Mental Health Inventory: In order to include assessments of students' current mental health and risks we will require completing the MHI-38, a 38-item scale that provides a score indicating how a student ranks in low-high ranges on 8 subscales—anxiety, depression, loss of behavioral/emotional control, general positive affect, emotional ties and life satisfaction, psychological distress and psychological well-being. The test is valid and reliable.
   b. Skills
i. **Medical Data Interpretation Test**: The MDIT is an 18-item instrument that tests students’ critical thinking and analysis skills as applied to interpreting medical statistics regarding disease risks and risk reduction. The test presents several paragraphs describing medical studies and the effects of new drugs and then asks the respondent questions about what statistical conclusions can be drawn concerning treatment effectiveness and medical risk. The test has acceptable validity and reliability.

ii. **Research Readiness Self-Assessment**: The RRSA is an interactive online 56-item assessment tool used to measure a student’s health information competency and in particular their ability to find, analyze, and judge the value of online health information (the most common way students acquire such information except for personal communication). The RRSA includes multiple-choice questions and problem-based exercises concerning: finding health information (search skills, understanding Boolean operators), evaluating health information (judging the value of the source), understanding plagiarism, and assessing their own information search skill level. The test has acceptable validity and reliability.

c. **Values**

i. **Self Stigma of Seeking Help and Social Stigma for Receiving Psychological Help Scale**: In order to gauge students’ perceptions of mental illness and their attitudes toward seeking help for mental health problems we will require students to complete the 10-item SSOSH, which measures attitudes toward their own mental health issues and the 5-item SSRPH, which measures attitudes toward others’ mental health problems. Part of the health education curriculum will contain information on mental health stigma and support relevant to these assessments. Tests are valid and reliable.

ii. **Reflection and Goal-Setting Paper**: In order to have students reflect on the importance of health, the awareness of health, their own health knowledge, and to set goals for their future health and health activities, we will first require a reflection paper prompting freshmen students to discuss their perceptions of health and their own health status and physical activity levels before any intervention, second require a reflection and goal setting paper for freshmen after the other testing and educational intervention, and third require a reflection paper during the student’s senior year in which they re-read their earlier papers and reflect on their health performance. These papers will be judged according to a rubric focusing on clarity, responses that address perceptions and attitudes, changes in awareness, and realism in goal setting (developed by faculty in our Psychology Department).

d. **Behaviors**

i. **Health Credit Requirement**: Each semester from freshman semester 2 to senior semester 1, all students will be required satisfy 2 “health credits” by engaging in approved regular physical fitness activity, attending health education workshops and lectures, taking an approved health related academic course, or engaging in a health program (such as smoking cessation).

ii. **Reflection and Goal-Setting Paper**: The senior version of this paper will include self-reporting on health activities and physical fitness levels.

7. **TIMETABLE**: First group of students would begin going through this program during the fall of 2012. We would also begin surveying current seniors that year to compare self-reported rates of health activities.

8. **RESOURCES**

a. **Director**: A Director of Health and Wellness Programs would be hired to manage the health education curriculum, data collection, data analysis, and project reporting. Salary of approximately $50,000/year plus benefits of approximately $10,000 = $60,000.

b. **Work Study students**: two work-study students would be assigned to the Director each year to help with the project. Approximately $10,000/year.

c. **Costs of testing**:

i. Health Knowledge Inventory: free

ii. Know Your Numbers: free (developed in-house from public sources)

iii. Health Risk Assessment: free (available from online health advocacy organizations such as the American Heart Association)

iv. Mental Health Inventory-38: free

v. Self Stigma of Seeking Help and Social Stigma for Receiving Psychological Help Scale: free

vi. Medical Date Interpretation Test: free (copyright holders do not charge)

vii. Research Readiness Self-Assessment: $2500 for a 5-year contract for use in 225 students per year pre and post test

viii. Reflection and Goal-Setting Paper: free (developed in-house)

d. **Total Estimated Direct Costs**: approximately $75,000/year for a minimum of 5 years
### APPENDIX VII: QEP-DESIGN GANTT CHART

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**Notes:**
- Task Description: Preliminary Draft of QEP Proposal and Design Committee Board and Chair
- Task Duration: 16 days
- Task Start Date: 4/2/2011
- Task End Date: 4/29/2011

**Task Name:**
- Task 1: Formation of QEP Proposal and Design Committee Board and Chair
- Task 2: Preliminary Draft of QEP Proposal and Design Committee Board and Chair
- Task 3: Task Name
- Task 4: Task Name
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APPENDIX VIII: MAJOR HEALTH DESIGN SCHEMA

Freshmen

Enroll

Randomize

F1

Group

Semester

1

Pre-testing

Reflection

Semester

2

Post-testing

Goal-Setting

Semester

4

Post-testing

Goal-Setting

Semester

7

Post-testing

Goal-Setting

APPENDIX IX: MAJOR HEALTH ASSESSMENT SCHEMA

Legend: F1 = Foundations course (regular)
F2 = Foundations course (health focused)
A = Standardized tests (health knowledge, health skills, health values)
B = Reflection paper (attitudes, self-knowledge, importance of health)
C = Goal Setting Task (formally setting goals for exercise, nutrition, health, reporting on achievement)
b = beginning of the semester
m = middle of the semester
e = end of the semester

SEMESTER

1

2

3

4

5

6

7

8

F1 A

B  A B

C

A B

C

GROUP
APPENDIX X: QEP IMPLEMENTATION GANTT CHART

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Notes:
- All tasks require approval from relevant stakeholders.
- Duration is estimated based on previous project experience.
- Dates reflect the fictional timeline for project implementation.
The Director of the Quality Enhancement Plan and Health Promotion is a fulltime professional in the Division of Student Life at Millsaps College. The Director reports to the Vice President for Student Life and Dean of Students. The Director also supervises the operations of the Wesson Health Center, the Counseling Center, and other duties assigned for Health Promotion.

**Primary Responsibilities**

- The Director of Health Promotion supervises 2 initiatives on campus. The first is Health Promotion. The second initiative is directing the College’s Health Enhancement Plan, called “Major Health.”

**Health Promotion**

- Oversee the development, implementation, evaluation and continuous improvement of relevant educational programs for a diverse student population. Develop, conduct, and evaluate educational programs and activities that promote individual health. Examples are self-care strategies and prevention of infection/injury; responsible use of alcohol, tobacco, and other drugs; stress management and mental health promotion; and reduction and prevention of rape/sexual and other forms of personal violence. Develop and implement interventions that serve to reduce the incidence and prevalence of injury, disease, and health problems.
- In consultation with professional staff in College Residence Life and in the Hall Activity Center, develop and implement educational programs targeted to students. Implement new, improved and/or alternative approaches, concepts, and techniques based on understanding of health promotion and the fundamentals of health care provision.
- Develop new information resources (print and electronic) in support of Health Promotion needs and priorities.
- Provide leadership for assessing, evaluating, planning and implementing the administrative activities of Health Promotion and all its functional areas (medical clinic, counseling services, and health promotion). Supervise, coach, counsel, train, motivate and evaluate a diverse team of professional staff. Develop and periodically update short-term and long-term strategic plans that identify goals and measurable objectives for programs, services, and operations.
- Create and maintain ongoing assessment plans to measure Health Promotion objectives to ensure the effectiveness of program services, programs, and activities. Develop, implement, modify, and evaluate policies and procedures. Direct the development, implementation, and analysis of periodic student health surveys. Advise and assist the Vice President in recruiting, hiring, and evaluating program staff. Develop effective internal systems and external referral resources and networks for referring students to appropriate medical and mental health services. Oversee, provide, and participate in training, outreach, consultation, crisis intervention, and emergency coverage. Plan, support, and engage in professional development activities for staff. Ensure compliance
with federal, state, and college regulations pertaining to the provision of physical and mental health services.

- Manage all related budgets and accounts in accordance with college policy.

**Quality Enhancement Plan ("Major Health")**

- As part of the College’s accreditation process, we developed a Quality Enhancement Plan (called “Major Health”) focused on health education and promotion. The successful applicant would supervise that program, including:
  - Provide testing and data management for the College Quality Enhancement Plan, essentially summarized in the dividing of each year’s freshman class into 2 groups (a standard group that receives no health education and an experimental group that does); in the administering of a series of online standardized tests in numerous subsequent semesters; in performing statistical tests on data; and in the reporting of results to the College.
  - Teach an annual series of 8-10 health education lectures/workshops/presentations to half the freshmen as a component of the Quality Enhancement Plan.
  - Manage all gathered data by (1) coordinating statistics/results with the Office of Institutional Research, (2) coordinating data with Institutional Technology for maintenance on the Quality Enhancement Plan website and online testing, (3) coordinating data with the Vice President of Assessment for reporting to the Southern Association of Colleges and Schools, (4) coordinating testing and teaching with the First-Year Experience Director and other administrators, (5) produce the 5th year interim report for the Southern Association of Colleges and Schools, (6) supervise 2 undergraduate students or Interns on the various Quality Enhancement Plan projects and initiatives, and (7) oversee a committee to reliably score the goal-setting task papers.

**Commensurate Responsibilities**

- Attend staff meetings as called by the Vice President for Student Life
- Create and submit annual reports on department progress and achievements
- Complete any additional tasks as required for the Office of Student Life

**Qualifications**

- Master’s degree in public health, health promotion, health policy, health education, health administration, nursing, counseling, clinical psychology, social work or related field. Five years administrative experience involving health- and/or wellness-related program development, implementation, and evaluation; supervision of personnel; and budgeting. Experience in developing and conducting health promotion programs and services in multicultural environments.
- Demonstrated ability to operate a personal computer and apply word processing software.
- Knowledge and application of health promotion, behavior change, and population-based theories and models. Knowledge of American College Health Association (ACHA) Standards of Practice for Health Promotion in Higher Education (SPHPHE).
- Knowledge and application of statistical tests and statistical analyses necessary for directing the Quality Enhancement Plan

**Remuneration**

- Salary is commensurate with experience in the regional market.
- Millsaps College benefits package
- Free on-campus parking
APPENDIX XII: MAJOR HEALTH STAFF ORGANIZATION CHART

President
(Robert Pearigen)

Vice-President for Student Life
(Brit Katz)

Director of Health Promotion/Coordinator of Major Health

Vice-President for Institutional Planning and Assessment
(Terri Hudson)

QEP-Monitoring and Reporting Committee

Institutional Research

Other...

APPENDIX XIII: BUDGET CHART

Major Health Program
Quality Enhancement Program
Millsaps College

Estimated Annual Costs

<table>
<thead>
<tr>
<th>Post</th>
<th>Salary</th>
<th>Benefits</th>
<th>Professional Development</th>
<th>Office Supplies</th>
<th>American College Health Association Dues</th>
<th>Health Professions Version RRSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coord</td>
<td>$20,000.00</td>
<td>$4,000.00</td>
<td>$500.00</td>
<td>$1,000.00</td>
<td>$200.00</td>
<td>$825.00</td>
</tr>
</tbody>
</table>

Estimated Total Costs

<table>
<thead>
<tr>
<th>Post</th>
<th>Salary (4.25 years)</th>
<th>Benefits (4.25 years)</th>
<th>Professional Development (4 Conferences)</th>
<th>Office Supplies (4.25 years)</th>
<th>American College Health Association Dues (4 years)</th>
<th>Health Professions Version RRSA (4 year contract)</th>
<th>Data Management</th>
<th>Data Storage Earmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coord</td>
<td>$85,000.00</td>
<td>$17,000.00</td>
<td>$2,000.00</td>
<td>$4,250.00</td>
<td>$800.00</td>
<td>$3,300.00</td>
<td>Data Management</td>
<td>Data Storage Earmark</td>
</tr>
</tbody>
</table>

Total Budget: $29,725.00

Total Budget: $131,750.00
REFLECTION PAPER 1: REFLECTION ON YOUR HEALTH

Your task is to write a paper that describes your perceptions of your health. For example, how often do you think about your health? How important do you think your health is? What do you use to assess your own health? These are just a few questions to help you get started, but feel free to address any other issues you find relevant to the topic.

In addition to your reflection, please answer the following three questions using the provided scales.

A) Which best describes your overall health for someone of your age?:

1 = “my overall health is very poor”, 2 = “my overall health is poor”, 3 = “my overall health is average”, 4 = “my overall health is good”, or 5 = “my overall health is excellent.”

B) Which best describes your plans to stay or become healthy?:

1 = “I have no plan to stay healthy.”, 2 = “I don’t have a formal (written) plan to stay healthy, but I think about it occasionally.”, 3 = “I do not have a formal (written) plan to stay healthy, but I have rules that I live by everyday to stay healthy.”, 4 = “I have a written plan to stay healthy and I think about healthy habits regularly.”, 5 = “I have a written plan to stay healthy and I think about ways to stay healthy often.”

C) Which best describes how your behaviors relate to staying or becoming healthy?:

1 = “I don’t pay attention or care about staying healthy.”, 2 = “I try to choose healthy foods and/or stay active.”, 3 = “I usually stay on an active schedule (e.g. exercise) and choose healthy foods.”, 4 = “I usually stay on an active schedule (e.g. exercise), choose healthy activities (e.g. taking stairs), and choose healthy foods.”, 5 = “I workout at least 5 days a week, choose healthy activities (e.g. taking stairs), and diet (e.g. weight loss, weight gain).”

Your paper should be approximately 1 page single spaced.

[...]

REFLECTION PAPER GRADING RUBRIC

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Proficient = 3</th>
<th>Developing = 2</th>
<th>Undeveloped = 1</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressed Attitudes</td>
<td>Referred to attitudes clearly and mentioned at least two.</td>
<td>Referred to attitudes vaguely or mentioned only one.</td>
<td>Did not refer to attitudes.</td>
<td></td>
</tr>
<tr>
<td>e.g. “I like cooking healthy.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressed Perceptions</td>
<td>Referred to perceptions clearly and mentioned at least two.</td>
<td>Referred to perceptions vaguely or mentioned only one.</td>
<td>Did not refer to perceptions.</td>
<td></td>
</tr>
<tr>
<td>e.g. “I am in good shape.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressed Behaviors</td>
<td>Referred to behaviors specifically and mentioned at least two.</td>
<td>Referred to behaviors generally or mentioned only one.</td>
<td>Did not refer to behaviors.</td>
<td></td>
</tr>
<tr>
<td>e.g. “I jog three times a week.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressed Health Information</td>
<td>Referred to health information specifically and mentioned at least two examples.</td>
<td>Referred to health information generally or mentioned only one.</td>
<td>Did not refer to health information.</td>
<td></td>
</tr>
<tr>
<td>e.g. “High cholesterol is bad for you.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressed Personal Connection</td>
<td>Referred to health as personally meaningful, giving at least one specific example or connection.</td>
<td>Referred to health as personally meaningful but gave no specific example or connection.</td>
<td>Did not refer to health as personally meaningful.</td>
<td></td>
</tr>
<tr>
<td>e.g. “Health is very important to me.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

APPENDIX XV: HEALTH KNOWLEDGE INVENTORY SAMPLE

Health Knowledge Inventory (Revised 12/11)

1. Weight baring exercise has been shown to lessen the risk of this disease:
   a. Heart disease
   b. Bone disease
   c. Cystic fibrosis
   d. Marfan’s syndrome

2. High calorie diets consisting mainly of fats and carbohydrates have been associated with what?
   a. Increased risk of diabetes type 1
   b. Increased risk of obesity
   c. Increased risk of heart disease
   d. Increased risk of diabetes type 2

3. Hashish is a derivative of:
   a. Mescaline
   b. LSD
   c. Marijuana
   d. Psilocybin

4. All of the following statements are true about shock except:
   a. It is easier to prevent shock than to treat it
   b. The victim’s temperature is usually high
   c. Vomiting is common
   d. Breathing is shallow and irregular

5. Of the following, which statement is inaccurate?
   a. The dying patient should be separated from other patients during the terminal phase.
   b. Most patients prefer to die at home rather than in a hospital.
   c. Health providers usually do not communicate easily on issues related to the needs of dying patients.
   d. Health providers usually do not communicate easily with each other on issues related to the needs of dying patients.

6. Osteoporosis is associated with a deficiency of:
   a. Vitamin A
   b. Calcium
   c. Potassium
   d. Vitamin B12

7. A positive HIV antibody test means:
   a. The person has full-blown AIDS
   b. The person is infected with the AIDS virus, and most certainly will develop AIDS.
   c. The person was exposed to the virus that causes AIDS, but has developed antibodies to the virus and is immune.
   d. The person has AIDS and will probably die in a year.

8. Carbon monoxide is dangerous because it;
   a. Causes sterility once the accumulation reaches toxic levels
   b. Causes muscular weakness
   c. Causes paralysis
   d. Causes brain damage

9. Causes sterility once the accumulation reaches toxic levels. [...]

10. Mescaline is a derivative of:
    a. Hashish
    b. LSD
    c. Marijuana
    d. Psilocybin

11. LSD is a derivative of:
    a. Mescaline
    b. Hashish
    c. Marijuana
    d. Psilocybin

12. Marijuana is a derivative of:
    a. Mescaline
    b. LSD
    c. Marijuana
    d. Psilocybin
Heath Knowledge Inventory (Revised 12/11)

1. Weight baring exercise has been shown to lessen the risk of this disease:
   a. obesity
   b. breast cancer
   c. diabetes
   d. osteoporosis

2. High calorie diets consisting mainly of fats and carbohydrates have been associated with what?
   a. Decreased risk of Alzheimer’s
   b. Increased risk of arthritis
   c. Later onset of puberty in teens
   d. Earlier onset of Type II diabetes

3. Hashish is a derivative of:
   a. Mescaline  c. Psilocybin
   b. LSD  d. Marijuana

4. All of the following statements are true about shock except:
   a. It is easier to prevent shock than to treat it
   b. The victim’s temperature is usually high
   c. Vomiting is common
   d. Breathing is shallow and irregular

5. Of the following, which statement is inaccurate?
   a. The dying patient should be separated from other patients during the terminal phase.
   b. Terminally ill patients should be told they are dying
   c. Most patients prefer to die at home rather than in a hospital.
   d. Health providers usually do not communicate easily with each other on issues related to the needs of dying patient.

6. Osteoporosis is associated with a deficiency of:
   a. Vitamin A  c. Potassium
   b. Calcium  d. Vitamin B12

7. A positive HIV antibody test means:
   a. The person has full blown AIDS
   b. The person is infected with the AIDS virus, and most certainly will develop AIDS.
   c. The person was exposed to the virus that causes AIDS, but has developed antibodies to the virus and is immune.
   d. The person has AIDS and will probably die in a year.

8. Major Depressive Disorder is a mood disorder that can be characterized by all of the following except:
   a. depressed mood
   b. lack of energy
   c. racing thoughts
   d. changes in appetite

9. Carbon monoxide is dangerous because it:
   a. Destroys cilia in the lung’s air sacs
   b. Impairs the red blood cells’ oxygen-carrying function
   c. Helps to create fluorocarbons in the air
   d. Causes sterility once the accumulation reaches toxic levels […]
Now, let’s look at some health messages. The next three questions are about the following advertisement for an imaginary drug called Gritagrel.

1. Which would best help you to determine how much a person could benefit from Gritagrel? (Circle one)
   a. How often people experience side effects
   b. The chance of stroke for people who do not take Gritagrel
   c. How many people take Gritagrel
   d. How recently Gritagrel was developed

2. Which would best help you to decide whether you will benefit from Gritagrel? (Circle one)
   a. How many people were in the study
   b. Age and sex of people in the study
   c. Whether a doctor confirmed that people had strokes
   d. Who paid for the study

3. Which additional piece of information would be the best evidence that Gritagrel helped people? (Circle one)
   a. Gritagrel lowered antioxidant levels
   b. Fewer people died for any reason in the Gritagrel group than in the placebo group
   c. Many doctors prescribe it
   d. Fewer people died from strokes in the Gritagrel group than the placebo group

Your doctor says there is a 10% risk of dying from pneumonia.

4. Which information best helps you understand whether this risk applies to you? (circle one)
   a. Most people who die from pneumonia are 75 years or older
   b. More than 110,000 people get pneumonia each year
   c. Pneumonia is one of the most common reasons for hospitalization
   d. About 15,000 people die from pneumonia each year

5. To better understand how much of a threat pneumonia is to your health, which information is most helpful? (circle one)
   a. How much money is spent on pneumonia research
   b. Whether pneumonia is more common in the US than Europe
   c. Your chance of dying of other important diseases
   d. Celebrities who have had pneumonia […]

Your doctor says there is a 10% risk of dying from pneumonia.
APPENDIX XVII: RESEARCH READINESS SELF-ASSESSMENT SAMPLE

Appendix A

Questions Included in the Health Professions Version of Research Readiness Self-Assessment (RRSA), May 2005

Note. Listed below are select RRSA questions (survey items and test items) used in May 2005 to obtain the data discussed in the JMIR publication by Ivanitskaya, O’Boyle and Casey (2006). Some items contain inactive hyperlinks. The content of these hyperlinks is shown in an accompanying file titled Video of RRSA.exe (Appendix B). The RRSA instrument has been revised and improved since it was administered in May 2005. For the most up-to-date copy of the instrument, contact Lana Ivanitskaya, Ph.D. at ivani1sv@cmich.edu

1 - How do you rate your research skills overall?
   __ Excellent
   __ Very good
   __ Good
   __ Fair
   __ Poor
   __ Nonexistent

2 - Your instructor has just assigned a research paper on any topic related to health education. Which of the following are the best ways to start? Check all that apply:
   __ Just start typing and see where it goes.
   __ Find everything I can on health education.
   __ I'd think about the topic, the assignment and my particular interests then I'd decide what I'd like to write about.
   __ Contact a library staff member for advice on common health education topics.

3 - One can retrieve the most documents in an online library catalog by searching for:
   __ Health and wellness
   __ Health not wellness
   __ Health or wellness
   __ Not health wellness
   __ Or health and wellness

4 - Searching for the keyword "health" in an online library catalog is most likely to provide...
   __ a fairly complete list of general resources about the United States Department of Health and Human Services
   __ an overwhelmingly large number of resources on a variety of topics
   __ links to detailed budget statements of major health organizations
   __ an annotated bibliography of health sciences research
   __ a list of documents by the World Health Organization

5 - Which of the following are examples of plagiarism? Check all that apply:
   __ Using similar sentence structure to express another person's ideas
   __ Enclosing the word-for-word sentence in quotation marks, accompanied by a citation
   __ Reproducing information that appears in many sources and that is easily available without citing a specific source
   __ Putting someone's idea in my own words without citing a specific source
   __ Reproducing a sentence that you found quoted in a book without referring to the original source
   __ Submitting a free research paper that was downloaded off the Internet
   __ Copying from the source verbatim without any quotation marks but adding a citation
   __ Making up a quotation that does not exist [...]


APPENDIX XVIII: SELF-STIGMA OF SEEKING HELP & SOCIAL STIGMA FOR RECEIVING PSYCHOLOGICAL HELP SCALE

SSOSH Scale: Vogel, Wade, & Haake, 2006
On a scale from 1-5 please circle your response.

1. I would feel inadequate if I went to a therapist for psychological help.
   1-------------2----------------3----------------4-----------------5
   (strongly disagree) (agree/disagree equally) (strongly agree)

2. My self-confidence would NOT be threatened if I sought professional help.
   1-------------2----------------3----------------4-----------------5
   (strongly disagree) (agree/disagree equally) (strongly agree)

3. Seeking psychological help would make me feel less intelligent.
   1-------------2----------------3----------------4-----------------5
   (strongly disagree) (agree/disagree equally) (strongly agree)

4. My self-esteem would increase if I talked to a therapist
   1-------------2----------------3----------------4-----------------5
   (strongly disagree) (agree/disagree equally) (strongly agree)

5. My view of myself would not change just because I made the choice to see a therapist.
   1-------------2----------------3----------------4-----------------5
   (strongly disagree) (agree/disagree equally) (strongly agree)

6. It would make me feel inferior to ask a therapist for help.
   1-------------2----------------3----------------4-----------------5
   (strongly disagree) (agree/disagree equally) (strongly agree)

7. I would feel okay about myself if I made the choice to seek professional help.
   1-------------2----------------3----------------4-----------------5
   (strongly disagree) (agree/disagree equally) (strongly agree)

8. If I went to a therapist, I would be less satisfied with myself.
   1-------------2----------------3----------------4-----------------5
   (strongly disagree) (agree/disagree equally) (strongly agree)

9. My self-confidence would remain the same if I sought help for a problem I could not solve.
   1-------------2----------------3----------------4-----------------5
   (strongly disagree) (agree/disagree equally) (strongly agree)

10. I would feel worse about myself if I could not solve my own problem.
    1-------------2----------------3----------------4-----------------5
    (strongly disagree) (agree/disagree equally) (strongly agree)

Social Stigma for Receiving Psychological Help Scale
Please answer the following from (1) Strongly Disagree to (4) Strongly Agree

1. Seeing a psychologist for emotional or interpersonal problems carries social stigma.

2. It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.

3. People will see a person in a less favorable way if they come to know that he/she has seen a psychologist.

4. It is advisable for a person to hide from people that he/she has seen a psychologist.

5. People tend to like less those who are receiving professional psychological help.

Additional questions
You would be willing to seek professional help from someone to address mental health problems (for example excessive anxiety, problems adjusting to school, severe sadness)?
   1 Absolutely not, 3 Maybe, 5 Absolutely

You would be willing to seek professional help from someone to address mental health problems (for example excessive anxiety, problems adjusting to school, severe sadness)?
   1- Absolutely not, 4- Maybe, 7 Absolutely.

If a fellow student at Millsaps confided that they need professional help, what are some options you might tell them about? How could they get help?
LIFESTYLE PROFILE II

DIRECTIONS: This questionnaire contains statements about your present way of life or personal habits. Please respond to each item as accurately as possible, and try not to skip any item. Indicate the frequency with which you engage in each behavior by circling:

- N for never,
- S for sometimes,
- O for often, or
- R for routinely

1. Discuss my problems and concerns with people close to me. [N S O R]
2. Choose a diet low in fat, saturated fat, and cholesterol. [N S O R]
3. Report any unusual signs or symptoms to a physician or other health professional. [N S O R]
4. Follow a planned exercise program. [N S O R]
5. Get enough sleep. [N S O R]
6. Feel I am growing and changing in positive ways. [N S O R]
7. Praise other people easily for their achievements. [N S O R]
8. Limit use of sugars and food containing sugar (sweets). [N S O R]
9. Read or watch TV programs about improving health. [N S O R]
10. Exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber). [N S O R]
11. Take some time for relaxation each day. [N S O R]
12. Believe that my life has purpose. [N S O R]
13. Maintain meaningful and fulfilling relationships with others. [N S O R]
14. Eat 6-11 servings of bread, cereal, rice and pasta each day. [N S O R]
15. Question health professionals in order to understand their instructions. [N S O R]
16. Take part in light to moderate physical activity (such as sustained walking 30-40 minutes 5 or more times a week). [N S O R]
17. Accept those things in my life which I can not change. [N S O R]
18. Look forward to the future. [N S O R]
19. Spend time with close friends. [N S O R]
20. Eat 2-4 servings of fruit each day. [N S O R]
21. Get a second opinion when I question my health care provider’s advice. [N S O R]
22. Take part in leisure-time (recreational) physical activities (such as swimming, dancing, bicycling). [N S O R]
23. Concentrate on pleasant thoughts at bedtime. [N S O R]
24. Feel content and at peace with myself. [N S O R]
25. Find it easy to show concern, love and warmth to others. [N S O R]
INSTRUCTIONS: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

1. How happy, satisfied, or pleased have you been with your personal life during the past month? (Tick one)
   - 1   Extremely happy, could not have been more satisfied or pleased
   - 2   Very happy most of the time
   - 3   Generally, satisfied, pleased
   - 4   Sometimes fairly satisfied, sometimes fairly unhappy
   - 5   Generally dissatisfied, unhappy
   - 6   Very dissatisfied, unhappy most of the time

2. How much of the time have you felt lonely during the past month? (Tick one)
   - 1   All of the time
   - 2   Most of the time
   - 3   A good bit of the time
   - 4   Some of the time
   - 5   A little of the time
   - 6   None of the time

3. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month? (Tick one)
   - 1   Always
   - 2   Very often
   - 3   Fairly often
   - 4   Sometimes
   - 5   Almost never
   - 6   Never

4. During the past month, how much of the time have you felt that the future looks hopeful and promising? (Tick one)
   - 1   All of the time
   - 2   Most of the time
   - 3   A good bit of the time
   - 4   Some of the time
   - 5   A little of the time
   - 6   None of the time

5. How much of the time, during the past month, has your daily life been full of things that were interesting to you? (Tick one)
   - 1   All of the time
   - 2   Most of the time
   - 3   A good bit of the time
   - 4   Some of the time
   - 5   A little of the time
   - 6   None of the time

6. How much of the time, during the past month, did you feel relaxed and free from tension? (Tick one)
   - 1   All of the time
   - 2   Most of the time
   - 3   A good bit of the time
   - 4   Some of the time
   - 5   A little of the time
   - 6   None of the time
APPENDIX XXI: GOAL-SETTING PAPER SAMPLE

GOAL-SETTING PAPER 1

In this paper you will practice goal-setting by identifying at least three health goals you would like to achieve over the next year. It will be helpful to use the ten goal-setting guidelines provided in your health education module for this portion of your paper.

Goal-Setting Guidelines:

1. Write your goals down.
2. Your goals should be observable and measurable.
3. Write your goals in the positive. ("I will…" rather than "I will not…")
4. Set specific time constraints or time limits for your goals.
5. Your goals should be achievable, but not too easy.
6. Use a mix of process, performance, and outcome goals.
7. Break long-term goals into smaller goals.
8. Monitor goal progress regularly and update goals if necessary.
9. Internalize your goals.
10. Be sure that goals reflect the personality and achievement styles of the individual. […]

GOAL-SETTING PAPER GRADING RUBRIC

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Proficient = 3</th>
<th>Developing = 2</th>
<th>Undeveloped = 1</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observable/Measurable</td>
<td>Goal statement and/or strategies to support goal are specific and measurable (have concrete criteria for measuring progress toward the attainment of goal). They are clear, simple, complete and explicit. They answer the questions: &quot;what is the actual behavior that will occur?&quot;</td>
<td>Goal statement and/or strategies to support goal are general, incomplete and vague (do not have clear criteria for measuring progress toward the attainment of goal.). Does not address the question: &quot;what is the actual behavior that will occur?&quot;, &quot;how it will be</td>
<td>Goal statement and/or strategies to support goal are not specific or measurable.</td>
<td></td>
</tr>
<tr>
<td>Positively Stated</td>
<td>Goal statement and/or strategies are stated positively.</td>
<td>Goal statement and/or strategies are ambivalently stated.</td>
<td>Goal statement and/or strategies are not stated positively.</td>
<td></td>
</tr>
<tr>
<td>Specific Time Elements</td>
<td>Goal has a clear and realistic timeline for accomplishing the goal.</td>
<td>Goal has a vague timeline for accomplishing the goal.</td>
<td>Goal has no timeline for accomplishing the goal.</td>
<td></td>
</tr>
<tr>
<td>Achievable/Realistic</td>
<td>Goal statement and/or strategies to support goal are achievable and realistic. Goal has an outcome that is realistic given the current situation, resources and time available.</td>
<td>Goal statement and/or strategies to support goal may or may not be achievable and realistic. Goal has an outcome that is likely not realistic given the current situation, resources and time available.</td>
<td>Goal statement and/or strategies to support goal are not achievable or realistic.</td>
<td></td>
</tr>
<tr>
<td>Internalized/Personal</td>
<td>Goal statement and/or strategies to support goal are personal. The goal represents an objective toward which there is both willingness and ability.</td>
<td>Goal statement and/or strategies to support goal are partly personal. The goal does not represent an objective toward which there is both willingness and ability.</td>
<td>Goal statement and/or strategies to support goal are impersonal.</td>
<td></td>
</tr>
</tbody>
</table>
### OUTCOMES TO ASSESSMENT MATRIX

<table>
<thead>
<tr>
<th>STUDENT LEARNING GOALS</th>
<th>Knowledge (Improve Understanding of Health)</th>
<th>Skills (Improve Ability To Locate And Interpret Good Health Information)</th>
<th>Values (Improve Appreciation of Health)</th>
<th>Behavior (Improve Engagement in Healthful Behavior)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Knowledge Inventory</td>
<td>Medical Data Interpretation Test</td>
<td>Research Readiness Self-Assessment</td>
<td>Social Stigma of Seeking Help Test</td>
<td>Mental Health Inventory</td>
</tr>
<tr>
<td>Health Promoting Lifestyle Profile II</td>
<td>Reflection Paper</td>
<td>Goal-Setting Task (only partially an assessment tool)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Knowledge: X
- Skills: X
- Values: X
- Behavior: X