DIVERSITY
PLAN
FOR THE MS PROGRAM IN COMMUNITY HEALTH EDUCATION
WITH EXTENSION TO THE MA AND EDD PROGRAMS IN HEALTH EDUCATION

DEPARTMENT OF HEALTH & BEHAVIOR STUDIES

BY
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Introduction to the Diversity Plan

This Diversity Plan is consistent with the goals of the college, as succinctly articulated, below:

*Teachers College, Columbia University strives to establish an institution that actively attracts, supports, and retains diverse students, faculty, and staff, demonstrated through its commitment to social justice, its respectful and vibrant community, and its encouragement and support of each individual in the achievement of his or her full potential.*

The MS Program in Community Health Education incorporated great attention to issues of diversity, health equity, and multicultural competence from inception and official launch in Fall 2012. The importance and centrality of these issues likely played a positive role in the approval process—such that by Fall 2012 the new MS program was quickly approved by the faculty of the Department of Health and Behavior Studies, the Faculty Executive Committee (FEC) and its Academic Program Subcommittee (APS), as well as by the New York State Department of Education.

A Diversity Plan that Impacts the Overall Programs in Health Education & Community Health Education

Of note, the MS Program in Community Health Education was designed in light of standards and requirements for accreditation put forth by the Council on Education for the Public Health (CEPH)—including the need to clearly articulate a Diversity Plan. However, the vast majority of the MS curriculum is shared in common with the MA and EdD Programs in Health Education, while students from all three degree programs (i.e. MS, MA, EdD) enjoy the same curriculum, courses, and classrooms. The result has been refinement and systematic improvement in the Programs in Health Education and Community Health Education, overall—that has been driven by the new MS Program in Community Health Education. With regard to the need for a Diversity Plan in order for the MS Program in Community
Health Education to meet CEPH requirements, here too, the MS program is driving improvements that will impact both the MA and EdD degree programs. Thus, this Diversity Plan may be considered a guiding document for the entire entity known as the Programs in Health Education and Community Health Education, encompassing the MS, MA and EdD degree programs.

This Diversity Plan has implications for achieving excellence in the MS, MA and EdD degree programs. Further, contemporary and projected demographics for the region and nation necessitate attention to issues of diversity; and the reality of global telecommunications and travel creating an international community also necessitates a training mission that prepares students to be leaders with regard to issues of diversity, health equity, and multicultural competence.

The Foundation Supporting the Diversity Plan: Mission, Vision, and Goal Statements

The importance and centrality of issues of diversity, health equity and multicultural competence in any contemporary graduate level curriculum is at the core of this Diversity Plan, as reflected in the following (**bold** and *italics* added for emphasis) Program mission, values, and goals:

- **Mission.** The mission of the Programs in Health Education and Community Health Education is to address the health of the public through the preparation of specialists in health education who focus on the community as the setting for analysis, assessment, program planning, intervention, evaluation, and research.
  - This mission includes promoting health, preventing disease, and advancing health equity, while training exceptional leaders for the delivery of significant contributions to **diverse regional, national, and international communities** through teaching, research and service.
  - Varied structures, institutions, organizations, and agencies in the community setting—including schools, hospitals, clinics, work-sties, and non-profits—are engaged in collaborative relationships for purposes of fulfilling the mission.

- **Vision.** The vision of the Programs in Health Education and Community Health Education is to create a world-class learning environment that attracts, retains, and graduates leaders who share with faculty a deep commitment to health promotion, disease prevention, and **health equity for diverse regional, national and international communities**; and, work collaboratively with both faculty and community members through educational, service, and research endeavors, in order to advance and disseminate the behavioral and social science serving as the foundation for effective community health education.

- **Guiding Values.** The Programs in Health Education and Community Health Education value the following:
  - **Excellence.** In order to magnify excellence as a program, we value the importance of attracting and retaining graduate students who have demonstrated the capacity and/or potential for leadership, achieving at the highest levels academically, and successfully
working collaboratively with program peers, faculty, other professionals, and community representatives.

- **Well-Rounded Preparation.** In order to ensure that our graduate students have received well-rounded preparation for professional careers as health education specialists in varied community settings, we value the process of mentoring graduate students toward realization of their highest academic and professional potential through actively engaging students in instructional, colloquia, internship, practicum, service, and research endeavors.

- **Establishing the Evidence Base.** We see great merit in training the next generation of professionals so they are capable of advancing and disseminating the behavioral and social science that establishes health education as evidence-based, doing so by ensuring involvement in relevant programs of research. At the same time, faculty embrace broad definitions of what constitutes evidence and supports adapting evidence-based approaches so they are **linguistically and culturally appropriate**, being tailored for specific populations and individual clients.

- **Diversity, Health Equity and Multicultural Competence.** We value training that prepares professionals to function in **diverse regional, national, and international communities, while advancing health equity, necessitating grounding in multicultural competency principles and practices that guide professional conduct** as a health education specialist (i.e., working collaboratively with communities so they actively determine their own health, advancing the right to equity in health, ensuring empowerment, advocating for equal access to opportunities that support health, delivering education and interventions so they reflect cultural appropriateness, and co-producing knowledge with community members’ input to ensure research designs are culturally appropriate and produce findings of cultural relevance).

- **Goals.** Specific goals guide the Programs in Health Education and Community Health Education, covering education, service and research, as described below

  - **Educational Goals**
    One of the three fundamental purposes of the Program is to deliver education that provides a firm foundation rooted in knowledge of the behavioral and social science principles that guide effective community-based education—including methods of analysis, assessment, program planning, evaluation, and research. We provide classroom instruction, advanced seminar, colloquia and statistical laboratory instruction that ensure training in core competencies essential for addressing public health through community health education that effectively promotes health, prevents disease, and advances health equity.

    **The Program’s educational goals are:**
    1. Prepare competent community health practitioners equipped with foundational knowledge and practical skills in core public and community health areas.
    2. Provide students with an intellectually stimulating learning environment.
    3. Provide students with adequate support to complete their studies in a timely fashion.

  - **Research Goals**
    The second fundamental purpose of the Program is to advance and disseminate the evidence-base for the behavioral and social science serving as the foundation for the community health education
that effectively addresses the health of the public in diverse regional, national, and international communities. We foster exposure to rich and varied programs of research that emphasize establishing the evidence base for community health education practices, using multiple types of evidence and varied research designs (e.g. efficacy, effectiveness, epidemiological, public health, ethnographic, naturalistic, case-studies, process-outcome studies, meta-analyses).

The Program’s research goals are:
4. Advance and disseminate evidence-based research that addresses public health in diverse regional, national, and international communities.
5. Engage students in the advancement and dissemination of evidence-based research that addresses public health in diverse regional, national, and international communities.

• Service Goals
In addition, the Program provides opportunities for engagement in internship, practice, and service activities that reflect collaboration with varied institutions, organizations, and agencies in the community setting—including schools, hospitals, clinics, work-sites, and non-profits—thereby providing a firm grounding in the practical application of knowledge in the real-world, as well as reinforcing and extending the knowledge base gained through education. We promote the sharing of expertise, learning, and working collaboratively with program peers, faculty, other professionals, community stakeholders, and community members—whether via service on advisory boards, institutional committees, advocacy groups, trans-disciplinary groups, or other organizational groups.

The Program’s service goals are:
6. Engage in collaborative work with varied institutions, organizations and agencies to promote public health.
7. Provide continuing education and workforce development opportunities to a national and global audience of public and community health practitioners.

• Diversity Goals
Finally, our Program seeks to recruit and retain a diverse student body, faculty and staff as the multicultural setting for accomplishing educational goals—ensuring the representation of racial/ethnic minorities and other under-represented groups such as immigrants and people with disabilities. Students have the option of engaging in a confidential disclosure of their disability status to our Office of Access and Services for Students with Disabilities. We provide an education that prepares students for engagement with diverse populations in regional, national, and international communities. The education we provide also prepares students to engage in health equity research aimed at reducing and eliminating health disparities and addressing the most vulnerable populations.

The Program’s diversity goals are:
8. Recruit and retain a diverse student body, faculty and staff as a multicultural setting for accomplishing educational goals.
9. Prepare students for engagement with diverse populations in regional, national, and international communities.
10. Engage in health equity research aimed at reducing and eliminating health disparities and addressing the most vulnerable populations.
The Core of the Diversity Plan: The Three Diversity Goals, Measurable Objectives and Monitoring Steps

The core of the Diversity Plan for The MS Program in Community Health Education rests upon the Following:

1-Recruit and Retain a Diverse Student Body, Faculty and Staff as the Ideal Multicultural Educational Setting

Diversity Goal # 1: Recruit and retain a diverse student body, faculty, and staff as a multicultural setting for accomplishing educational goals.

**Diversity Objective 1-1:** At least 30% of the admitted students will come from the traditionally under-represented groups based on race or ethnicity; and we will also categorize students by and collect data regarding gender, immigrant status, and disability status (if disclosed).

**Monitoring Steps for Quality Assurance in Achieving Diversity Goal 1-1:**
- The Program Director will collect student demographics on an annual basis for each incoming class, including the use of data from the Registrar’s Office (Banner) to ensure student diversity.
- The Program Faculty, MS Student Committee, and the Community Health Education Program Joint Advisory Committee on Growth, Quality, and Development (Joint Committee) will engage in an annual review of student demographic data, making appropriate recommendations for student diversity.

**Diversity Objective 1-2:** The diversity of the faculty, defined in terms of race or ethnicity and gender, will be equal or better as compared to the College-wide faculty.

**Monitoring Steps for Quality Assurance in Achieving Diversity Goal 1-2:**
- The Program Director will collect data on faculty demographics on an annual basis, including data available via Human Resources (Banner).
  - **Ensuring Adherence to Diverse Faculty Policy:** It is the policy of the program to include in advertisements for employment opportunities (i.e. core faculty, adjunct faculty) that Teachers College is an equal opportunity employer, and that the college is committed to providing expanding employment opportunities to persons of color, women, and persons with disabilities. Further, new core faculty are matched to a senior tenured faculty mentor to provide support toward the goal of retention; and, the Program Director and Department Chair review the curriculum vitae of junior faculty annually to ensure success in retention, meaning promotion and tenure.
- The Program Faculty, MS Student Committee, and the Community Health Education Program Joint Advisory Committee on Growth, Quality, and Development (Joint Committee) will engage in an annual review of faculty demographic data, making appropriate recommendations for faculty and staff diversity.

**Diversity Objective 1-3:** The diversity of the staff, defined in terms of race or ethnicity and gender, will be equal or better as compared to the College-wide staff.

**Monitoring Steps for Quality Assurance in Achieving Diversity Goal # 1c**
The Program Director will conduct an annual confidential supervisor evaluation of the program’s Secretary, including providing individualized feedback to the staff member, and taking steps to support retention of this Latina female. The achievement of satisfactory or above performance evaluations will support retention of our diverse staff.

The Program Director will encourage the Secretary to promote diversity in her hiring of work study student per year.

- **Ensuring Adherence to Diverse Staff Policy:** It is the policy of the program to include in advertisements for employment opportunities for staff that Teachers College is an equal opportunity employer, and that the college is committed to providing expanding employment opportunities to persons of color, women, and persons with disabilities. We create a climate and setting supportive of diversity to retain diverse staff.
- The Program Director will encourage the Secretary to promote diversity in her hiring of work study student per year.

**Diversity Objective 1-4:** 80% of students completing the Program Exit Survey will perceive faculty and staff as displaying respect and support for all types of diversity.

**Monitoring Steps for Quality Assurance in Achieving Diversity Goal # 1d—**
- The Program Director will collect and analyze data each summer following graduation, as new cohorts complete the Exit Student Survey post-graduation.
- The Program Faculty, MS Student Committee, and the Community Health Education Program Joint Advisory Committee on Growth, Quality, and Development (Joint Committee) will engage in an annual review of the Exit Student Survey data, making appropriate recommendations with regard to student perceptions of the program climate with regard to issues of respect and support for all types of diversity.

**2-Develop, Review and Maintain Curricula to Build Competency in Diversity/Cultural Appropriateness**

**Diversity Goal # 2:** Prepare students for engagement with diverse populations in regional, national, and international communities.

**Diversity Goal 2-1:** 90% of the required courses will include information on research or practice with diverse populations in regional, national and international communities through case examples, course readings, or class assignments.

**Monitoring Steps for Quality Assurance in Achieving Diversity Goal # 2a—**
- The Program Director will review faculty course syllabi annually to ensure adequate coverage, providing individualized feedback and edits to syllabi, as needed.
- Program faculty will discuss coverage of diversity issues in faculty meetings that include representatives from the MS Student Committee, in order to attain student perspectives.

**Diversity Goal 2-2:** At least 2 sessions of the Fall 8-Session Colloquia Series each year will be devoted to diversity issues.
- The Program Director or other convener of the colloquia series will ensure adequate coverage of diversity issues via 2 of 8 sessions focused on this topic.
Diversity Goal 2-3: 100% of students’ practicum experiences via the supervised Fieldwork/Internship will provide experience with diverse or vulnerable populations.

Monitoring Steps for Quality Assurance in Achieving Diversity Goal # 2c—

- The Program Director or other convener of the course HBSS 5410 Practicum in Health Education will ensure that selected fieldwork sites all include experience with diverse or vulnerable populations (e.g. urban minority, disabilities) where there are potential issues of health disparities, health equity, and a need for training in multicultural competence and advocacy.
- The Program Director or other convener of the course HBSS 5410 Practicum in Health Education will ensure that class discussion and supervision guides students in practically applying knowledge gained in the course HBSS4114 Competence with Multicultural Populations in their real world fieldwork/practicum (180 hours), so they build competence in diversity and engage in cultural considerations during their fieldwork.
- The Program Director or other convener of the course HBSS 5410 Practicum in Health Education will ensure that weekly supervision (via the course) of the actual fieldwork experience pays close attention to the process by which students are building competence in actually working with diverse populations, while nurturing and supporting growth in this area. This task includes ensuring that interventions deployed by students within their fieldwork include cultural considerations.

3-Focus on Health Equity Research to Reduce and Eliminate Health Disparities and Addressing the Most Vulnerable Populations

Diversity Goal #3: Engage in health equity research aimed at reducing and eliminating health disparities and addressing the most vulnerable populations.

Diversity Goal # 3-1: 100% of the core faculty will focus their research agenda on health equity, health disparities, or the most vulnerable populations.

Monitoring Steps for Quality Assurance in Achieving Diversity Goal # 3a—

- The Program Director will review faculty Curriculum Vitae annually to ensure adequate coverage.
- Program faculty will discuss their research at the Fall Orientation Meeting to welcome new students—ensuring students are aware of their research focus as it includes health equity, health disparities, or the most vulnerable populations.
- The Program Director will update regularly (e.g. every 2-3 years) the Recruitment Booklet, allowing current and prospective students to be well-informed regarding faculty research as it includes a focus on health equity, health disparities, or the most vulnerable populations.
  - The Recruitment Booklet will be reviewed annually by the Program Faculty, MS Student Committee, and the Community Health Education Program Joint Advisory Committee on Growth, Quality, and Development (Joint Committee), making appropriate recommendations; in particular, the Joint Committee will provide feedback, guidance, and recommendations with regard to the extent to which faculty are keeping pace with developments in the field.
Diversity Goal # 3-2: At least 50% of students will focus their research projects on health equity, health disparities, or the most vulnerable populations.

Monitoring Steps for Quality Assurance in Achieving Diversity Goal # 3b—

- The Program Director will review graduating students’ Course Competency Evaluation Projects, and Culminating Projects for Research, Scholarship and Inquiry within their Capstone Portfolios, in order to discern achievement of this goal and provide direction and suggestions to faculty advisors.

- Program faculty will discuss their research at the Fall Orientation Meeting to welcome new students—ensuring students are aware of their research focus as it includes health equity, health disparities, or the most vulnerable populations. The goal is to inspire students to value and embrace a similar focus in their MS degree studies.

- Sample Capstone Portfolios of the prior May’s graduating cohort will be reviewed annually by the Program Faculty, MS Student Committee, and the Community Health Education Program Joint Advisory Committee on Growth, Quality, and Development (Joint Committee), making appropriate recommendations for inspiring and motivating students to focus in research health equity, health disparities, or the most vulnerable populations; and the Joint Committee will make recommendations with regard to the extent to which our students are keeping pace with developments in the field.

Ensuring an Environment and Climate Supportive of Diversity Via Clearly Articulated Policies

The program’s Diversity Plan partly relies on existing college-wide polices to ensure a climate free of harassment and discrimination, while the program is deeply committed to maintaining and using these policies so our diverse student body feels supported. More specifically, Teachers College has an Office of the Vice President for Diversity and Community to address issues concerning community, diversity, civility, equity, and anti-discrimination—whether concerns of faculty, staff, students, or alumni. “These concerns may overlap with equity, anti-discrimination, retaliation and due process concerns, sexual assault and other gender-based misconduct concerns. The philosophy is to encourage the College community to listen, learn, educate, and work together in positive ways. At the same time, the Office focuses on systemic issues by addressing policy and procedural concerns”(para 1; http://www.tc.columbia.edu/diversity/about-our-office/). As per the Office of the Vice President for Diversity and Community, the college acknowledges and enforces the numerous policies. For example, there are policies to ensure a climate free of harassment and discrimination and that values contributions of all forms of diversity:

- **Non-discrimination policy** (http://www.tc.columbia.edu/policylibrary/Non%20Discrimination)

- **TC Protection from Harassment policy** (http://www.tc.columbia.edu/diversity/civility-policies--resources/right-column/civility-policies/tc-protection-from-harassment-policy/)

- **Gender-Based Misconduct Policy and Procedures for Students**
  (https://sexualrespect.columbia.edu/files/sri/content/gbmpolicyandproceduresforstudents2016-09-01.pdf)

- **Columbia University Student Policies on Discrimination and Harassment**
  (http://eoaa.columbia.edu/student-policies)

- **Sexual Harassment/Assault & Title IX Coordinators**
  (http://www.tc.columbia.edu/diversity/civility-policies--resources/right-column/civility-policies/sexual-harassmentassault--title-ix-coordinators/)
• **Student Conduct Code: Academic Integrity and General Misconduct**  
  (http://www.tc.columbia.edu/diversity/civility-policies--resources/right-column/civility-policies/student-misconduct-policy/)

This *Diversity Plan* depends upon our program and the overall college acknowledging and enforcing the above policies. Hence, these policies are featured within this Diversity Plan—appearing in both the *Recruitment Booklet* (2016) and *Guidebook for Students* (2016).

It is the policy of the President of Teachers College to ensure a climate for working and learning in a diverse setting. For example, the President supports The Office of the Vice President for Diversity and Community also works to ensure that civility prevails and there is a climate and community to ensure a favorable setting for working and learning in a diverse setting. Also, Teachers College has a Committee for Community & Diversity (CCD) with representatives from all college groups (faculty, professional staff, union, students, Office of Access & Services for individuals with Disabilities), which advises the President on and promotes and engages all constituents in college-wide diversity, community-building and civility projects and concerns. The program benefits from the college-wide policy and entities that ensure a climate for working and learning in a diverse setting.

**Evidence of our Commitment to Diversity: Diverse Faculty, Staff, Students**

**Diverse Faculty**

Our core faculty is composed of 1 African American female, 1 East Asian female, and 2 White males—or, is 50% minority and 50% female; whereas, for academic year 2014-2015 the Teachers College faculty (N=156 full-time), overall, was 24% minority (n=37) and 57% female (n=89). If we include our MS program Adjunct faculty—1 of whom was hired specifically for the MS degree program, there is 1 White female and 1 African American female; hence, 50% (3 of 6) minority, and, 66.6% (4 of 6) female. Thus, our program compares favorably in terms of minority diversity among the faculty when compared to the college as a whole.

Furthermore, there is even greater diversity if we include our combined MS, MA and EdD Adjunct faculty (N=7) in these considerations, as follows: 2 African American males; 1 White male; 3 White females; 1 African American female—for a total of 11 faculty, including the core faculty (1 African American female, 1 East Asian female, and 2 White males). Thus, across all of our combined programs, our diversity is as follows: 45% (5 of 11) minority; and, 55% (6 of 11) female.

**Diverse Staff**

The program also enjoys diversity in the position of the Program Secretary. Our main support staff is composed of 1 Latina.

**Diverse Students**

The diversity of our students compares favorably to Teacher College as a whole where for academic year 2014-2015 of 5,122 enrolled student body (N=5,122; 70% master’s degree, 26% doctoral) there were 12% African American, 12 % Latino, 14% Asian American, and 20% international. Within the MS program our success in recruiting a diverse student body is reflected in the following MS cohorts to date: Cohort 1 (2012-2013) 43% minority (3 of 7) and 43% under-represented (3 of 7) [immigrant/int’l or disabled];
Cohort 2 (2013-2014) 80% minority (4 of 5) and 20% under-represented (1 of 5) [disabled]; Cohort 3 (2014-2015) 75% minority (3 of 4) and 50% under-represented (2 of 4) [immigrant/int'l]; Cohort 4 (2015-2016) 75% minority (3 of 4) and 25% under-represented (1 of 4) [immigrant/int'l]; and, Cohort 5 (2016-2017) 72.7% minority (8 of 11) and 9% under-represented (1 of 11) [immigrant/int'l]. Plans include continuing the present policies in light of this success. Table 1 reflects the specific break-downs by ethnicity, race and the under-represented categories.

The Program Director and faculty regularly evaluate the effectiveness of the policies for recruiting, admitting, retaining and graduating diverse cohorts of students. This occurs via faculty meetings and the annual meeting with the Joint Committee, which include the MS Student Committee representatives. Data of the kind fully summarized in the table, below, has been presented at these meetings by the Program Director and discussed, resulting in favorable evaluations of the policies. Thus, current policies are continuing, given ongoing favorable evaluations on their effectiveness. This effectiveness is reflected in the Table 1, below.

### Table 1. Effectiveness of the Diversity Plan: Data on the First 5 MS Program Cohorts (N=31)

<table>
<thead>
<tr>
<th>MS COHORTS</th>
<th>COHORT 1 Admitted Academic Year 2012-2013</th>
<th>COHORT 2 Admitted Academic Year 2013-2014</th>
<th>COHORT 3 Admitted Academic Year 2014-2015</th>
<th>COHORT 4 Admitted Academic Year 2015-2016</th>
<th>COHORT 5 Admitted Academic Year 2016-2017</th>
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<tbody>
<tr>
<td>TOTAL N=31</td>
<td>N=7</td>
<td>N=5</td>
<td>N=4</td>
<td>N=4</td>
<td>N=11</td>
</tr>
<tr>
<td>Gender</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>Male</td>
<td>0/7 0%</td>
<td>0/5 0%</td>
<td>2/4 50%</td>
<td>2/4 50%</td>
<td>0/11 0%</td>
</tr>
<tr>
<td>Female</td>
<td>7/7 100%</td>
<td>5/5 100%</td>
<td>2/4 50%</td>
<td>2/4 50%</td>
<td>11/11 100%</td>
</tr>
<tr>
<td>Ethnicity</td>
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<td>N %</td>
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<td>Hispanic/Latino</td>
<td>2/7 29%</td>
<td>2/5 20%</td>
<td>1/4 25%</td>
<td>1/4 25%</td>
<td>3/11 27.3%</td>
</tr>
<tr>
<td>Race</td>
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<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
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<td>White</td>
<td>4/7 57%</td>
<td>1/5 20%</td>
<td>1/4 25%</td>
<td>1/4 25%</td>
<td>3/11 27.3%</td>
</tr>
<tr>
<td>Black/Afr-Am</td>
<td>1/7 14.3%</td>
<td>2/5 40%</td>
<td>2/4 50%</td>
<td>1/4 25%</td>
<td>4/11 36.4%</td>
</tr>
<tr>
<td>American Ind./Alaska Native</td>
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<td>0/5 0%</td>
<td>0/4 0%</td>
<td>0/4 0%</td>
<td>0/11 0%</td>
</tr>
<tr>
<td>Asian</td>
<td>0/7 0%</td>
<td>0/5 0%</td>
<td>0/4 0%</td>
<td>1/4 25%</td>
<td>1/11 9%</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pac. Islander</td>
<td>0/7 0%</td>
<td>0/5 0%</td>
<td>0/4 0%</td>
<td>0/4 0%</td>
<td>0/11 0%</td>
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<td>TOTAL UNDER-REPRESENTED MINORITIES</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
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<td>Disability</td>
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<td>3/7 43%</td>
<td>4/5 80%</td>
<td>3/4 75%</td>
<td>3/4 75%</td>
<td>8/11 72.7%</td>
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<tr>
<td>Immigrant/Int’l</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>2/7 29%</td>
<td>1/5 20%</td>
<td>0/4 0%</td>
<td>0/4 0%</td>
<td>0/11 0%</td>
<td></td>
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<tr>
<td>TOTAL OTHER UNDER-REPRESENTED</td>
<td>N %</td>
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<td>N %</td>
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<tr>
<td>1/7 14.3%</td>
<td>0/5 0%</td>
<td>2/4 50%</td>
<td>1/4 25%</td>
<td>1/11 9%</td>
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Beyond the MS Program in Community Health Education, there has also been tremendous diversity in the MA and EdD Program in Health Education. In this regard, there is data made available by the Program and the Office of Accreditation and Assessment in a report prepared in advance of the 2015 Middle States Site Visit: i.e. the Health Education and Community Health Education Program Self-Study Report by Wallace and Gribovskaya (March 2015). According to this report, data based on the Fall 2013 admitted students showed that Black and Hispanic students made up 37% of the MA students (versus 17% for all of the college’s master’s programs), and 45% of the MS students (versus 15% in all such programs across the college). As explained in this report, “The Program believes that its focus on diversity and health equity (promoted through the Annual Health Disparities Conference) attracts students who are diverse and/or committed to diversity and health equity.” Even as the Provost discontinued the Annual Health Disparities Conference in the Fall of 2015, the Program remains committed to maintaining their program’s diversity.

Regarding diversity for our EdD students, this same report (Wallace & Gribovskaya, March 2015) showed that for Fall 2013 admitted students, 14% were Hispanics, 29% Black, and 14% Asian. This exceeded the statistics for the overall college for Fall 2013 admitted students, which showed 10% were Hispanics, 18% were Black, and 11% were Asians; or our program had 37% White EdD students while there were 58% White EdD students for the college as a whole.

Among the available data, there is also that presented by Professor Barbara Wallace on her own EdD/doctoral cohorts. This data indicates that from 2003 to 2016 Professor Wallace sponsored 97 diverse doctoral students; i.e., African Americans, Hispanics, Africans, and Asians, including those who are also immigrants/international, and LGBTQ self-identified. Thus, Professor Wallace is known for utilizing her Research Group on Disparities in Health—launched in 2003, and renamed the Research Group on Equity in Health in October 2015—to create a pipeline to rectify the national shortage of diverse doctorates in the nation by supporting access to graduate education for diverse students. Thus, the MS and MA students who share the classroom with EdD students often find the proportion of diverse students in their courses to be above and beyond that which is reflected in other programs and departments across Teachers College.

One point to be made is that students in the MS degree program—or within the MA or EdD degree programs—not only experience great diversity within their own class degree cohorts, but also experience yet even greater diversity in those classrooms shared with MS, MA and EdD students. This follows from the tremendous overlap in the required courses for the MS, MA, and EdD degrees. In sum,
our students experience much greater diversity within our MS, MA and EdD degree programs than across Teachers College.

**Diversity Across the Curriculum**

We expose students to diversity across the curriculum, including a focus on not only issues of diversity, but also health equity and multicultural competence. Consider the coverage of diversity across the curriculum, as follows:

Consider how 91%, or 10 of 11 of our required courses for the MS degree cover diversity, while the majority of these courses are also required for the MA or EdD degree:

1. **HBSS4100 Behavioral & Social Science Foundations of Health Education**—covers:
   * Health Inequities; culture; social determinants

2. **HBSS4102 Principles of Epidemiology**—covers: Via Examples, vulnerable & diverse populations

3. **HBSS4114 Competency with Multicultural Populations: Research & Practice**—covers:
   * Health Disparities; global inequities; cultural humility, competence, vulnerable populations


5. **HBSS4161 Environmental Health**—covers: Via Examples, vulnerable & diverse populations

6. **HBSS4162 Health Services Administration**—covers: Cultural factors; health disparities/inequities

7. **HBSS5111 Planning Health Ed Programs**—covers: Cultural Sensitivity

8. **HBSS5112 Social Marketing**—covers: Via Examples, vulnerable & diverse populations

9. **HBSS5410 Practicum in Health Education**—covers: Advocacy for Vulnerable Populations; All fieldwork placements are with urban minority vulnerable populations

10. **HBSS6100 Program Evaluation**—covers: Via Examples, vulnerable & diverse populations

Thus, our curriculum provides extensive exposure to issues of diversity, health equity, multicultural competence and the issues facing urban, minority and varied vulnerable populations.

**Diversity Exposure Via Practicum Experiences: Students’ Fieldwork/Internships**

We expose students to diversity via their practicum experiences, including via formally arranged fieldwork/internships for our MS degree students. Our MA and EdD students enjoy access to similar experiences, yet a sample of our MS degree students’ experiences is revealing, as follows:

- **Experience with Diverse Population of: urban Black, Hispanic, and immigrant school children and their parents, teachers and principals**
  - Scope of Work: After-School Training Pilot and NYC Excellence in School Wellness Award Outreach with the East and Central Harlem District Public Health Office Fall 2013, including making presentations to principals and teachers, conducting research, and making presentations at community health fairs
  - Location: East and Central Harlem District Public Health Office, NY, NY

- **Experience with Diverse Population of: Hispanics and immigrants in need of health insurance; and Black, Hispanic, and immigrant MSM in need of HIV/AIDS services**
Scope of Work: Training in implementation of the Affordable Care Act, outreach to Hispanic immigrants, and additional focus on HIV/AIDS prevention, intervention and treatment for MSM of color
Location: US Department of Health and Human Services, Region II, NY, NY

**Experience with Diverse Population of: LGBTQ students, diverse students, and their teachers**
Scope of Work: Designing and disseminating online sexual health education curriculum materials for educators to improve health outcomes for diverse youth
Location: Sexuality Information and Education Council of the United States (SIECUS), NY, NY

**Experience with Diverse Population of: urban Black, Hispanic, and immigrant adolescents, and LGBTQ youth**
Scope of Work: Assisting with the Mount Sinai Adolescent Health Center’s Sinai Peers Encouraging Empowerment through Knowledge (S.P.E.E.K.) Peer Education Program, including conducting workshops and designing materials
Location: Mount Sinai Adolescent Health Center, Mount Sinai Hospital, NY, NY

**Experience with Diverse Population of: urban Black, Hispanic, and immigrants adults and their health educator providers**
Scope of Work: Assisting with an employee quality assurance time-lapse research study where an assessment tool was created and data collected across 6 sites and analyzed; experience conducting the work of a health educator at a clinic; addressing cultural and linguistic competency issues and development of new materials in Spanish; patient education on Ebola in response to the public health crisis; and, working with diabetics and creating a self-management program for adults living with diabetes
Location: Montefiore Medical Center, Office of Community and Population Health, Bronx, NY

**Experience with Diverse Population of: urban Black, Hispanic, and immigrant school children and their parents**
Scope of Work: Designing curriculum, preparing presentations, conducting workshops with parents; working with schools—toward improving child nutrition and reducing health risks of obesity and diabetes
Location: The Institute of Family Health, Bronx Health REACH (Racial and Ethnic Approaches to Community Health), NY, NY

**Experience with Diverse Population of: urban Black, Hispanic, and Immigrant school children, and their principals and teachers**
Scope of Work: Assisting in implementing an after-school training pilot and working with East and Central Harlem schools via outreach to principals and teachers so they would start wellness councils in their schools and pursue the NYC Excellence in School Wellness Award
Location: East and Central Harlem District Public Health Office, NY, NY

**Experience with Diverse Population of: vulnerable disabled patients with a rare chronic disease**
Scope of Work: Assisting in improving compliance with medical protocol, including use of motivational interviewing, and working to improve the research protocol making a new experimental medication available
Location: Columbia University Medical Center, NY, NY

**Experience with Diverse Population of: urban minority Black, Hispanic, immigrant and other adults at risk for diabetes or living with prediabetes**
Scope of Work: Designing and implementing a diabetes-prevention and diabetes self-management program, including the use of motivational interviewing to enhance program entrance, behavior change, and weight loss
Location: YMCA of Greater New York, NY, NY

**Experience with Diverse Population of: HIV positive older adults (i.e., urban Black low-SES; suburban White high-SES) and their providers**
Scope of Work: Assessment of knowledge, attitudes and behavior of providers regarding
osteoporosis screening, a brief motivational interviewing intervention tailored for HIV positive older adults, advocacy for the HIV/AIDS population in light of social determinants impacting osteoporosis screening, and professional development via HIV-related conference attendance

- **Experience with the Diverse Population of: urban Black, Hispanic, and immigrant pre-school children and their parents in Harlem**
  - Scope of Work: Shadowing staff conducting assessments and in Therapeutic Pre-School Program classrooms, learning culturally competence care and interaction with children and parents; assisting in organizing and ensuring completion of students’ IEP assessments; developing and implementing a child-centered art workshop focused on teaching My Plate healthy eating; raising community awareness about child development and mental health treatment via development of flyers/bulletin
  - Location: John Hopkins University, Baltimore, MD

- **Experience with the Diverse Population of: urban Black, Hispanic, and immigrant high school students; and the LGBTQ population**
  - Scope of Work: Within a Public Health Training Program, engaged in conducting assessments, providing STD/HIV education, and facilitating STD/HIV screening of diverse high school students; screening the LGBTQ population for STDs/HIV via a clinic mobile van; and, preparing and delivering a formal professional presentation on STDs for the Step-Up School STD Screening Program
  - Location: New York City Department of Health and Mental Hygiene, Public Health Training Program, Department of Health in the Bureau of Sexually Transmitted Disease Control (BSTDC), Queens, NY

- **Experience with the Diverse Population of: urban Black, Hispanic, and immigrant school children, their parents, and teachers**
  - Scope of Work: Within the Healthy and Ready to Learn (HRL) Initiative of the Children’s Health Fund, working to develop, implement and evaluate the pilot with 3 elementary schools (1 in Harlem, 2 in South Bronx) which addresses health barriers (uncontrolled asthma, vision loss, hearing loss, dental pain, social stress, behavioral problems, hunger, fatigue) to learning—including policies, protocols, monitoring, and evaluation standards; also, assisting in creating and facilitating health education workshops for teachers and parents, as well as assisting in organizing school-wide health screenings.
  - Location: Healthy and Ready to Learn Initiative, Children’s Health Fund, NY, NY

- **Experience with the Diverse Population of: principals serving urban Black, Hispanic, and immigrant school students**
  - Scope of Work: Through the New York City Department of Health and Center for Health Equity contributed to developing, implementing and evaluating numerous projects (e.g. surveying school principals) with a special focus on establishing School Wellness Councils; and, helped establish a fresh fruit and vegetable project that provided free access to community members, including mapping community kitchens for community members to learn how to prepare dishes using fresh fruits and vegetables.
  - Location: New York City Department of Health and Mental Hygiene, Center for Health Equity, NY

- **Experience with the Diverse Population of: urban Black, Hispanic and immigrant school students in grades 7-12 aspiring to enter the medical profession/health careers**
  - Scope of Work: The design and implementation of a developmentally appropriate pipeline into health careers curriculum and personal wellness curriculum for students in grades 7-12—with a focus on youth decision-making processes consistent with good health
  - Location: Lang Youth Medical Program, New York-Presbyterian Hospital, NY, NY

- **Experience with the Diverse Population of: urban Black, Hispanic and immigrant youth**
  - Scope of Work: Working on the implementation of a youth countermarketing and school
nutrition policy project, including adapting and implementing a youth countermarketing campaign for use with youth in the Bronx, and working with youth in conducting a community needs assessment regarding the food and beverage environment around their schools and developing strategies to limit the marketing of unhealthy foods and beverages, and to increase the supply and demand for healthier food; and, collaborating with the Bronx Healthy Beverage Zone subcommittee of the Initiative for Healthy Eating and Active living—again, adapting materials for promotion in schools

- **Experience with the Diverse Population of: urban Latino and immigrant transgender youth and adults, LGBTQ population, people living with/at risk for HIV/AIDS—and their services providers**

  - **Scope of Work:** Creation of a gender identity and sexuality curriculum for service providers; provision of capacity building assistance (CBA)/technical assistance to a transgender-serving community-based organization (CBO), including intensive grant writing training so the CBO can submit a grant to sustain the CBO; and, after a topic is selected in conjunction with the health policy, research, and evaluation departments of the Latino Commission on AIDS, going on to develop a policy brief based on a literature review with recommendations—so the Commission can provide the document to their wide audience.

  - **Location:** Latino Commission on AIDS, NY, NY

Our program has the advantage of being located in New York City where virtually every experience means contact with diverse, vulnerable, multicultural populations, including those disproportionately impacted by health disparities—as shown via the above listing of our MS students’ formal Fieldwork/Internships.

### Ensuring the Success of Our Diverse Student Body: Measures to Ensure Students’ Satisfactory Academic Progress

The program has numerous procedures and measures in place to ensure the success of our diverse student body in the MS degree program, including how these may extend to the MA and EdD degree students, as follows:

**Monitoring Grades for Satisfactory Academic Progress:** Faculty regularly alert the Program Director to any student in our programs (MS, MA, EdD) who are not performing at the grade level of B, falling below that level—so that measures can be undertaken (i.e. Program Director reaching out to the student, recommending tutoring, seeking disability assessment for formal status, or providing social support, referral for counseling, etc…). Students in the program must maintain a minimum grade-point average (GPA) of 3.0 while at Teachers College and must achieve at least a B grade in all of the required core courses. For the cohort of MS students thus far, only in 2 instances did students receive a singular grade of B—while with many grades of A, this did not compromise their GPA.

**The MS Program Mid-Point Evaluation Form:** This form facilitates a formal review of individual student progress with their advisor when they have completed the first half of the minimum number of points for the degree (e.g. 21 points for the 42 point M.S. Degree). The faculty advisor will review the student’s program of study and academic progress, and rates them as follows:

**Please provide an overall rating of their progress in the program to date:**

1. **Very Poor**
2. **Poor**
3. **Fair**
4. **Good**
5. **Excellent**

The faculty advisor must sign off on this form, submitting it to the Program Secretary for filing, and informing the Program Director directly of any student making fair, poor, or very poor progress. The
Program Director will then reach out to the student so that measures can be undertaken (i.e. social support, counseling, recommending tutoring, seeking disability assessment for formal status, etc...).

**Monitoring & Evaluation Via the Course Competency Evaluation Project Scoring Rubric (CCEP-SR).**
Every HBSS course has a Course Competency Evaluation Project (CCEP) (e.g., a Final Course Paper) that provides an opportunity for students to demonstrate the degree to which they have achieved the courses’ 1-2 program core competences (PCCs). The professor makes this determination by grading/scoring the individual student’s CCEP using the Course Competency Evaluation Project Scoring Rubric (CCEP-SR). At the end of each semester, the course professor is to send a summary of that data to the Program Director. The Program Director uses this summary data from the CCEP-SRs for each course, which shows the extent to which program students are achieving each courses 1-2 PCCs, as a vital monitoring process.

**Monitoring & Evaluation Via Review of the Culminating Project.** The Program Director also reviews the form, Advisor’s Evaluation of the Culminating Project for Research Scholarship and Inquiry, where advisors rate the Culminating Project on a scale of 1 (very poor) to 6 (excellent) and provide final evaluative commentary. The Program Director collects this data to evaluate the extent to which students are achieving the goals of the Culminating Project for showing development of skills and integration of knowledge.

**Monitoring & Evaluation Via Review of the Capstone Portfolio.** The Program Director also engages in a three step review of the Capstone Portfolio across 1-3 months in the MS student’s final semester before graduation. This process entails an evaluation of the corpus of a student’s work, including via use of the Capstone Portfolio Evaluation Form: Program Coordinator’s Clearance for Graduation. Of note, the Capstone Portfolio contains all of the student’s Course Competency Evaluation Projects (CCEPs), and all of the corresponding faculty completed Course Competency Evaluation Project Scoring Rubrics (CCEP-SRs) explaining their score: i.e. extent to which they achieved the course’s 1-2 program core competencies. Thus, the Program Director’s review of the Capstone Portfolio permits monitoring of students for achieving the program’s 11 core competencies, as a whole.

**Monitoring & Evaluation Via Wider Review of the Capstone Portfolio:** Further, monitoring involves the Capstone Portfolio being subject to review by the following: the faculty of the Program in Health Education; and, the Health Education Program Joint Committee on Growth, Quality and Development (HEPJC-GQD) as a vital quality assurance step. To date, feedback has been positive.

**Graduation and Employment Success for Our Diverse Student Body**

Our data show a very high graduation rate, as well as a very high employment rate, as shown in the table, below. For example, we send out the MS Students Post-Graduation Employment Survey via e-mail to obtain data on job placement. Results show our graduates of the MS program to date achieving very high employment rates; and, where students are not employed, they are engaging in ongoing graduate education on the doctoral level. The results of our survey in September 2016 indicated the following:
Data on Graduation Rates and Employment Rates for MS Students

**2012-2013 Cohort 1 – N=5** students graduated (5 of 5, 100% graduated to date)
- 100% (N=5) response rate to survey
- 100% (N=5) employed (1 also pursuing Doctorate)

**2013-2014 Cohort 2 - N=3** students graduated (3 of 5, 60% graduated to date—2 in pipeline to graduate)
- 100% (N=3) response rate to survey
- 66.6% (N=2) employed
- 33.3% (N=1) in continuing education (i.e., Medical School)

**2014-2015 Cohort 3 – N=3** students graduated (3 of 4, 75% graduated to date—1 in pipeline to graduate)
- 100% (N=3) response rate to survey
- 66.6% (N=2) employed
- 33.3% (N=1) volunteer research intern/anticipating hire

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**High Ratings of Our Diverse Graduates as Employees by Supervisors**

Also, our data from the [September 2016 MS Students’ Employer Evaluation Survey](#) for the 7 employed graduates (i.e. 7 of 11 meeting the criteria of having one year since graduation) show 100% (n=7) are receiving overall ratings of excellent as employees for their work performance. Further, 100% (n=7) of supervisors have rated the extent to which the MS degree education has prepared our graduates to function in their current work role as excellent. Considering that the coursework and preparation of MS students overlaps with that in the MA and EdD program, this data suggests we are providing excellent preparation for our diverse students to perform at an excellent level in work settings.

Consider sample supervisor comments as follows:

- “One of the strengths lies in the application of community health theories as it pertains to behavior change and social determinants of health...She’s thoughtful, caring and forward thinking”
- W “brings a substantial amount of knowledge and skill set... through her education and work background. She is a fast learner and does not require constant supervision or direction after the initial instruction is provided. She takes pride in her work and strives to improve her work performance. She understands the various phases of the job and is able to offer suggestions based on her expertise, which is extremely valued...She encourages the team to improve... She continues to be an amazing asset to the team...”
- X is “very well prepared for her assignment. Her technical knowledge is strong and she possesses strong teamwork and interpersonal skills. Although she is beginning her career, I anticipate her being able to provide leadership in the field in a short time...”
- Y “has become an essential component to programmatic development and success. I am able to provide her with a concept and she brings the complete program to completion. Her coworkers love to work with her because she is so enthusiastic that she infects all that come in to contact with her. I know that she is slated for more challenging work in her future as she has great potential. She has
been the most successful employee in a role that I have ever hired in my 11 years as a manager. No deficits, fast learner.”

- Z “performs well in her communication, and in providing patient education.” Z “is very competent…”

Thus, our students have emerged as well-prepared and competent to perform in the work setting, achieving the highest levels of excellence when supervisors are surveyed.

Exit Survey Data of Our MS Graduates: Our Quality Assurance Work to Continue to Improve

The MS Program also has allowed us to launch an evaluation of the educational experience that we provide to students. We have successfully conducted an Exit Survey with our diverse graduates to date (N=11—from the first graduating cohorts: May 2014=3, May 2015=5, May 2016=3). Exit Survey data (aggregate for all graduates) analyzed in September 2016 was revealing for how the MS program is achieving high quality, even though based on a very small sample of our graduates to date, as follows.

An Overall High Rating of the MS Program

- Some 11 of 11 graduates (for a 100% response rate) evaluated the overall MS program—when taking everything into consideration—as excellent (36.36%, n=4), very good (36.36%, n=4), and good (27.27%, n=3).
- Some 11 of 11 graduates (for a 100% response rate) would recommend the MS program to other prospective students.
- Some 10 of 11 graduates (for a 90% response rate to the survey, with survey N=10) evaluated the program for their receiving adequate support to complete their studies in a timely fashion, considering receipt of faculty advisement and mentoring, as follows: 90% (n=9) yes, and 10% (n=1) no.
- Some 10 of 11 graduates (for a 90% response rate to the survey, with survey N=10) evaluated the faculty for role modeling adequate respect and acceptance for all types of diversity in regional, national and international communities (e.g. cultural, racial/ethnic, religious, gender, sexual orientation, people with disabilities, and other types of diversity) as follows: 60% (n=6) above adequate, and 40% (n=4) adequate.

Evidence of Quality Preparation for Competence to Function in the Field and Employment

- Some 11 of 11 graduates (for a 100% response rate) rated their preparation for employment as excellent (45.45%, n=5), very good (36.36%, n=4), and good (18.18%, n=2).
- Some 11 of 11 graduates (for a 100% response rate) rated the overall MS program with regard to their feeling competence to function as a community health educator as excellent (36.36%, n=4), very good (36.36%, n=4), and good (27.27%, n=3).

Evidence of Quality Coursework and Faculty

- Some 11 of 11 graduates (for a 100% response rate) rated evaluated the overall MS Program in Community Health Education with regard to courses as excellent (27.27%, n=3), very good (54.55%, n=6), and good (18.18%, n=2).
• Some 11 of 11 graduates (for a 100% response rate) rated evaluated the overall MS Program in Community Health Education with regard to faculty as excellent (54.55%, n=6), very good (27.27%, n=4), and good (18.18%, n=2).

• Some 10 of 11 graduates (for a 90% response rate to the survey, with survey N=10) indicated—regarding whether the course work facilitated their achieving the Program’s Core Competencies by the end of their degree program—that the coursework preparation was above adequate (40%, n=4) or adequate (60%, n=6).

Achieving Competence in Research

• Some 10 of 11 graduates (for a 90% response rate) rated their understanding of and skill in research design and methods upon completion of the program as adequate (50%, n=5) or above adequate (30%, n=3), as well as somewhat adequate (20%, n=2)

• They rated their knowledge of ethics in research, the protection of human subjects, and confidentiality as adequate (60%, n=5) and above adequate (40%, n=4)—while all students had to complete CITI training and submit their Certificate for passing as a requirement for HBSS6100 Program Evaluation.

• They rated their knowledge of research and practice issues with diverse populations (n=10) as above adequate (80%, n=8) or adequate (20%, n=2)

Achieving Competence in Service

• Some 10 of 11 graduates (for a 90% response rate to the survey, with survey N=10) rated their achievement of practical competencies via their practicum course and fieldwork/internship as above adequate (50%, n=5) or adequate (50%, n=5)

• Some 60% (n=6) had engaged in volunteer service opportunities during the period of their MS degree studies.

• Regarding engagement in any volunteer activities, advocacy activities, or other activities (i.e. work, etc....) where you also participated in the transfer of knowledge, or transfer of evidence-based findings—meaning dissemination of information to policymakers, community stakeholders, community members, the media, or other advocates, some 90% (n=9) indicated “yes” that they had.

Competence Via the Culminating Project for Research, Scholarship and Inquiry

• 100% (n=11) had completed the Culminating Project with the following ratings of their experiences with engagement in the Culminating Project: 54.55% (n= 6) excellent, 36.35% (n=4) very good, and 9.09% (n=1) good.

Competence Via the Capstone Portfolio

• Some 11 of 11 graduates (for a 100% response rate) indicated that 100% completed the Capstone Portfolio, while ratings of experience with the Capstone Portfolio were: excellent - 18.8% (n=2), very good – 54.55% (n=6), and fair 27.27% (n=3).

• Comments explaining such varied ratings were as follows:
  o The portfolio was interesting. It allowed us to see how we have grown as students and professionals throughout the program. It really tied all of the work we did during out time at TC and is a wonderful resource for future use
  o Very time consuming but it helped me realize how much great work I did in the span of 2 years!!
  o I was not a fan of putting a bunch of PDF files together
Implications for the Overall Programs in Health Education and Community Health Education

This essentially small pilot study data with our 11 MS graduates to date is just suggestive, but begins to provide a positive portrait of what is being accomplished via our faculty, Program Core Competencies, program coursework, and diverse student body. Most importantly, all of these elements are present across the MS, MA and EdD programs, suggesting the positive high quality outcomes found via the September 2016 analysis of the MS students’ Exit Survey data likely extends to many elements of the MA and EdD program. Further, the Exit Survey data, including qualitative data, may be used to further improve and refine not only the MS program, but also the MA and EdD programs. In this manner, the faculty is committed to ongoing quality assurance and evaluation to improve the educational training experience of our diverse student body.

Conclusion: Implications of the Diversity Plan

The process of seeking CEPH (the Council on Education for the Public Health) accreditation for the MS Program in Community Health Education, which was launched in Fall 2012, has positively impacted the entire Programs in Health Education (i.e. MA, EdD) and Community Health Education. This *Diversity Plan* is consistent with that positive impact, detailing how the Diversity Goals, related targets, and steps to ensure our success are working well. The result of our *Diversity Plan* is that our programs are on the cutting edge, helping to address the national shortage of diverse graduate-level trained professionals. Further, our MS degree program serves as a powerful pipeline into employment, as well as ongoing graduate education.
DIVERSITY PLAN

FOR THE MS PROGRAM IN COMMUNITY HEALTH EDUCATION
WITH EXTENSION TO THE MA AND EDD PROGRAMS IN HEALTH EDUCATION

BY
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