



RHODE ISLAND COLLEGE

FEINSTEIN SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT

HED 202: PRINCIPLES OF HEALTH EDUCATION ; Fall 2010

Location: Murray Center (MC) Room 217

Day & Time: Tuesdays & Thursdays; 2:00 to 3:20 p.m.

INSTRUCTOR: Dr. Betty J. Rauhe

Office Location: MC 130/132

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Office Hours: Wednesday 1:30-3:00 p.m.; Thursday 11:00-12:00 p.m. & 3:30-4:30 p.m.; **And by APPOINTMENT**

DEPARTMENT: Department of Health and Physical Education

Chair: Dr. Betty Rauhe, MC 130, 456-9787; brauhe@ric.edu

1. COURSE INFORMATION

Catalog: The basic principles of health education in school and community settings are studied. Focus is on professional and personal philosophy, the influence of technology, entry-level responsibilities, and the future of the profession. *3 credit hours. Offered fall, and as needed.* **Prerequisites:** HED 102 or concurrent enrollment or consent of department chair.

Extended: This course focuses on the basic principles of health education in school and non-school settings. Emphasis will be on philosophy, history, and practice of health education, utilizing the knowledge base to develop a reflective practitioner. Interwoven throughout the course will be aspects of the cultural diversity and global perspective of health education: past, present, and future. Students will be given opportunity to reflect upon the numerous and varied factors that influence and affect the profession of health education and promotion from the local to the state to the federal to the international domain.

Relationship to Professional Program: This is a required course for all health education majors. It is designed to introduce the students to the profession of Health Education. Throughout the course a foundation is created from which the student builds and reflects upon his/her personal, professional philosophy, ethics, and social commitment to health education while developing an understanding of the need to become involved in the profession. It requires the student to look beyond his/her immediate environment and take a more global perspective of Health Education and Health Promotion. The course reflects the "Responsibilities and Competencies for Health Educators" as addressed by the National Commission on Health Education Credentialing. Many of the responsibilities and competencies are directly dealt with, while others are introduced and will be further explored in other courses in the program.

Relationship to FSEHD and Conceptual Framework: As an introduction to the profession of Health Education, the course provides students with a professional foundation, utilizing guest speakers, additional readings, and technology, from which they will develop, incorporate and reflect upon previous health content, cognate and professional courses to build a strong knowledge base. Throughout the course, this foundation will assist the future health education professional to build, put into action and reflect upon his/her personal philosophy, ethics, and social commitment to health education. This in turn addresses many aspects of the "Rhode Island Beginning Teacher Standards" (RIBTS). Finally, the process of reflection will continue throughout the course work needed to obtain their degrees and, hopefully, into their professions as they reshape and continue to analyze their professional and personal philosophy and code of ethics.

<i>Learning Objective</i>	<i>Standards (RIPTS, SPA or NCATE, FSEHD Conceptual Framework)</i>	<i>Assessment</i>
<p>The experiences in this course are designed to enable each student to:</p> <ol style="list-style-type: none"> assess the factors that influence the need for health education, and obstacles to health education. 	<p>Knowledge, Diversity, Global Perspectives, Professionalism; Responsibility 1; RIBTS 1, 2, 10</p>	<p>Rationale: Why We Need Health Education Health & Diversity in the USA</p>

<p>2. plan a group power point in-service utilizing a variety of strategies, interventions, programs and resources for diverse populations.</p>	<p>Knowledge, Diversity, Technology, Global Perspectives; Responsibility 2; RIPTS 2, 3, 4, 6, 7, 8, 11</p>	<p>Health Resource File Health & Diversity in the USA</p>
<p>3. implement a power point in-service to better understand the health educator's role for special diverse populations.</p>	<p>Knowledge, Global Perspective; Responsibility 3; RIPTS 1, 2, 3, 7, 11</p>	<p>Health & Diversity in the USA</p>
<p>4. evaluate the performance of self and others in regard to working cooperatively and collaboratively, as a group.</p>	<p>Assessment Performance; Responsibility 4; RIPTS 7, 9</p>	<p>Health & Diversity in the USA</p>
<p>5. practice the skills required to administer health education strategies, interventions, and programs while participating in a cooperative and collaborative group work process.</p>	<p>Professionalism; Responsibilities 5; RIPTS 7</p>	<p>Health & Diversity in the USA; Health resource File</p>
<p>6. discover a variety of resources available locally, statewide, nationally, and via the internet to be serve as a health education resource person.</p>	<p>Knowledge, Global Perspective; Responsibility 6; RIPTS 2, 10</p>	<p>Health & Diversity in the USA; Health Resource File</p>
<p>7. select and become a member of the professional health education organization to begin the skills needed to communicate and advocate for health and health education.</p>	<p>Professionalism; Responsibility 7; RIPTS 2, 10, 11</p>	<p>Join a National Health Education Organization</p>
<p>8. acquire an understanding of the history and future of health and health education to develop a base of understanding in order to advocate for health and health education.</p>	<p>Knowledge; Responsibility 7; RIPTS 2, 10, 11</p>	<p>Exam 1 Health & Diversity in the USA; Rationale: Why We Need Health Education</p>
<p>9. evaluate samples of resource materials collected for the health resource file.</p>	<p>Assessment; Responsibility 4; RIPTS 9</p>	<p>Health Resource File In class activity</p>
<p>10. examine the responsibilities and competencies for entry-level health educator.</p>	<p>Knowledge, Professionalism; Responsibilities 1, 2, 3, 4, 5, 6, 7; RIPTS 2, 11</p>	<p>Health & Diversity in the USA; Health Resource File; Rationale: Why We Need Health Education</p>
<p>11. reflect upon his/her ability to plan, implement, and communicate the needs, concerns, and resources of health education for various populations.</p>	<p>Reflection, Professionalism; Responsibilities 1, 2, 3, 5, 6, 7; RIPTS 2, 11</p>	<p>In class activity Exam 3</p>
<p>12. create and start to practice an individual professional health education philosophy to begin to advocate for health and health education.</p>	<p>Professionalism, Responsibility 7; RIPTS 2, 10, 11</p>	<p>In class activity Health & Diversity in the USA</p>
<p>13. explore a variety of situations for which the <i>Code of Ethics for the Health Education Profession</i> need to be applied to implement the professional practice of health education.</p>	<p>Professionalism; Responsibility 3, 7; RIPTS 11</p>	<p>In class activity</p>
<p>14. determine the validity and benefits of credentialing and competency examinations for health educators in order to advocate for health and health education.</p>	<p>Knowledge, Professionalism, Responsibility 7; RIPTS 2, 10</p>	<p>In class activity</p>

2. COURSE TEXTS AND MATERIALS

- Recommended, but not Required:

Cottrell, R. R., Girvan, J. T., McKenzie, J. F. (2009). *Principles & foundations of health promotion and education* (4th Ed.). New York: Benjamin Cummings. **On Reserve at Adams Library**

Additional References:

Bernert, D. J. (2002). Healthy People 2010: Health education implications and recommendations for youth with disabilities. *American Journal of Health Studies*, 33(3), 132-139.

Brown, S. L., Teufel, J. A., Birch, D. A., & Kancheria, V. (2006). Gender, age, and behavior differences in early adolescent worry. *Journal of School Health*, 78(8), 430-437.

Burak, L. J. (2002). The health education profession in the twenty-first century: Executive summary. *American Journal of Health Education*, 33(2), 69.

Chen, W. W. (2001). The relationship between health education and health promotion: A personal perspective. *American Journal of Health Studies*, 32(6), 369-370.

Escoffery, C., Miner, K. R., & Trowbridge, J. (2004). Conducting small-scale community assessments. *Journal of Health Education*, 35(4), 237-241.

Fertman, C. I. (2003). Health educators are leaders: Meeting the leadership challenge. *Health Promotion Practice*, 4(3), 336-339.

Governali, J. F., Hodges, B. C., & Videto, D. M. (2005). Health education and behavior: Are school health educators in denial? *American Journal of Health Education*, 36(4) 210-214.

Jones, S. E., Brener, N. D., & McManus, T. (2004). The relationship between staff development and Health instruction in schools in the United States. *American Journal of Health Education*, 35(1), 2-10.

Perry, D. K., (2004). Youth risk behavior survey (YBRS) CDC trend analysis report. *Rhode Island Department of Health*, Power Point Presentation.

Report of the 2000 joint committee on health education and promotion terminology. (2001). *American Journal of Health Education*, 32(2), 97-103.

Tappe, M. K. & Galer-Uri, R. A. (2001). Health educators' role in promoting health literacy and advocacy for the 21st century. *Journal of School Health*, 71(10), 477-482.

Valois, R. F., Zullig, K. J., Young, M. & Kammermann, S. K. (2010). Changing health behavior in youth: Plus 40 years. *American Journal of Health Education*, 41(3), 134-138..

Winnail, S. D., Geiger, B. F., & Nagy, S. (2002). Why don't parents participate in school health education? *American Journal of Health Studies*, 33(1), 189-198.

Web Sites:

American School Health Association	www.ashaweb.org
American Alliance of Health, Physical Education, Recreation, and Dance	http://www.aahperd.org
American Association for Health Education	http://www.aahperd.org/aahe
American Public Health Association	http://www.apha.org
CDC - Centers for Disease Control and Prevention	http://www.cdc.gov
Cal Berkeley Wellness Letter	http://www.enews.com/magazines/ucbwl/
Coalition of National Health Education Organizations	http://www.med.usf.edu/cfh/cnheo/organizations
Eta Sigma Gamma	http://www.etasigmagamma.org
Health Education Professional Resources (Job Search)	http://www.nyu.edu/education/hepr/
Healthwise's "Go Ask Alice"	http://columbia.edu/cu/healthwise/alice/html
Society for Public Health Education	http://www.sophe.org
USA Today Healthline	http://167.8.29.13/life/health/lhd1.htm

3. COURSE CALENDAR

<u>DATE</u>	<u>Fall 2010: TOPICS HED 202</u>	<u>READING (Outcomes 1 - 14)</u>
08/31	Introduction	
09/02	Defining a "Health Educator," Health Resource Files	
09/07	Terminology	Ch 1
09/09	Dimensions of Health & Philosophy of Health Education	Ch 1, 3
09/14	Professional Health Education Organizations	Ch 8; Readings
09/16	Professional Health Education Organizations	Ch 8; Readings
09/21	Levels of Prevention; Health & Diversity: Group Assignments	Ch 1
09/23	History of Health Education	Ch 2
09/28	History of Health Education	Ch 2
09/30	Responsibilities of Entry Level Health Education	Ch 6; Appendix B, Readings
!!!!!!	Proof of Membership in National HED Organization	<u>Due!!!!!!</u>
10/05	Responsibilities of Entry Level Health Education	Ch 6; Appendix B, Readings
10/07	"Healthy People 2010"	Pages 57-60, Readings
10/12	Go by your <u>MONDAY</u> class schedule !!!!!!!!!	HED 202 Does Not Meet
10/14	Examination I	All materials to date
10/19	National Health Education Standards	Ch 7; page 67
10/21	Coordinated School Health Program	Readings
10/26	Rhode Island Framework & Assessment	In Class
10/28	Learning and Behavioral Change Theories & Models	Ch 4; Readings
11/02	Learning and Behavioral Change Theories & Models	Ch 4; Readings
11/04	Principles and Concepts of Learning	Readings
11/09	Examination II	Everything since Exam I
11/10	It's Wednesday - - - But got to <u>Thursday classes</u>!!!!	Yes this class meets Wednesday!!
11/10	Code of Ethics; CHES;	Ch 5; Appendix A; Readings
11/11	RIC Closed – No Classes	RIC is Closed!
11/16	Rationale: Why we need Health Education (Project A)	Project A: Rationale Source Article
11/18	Rationale: Why we need Health Education	
11/23	<u>Health Resource File "pile-up" & "pick-up"</u>	Project B: <u>Assignment Due!</u>
11/25	THANKSGIVING	ENJOY the Day
11/30	Project C: Health and Diversity	In-service
12/02	Project C: Health and Diversity	In-service
12/02	<u>Project B: Collated Health Resource File</u>	<u>Assignment Due!!!!</u>
12/07	Project C: Health and Diversity	In-Service
12/09	Project C: Health and Diversity	In-Service
12/09	<u>Exam #3 - - - DUE!!!!!!</u>	<u>Exam 3 !!!!!!!</u>

4. REQUIREMENTS

PROJECT A: “Rationale – Why we need Health Education!” (Outcomes: 1, 8, 10)

The term **rationale** may refer to:

- An explanation of the basis or fundamental reasons for something
- A justification or rationalization for something

Wikipedia The Free Encyclopedia. (n.d.). Rationale. Retrieved August, 2010 from <http://www.en.wikipedia.org>

Each student will bring one (1) professional article or resource that supports/rationalizes the need for Health Education, school or community health education, relating to the health issue and population assigned. Students will be assigned health issues and populations at a later date. Examples of professional sources are found in professional Health Education journals, government agencies / organizations at the state and federal level, national clearing houses, etc. Students may bring more than one support article / resource. Sources such as The Providence Journal, textbooks for RIC courses (e.g., HED 102 “Personal Health”) or popular magazines (e.g., Prevention Magazine, Self Magazine, Men’s Health, and Cosmopolitan) **do not** represent professional sources. If you find something and you are not sure the source is valid, come ask the instructor. The rationale will be based on fact, not opinion. It will be written for a professional audience. Because opinion is eliminated, phrases such as ‘we think’ or ‘I believe’ are not appropriate for the rationale. You will be telling the reader about the problems associated with a specific health issue for your population. Some questions that might guide your thinking are: How big of a problem is this? What are some short-term problems and long-term problems associated with this health issue? How does this issue impact the various dimensions of wellness?

Before class on **November 16**, each student must **read** and **highlight** key portions of his/her resource(s) that demonstrates the need for support of Health Education in regard to the specific health issue.

On **November 16, Tuesday**, students will bring their professional resources to class. In groups, the students will construct a list of key points, referenced from the group’s resources, which will create a rationale for the need of Health Education in regard to the group’s health issue and population. **Each student will turn in a copy of his/her resource on November 16.**

On **November 18, Thursday**, each group will share their rationale with the class. Discussion will take place after each group presents their rationale to discuss the points made.

DUE DATES: At the beginning of class November 16 POINTS: 20 POINTS - No late resources will be accepted

PROJECT B: Health Resource File (Outcomes: 2, 5, 6, 8, 9, 11)

Each student **will visit** (do not write or call) a minimum of five (5) community resources. Do not write or call, but GO . . .

Visit 1 - Official Agency (tax supported)

Visit 1 - Civic / Service

Visit 2 – Consumer

Visit 1 - Voluntary Agency (at the local level; contribution supported) **(Sign-up in Notebook *)**

- **Check the Sign-up Notebook of Voluntary Agencies, in class, before going to an agency. Only 2 students are allowed to go to the same VOLUNTARY AGENCY.**

For **the National Clearing Houses ONLY**, you *may use 800 numbers* or the *internet* in order to accumulate resource materials for the health resource file. You must include a minimum of the specific number of efforts per type of agency indicated below (feel free to visit more):

- **Contact 2** - National Clearing House (www.health.gov/NHIC)
- **Go to WEBSITE** - - - <http://www.health.gov/NHIC>
 - NEW** [2010 Federal Health Information Centers and Clearinghouses \(PDF version - 1.3 MB\)](#)
 - NEW** [2010 Toll-Free Numbers for Health Information \(PDF version - 2.1 MB\)](#)

Per each of your visitations, collect multiple copies of each piece of literature you collect. At the very least, collect 3 different items with enough to share with the whole class. Try to collect as many different pieces (not just one or two) of literature as possible, from each agency, that pertain to health topics/issues. When you do not have enough for each class member, you **do not** have to make photocopies of materials collected. On the day you bring what you have to class, save (at home) one copy of each item for your own file.

- #1 On **November 23, Tuesday, bring in ALL your collected materials** to class for distribution to your colleagues. Do not collate materials prior to class. Also bring a large box, sturdy bag(s) or suitcase on wheels to take health materials, contributed by your classmates, home with you. **Leave your copies at home!**
- #2 On **November 23, along with** your collected materials to class, **bring a word processed list** of the agencies you visited and contacted. Your list **must consist** of divisions: (1) Official Agency, (2) Voluntary Agency, (3) Civic/Service, (4) Consumer and (5) National Clearing House (give date that you contacted them, which must be at least one month before November 23). Under each division give the formal name of each agency/organization, and include the address, telephone number, e-mail, and, if known, contact person. Then under each individual agency, list the **name of EACH piece** of material collected from the agency, **and** give the **number collected for EACH piece**.
- #3 Also on **November 23, Tuesday, submit your evaluations of two (2) pieces from different sources, of resource materials** (that you collected) for use in health education. For each piece evaluated, photocopy the **evaluation sheet** and **attach** it to the resource material. Complete an evaluation sheet for each piece, two resource materials evaluated in total. Grade based on appropriateness of review.
Each worth 15 points; Total of 30 points.

#4 **On Thursday, December 02** bring your organized, compiled health file to room 223 (Motor Lab). Place your file(s) on the floor, so it/they can be reached, and yet are out of the way, as classes are held in the room. Be **very sure to put your NAME**, so it can be easily seen, is on your file.

ASSIGNMENTS FORFEIT 5 POINTS FOR EVERY DAY LATE! *

** see me ASAP to discuss any 'possible' extensions*

Health Resource File: Grading Criteria

COLLECTION OF MATERIALS:

- _____ Visited/Contacted appropriate/designated number of agencies. **(7 pts)**
- _____ Supplied at least **3** appropriate items, **per agency**, to **share with the majority of the class**. More than that (regardless of how many copies) is **STRONGLY ADVISED** from each source/agency. **(14 pts)**

FULFILLED THE DUE DATE REQUIREMENTS ON SCHEDULE:

- _____ Submission a list with the appropriate individual agencies contacted or visited, the list includes materials collected and/or received, along with other requirements as per assignment instructions (see previous page #2). **Give dates National Clearing Houses were contacted. If materials have not yet arrived, state this fact.** **(21 pts)**
- _____ Distribution of collected materials on appropriate date. **(3 pts)**

COLLATED HEALTH FILE SATISFIED THE FIVE CRITERIA BELOW:

Excellent = 5 points; Good = 4 points; Average = 3 points; Poor = 2 - 1 points; Insufficient = 0 points

1. FORMAT/DESIGN OF FILE (Quantity & Comprehensive in Scope)

- _____ Variety of headings & comprehensive coverage of potential health concerns

2. APPEARANCE OF FILE

- _____ Neat; attractive; easy to read & see labels

3. ORGANIZATION OF FILE

- _____ Proper materials under each file name; files/materials arranged for easy access

4. CONTENTS OF FILE

- _____ Useful, valid, variety, representation of materials presented by class

5. DURABILITY AND FUTURE USE

- _____ Sturdy folders, labels, and container; room for expansion

Health Resource File	_____	70	POINTS POSSIBLE
Evaluation of Resources	_____	30	POINTS POSSIBLE
TOTAL POINTS	_____	100	TOTAL POINTS POSSIBLE

Evaluating Resource Materials for use in Health Education: School or Community

Student Reviewer: _____

Title of Material Attached: _____

A wealth of written materials are available from federal, state, local and private agencies; pharmaceutical, insurance, and food companies; voluntary health associations; service organizations, as well as others. Each represents a certain health interest and perception. The material is often free and available for use in school and community health education. Health education materials are appropriate when they:

1. are scientifically accurate and free from bias.
2. contribute to the development of critical thinking, decision making.
3. use logic rather than emotional or propaganda techniques.
4. are directed toward positive health practices/behaviors.
5. stimulate interest in the topic or lesson & provoke desirable activity.
6. reinforce other materials.
7. justify the time involved in their use.

Be sure to **identify** the appropriate population level and rate as such. **Attach one piece** of resource material to each evaluation sheet. Be sure to **make notations** on space marked "Comments" regarding each piece of resource material reviewed.

SPECIFIC CRITERIA	EXCELLENT	GOOD	FAIR	POOR	N/A
1. Type is easily readable					
2. Appropriate amount of material presented.					
2. Organization of content is logical.					
3. Concepts are developed sequentially.					
5. Important aspects of topic stand out.					
6. For students or community: indicate population (S1, 2, 3, 4, 5 or C)*					
7. Reading level is appropriate: indicate population (S 1,2,3,4,5 or C)*.					
8. Based on interests and needs of intended group: indicate population (S 1,2,3,4,5 or C)*.					
9. Positive emphasis.					
10. Promotes desirable health practices/behaviors.					
11. Minimal use of fear techniques, propaganda, etc.					
12. In good taste, avoiding stereotypes or ridicule.					
13. Will hold the interest of intended group (illustrations, color, etc.): indicate population (S1, 2, 3, 4, 5, C)*					
14. You must make Comments to explain your ratings (you may use the back of the page as well. . .)					

PROJECT C: "Health and Diversity in the United States" a Group In-Service (Outcomes: 1, 2, 3, 4, 5, 6, 8, 10,12)

This assignment is based on the concept of "in-service." You will be providing your colleagues (a.k.a. fellow students) with an in-service workshop regarding the **health issues and concerns** facing specific **diverse populations** and **health education programs that address their needs.** Early in the semester, **random selection of in-service groups** will

occur. Individuals will be assigned to one of the following diverse populations: (1) elderly (age 65 years and older), (2) individuals with disabilities, (3) families living below the poverty line, and (4) LGBTQ (Lesbian, Gay, Bi-Sexual and Questioning). Each group **will investigate and present health issues and concerns**, in the United States, that exist for the specific diverse population assigned. Do not just look at the physical/medical aspects. Remember the various dimensions of health: physical, emotional, spiritual, mental/intellectual, social/interpersonal, environmental and vocational. Each group **will investigate and present** examples of health education programs that can be used, in the United States, in the community and the schools to address the health issues and concerns specific to the diverse population. This can be done by looking at a variety of agencies and organizations that address the population or health issues and concerns directly.

In preparation for the in-service:

1. Groups should determine meeting times, selection of individual assignments, presentation format, and any other components necessary for the group to create a successful in-service workshop.
2. Create a POWER POINT group in-service, highlighting the specific diverse population's health issues, concerns and health education programs designed to address the various needs of the diverse population. Additional visuals, graphics, etc. should be used to enhance your presentation beyond words.
3. Create a publication list of the resources utilized. Your **group** (not each individual member of the group) resource/reference list must consist of all the publications, programs, organizations, agencies, etc., that were used to create your in-service. The ending frame(s) of your in-service should include an acknowledgment of all references used.
4. **Each and every** group member MUST PRESENT! Each member should have, approximately, **equal presentation time and importance of materials.**
5. Practice correct use of equipment. **Does your USB or CD Rom work in the Dept. of HPE's equipment?** Find out **BEFORE** you present!!!! The equipment available by the department IS NOT as new and up to date as some of your computers. Talk with Dr. Rauhe if you have any questions.
6. **Rehearsal of your presentation is vital.** Each group will have about **60 minutes** for their power point in-service. Once you know how many members are in your group, divide the time accordingly.
(Note: 60 minutes/5 members = 12 minutes each; 60 minutes/7 members = 8–9 minutes each)
7. As future Health Educators . . . make your in-service interesting and an attention grabber. Don't read from the screen or from your notes. Organize the material to create a logical, **flowing** presentation. **BE CREATIVE!**
8. Professional appearance, attire and manner are **requirements** for presenters.
9. Each group must hand-in a printout of the slides/frames (with 6 frames per page) of the group's power point in-service to the instructor **the day** of the group's in-service presentation.
10. **Just before your in-service workshop is presented, EACH member of the group** will assess each other and his or herself in terms of the role played in this in-service. The members will not be assessing the presentation of the in-service, but will evaluate the group process, cooperation, collaboration, of the work done prior to the actual in-service. The assessment form will be given out by the instructor later in the semester.

Your IN-SERVICE Date: _____ Your Diverse Population: _____ Final Grade: **Total Points = 100**
Dr. Rauhe: 10 points group presentation and 80 points individual presentation and From the Group 10 points

Assessment PART 1 Individual Role: In-service Workshop
POINTS CATEGORY

- | | |
|----------|---|
| _____ 1. | ORGANIZATION of INSERIVCE (Points = 25)
A. Introduction (of self and/or section)
B. Selection of materials (as per assignment)
Health Issues and Concerns _____ AND/OR Health Education Programs _____
C. Presentation of materials
D. SUMMARY (of section) and proper "handoff" to next presenter or ending of the group's in-service |
| _____ 2. | WELL-PLANNED AND EFFECTIVE INSERVICE (Points = 20)
* Displayed interest, enthusiasm and an understanding of the population, health issues/concerns/programs
* Creative, original, engaging
* Held interest of audience |
| _____ 3. | CLEAR AND CONCISE PRESENTATION (Points = 25)
* Proper use of "Power Point" (i.e. were notes and Power Point screen used appropriately) |

- * Interaction with audience (voice level, eye contact, body language, audience involvement, response to questions, etc.)

4. PROFESSIONAL ASPECT (Points = 10)

- * Professional **appearance/manner**
- * Division of time & material
- * Length appropriate: **60 minutes, divided equally for each group member (____ length of time used)**

____ TOTAL = 80 POINTS Look at the other side for written evaluation:

Assessment PART 2 Assessment of SELF and ALL MEMBERS of the GROUP

Specific Diverse Population: _____

<u>LIST EVERY GROUP MEMBER</u>	<u>GRADE Scale 0-10</u>	<u>LIST EVERY GROUP MEMBER</u>	<u>GRADE Scale 0-10</u>
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

Reflect and grade on the group process and your part. As a group of health educators working together on the health program assigned, you will receive a group grade. As a means of "fair play," the work involved in the process of creating the in-service should have been endeavored to be equitably divided. In an attempt to ascertain the effectiveness of your group, please take a moment to assign **each group member, including yourself**, a grade on a scale of 0 to 10. Assign the grade in terms of each member's contribution to the group project. Please be fair and open-minded, but remember your professional ethics. The grades you assign will be averaged and awarded as "**points given by group members.**" **Total Possible Points = 10 pts.**

Assessment PART 3 GROUP Presentation of In-service Workshop

Diverse Population: _____ Date: _____

<u>POINTS</u>	<u>CATEGORY</u>
_____	1. In-service material organized in a manner that best fits the assignment, with an appropriate REFERENCE/RESOURCE LIST of sources, last slide(s).
_____	2. In-service material flowed in a logical manner from one presenter to another.
_____	3. Use of "Power Point" was creative, with a clear format throughout the in-service.
_____	4. Group displayed interest, enthusiasm and unity for the in-service workshop on Diverse Populations.
_____	5. Appearance of "equal" division of contributions by group members.
_____	GROUP TOTAL / Each section worth 2 points / TOTAL = 10 POINTS

Course Requirement in lieu of Textbook: (Outcome 7)

Each student will join a "**NATIONAL HEALTH EDUCATION PROFESSIONAL ORGANIZATION**" as described and explained in class, September 14 and 16. At that time, the instructor will introduce the students to the four main "**NATIONAL HEALTH EDUCATION PROFESSIONAL ORGANIZATIONS**" and provide the necessary membership information. Each student may join whichever National Health Education Organization that best fits his or her future Health Education professional needs. If the student selects **to mail** in a membership form (with payment), the completed form, with method of payment and addressed/stamped envelope, needs to be **brought to the instructor for mailing. Do not seal the envelope!** If the student selects to join using **the internet, confirmation**, from the organization, needs to be **brought to the instructor. CAUTION!!!!!!!!!! BEFORE** filling in a membership form or sending it by the internet . . . **BE SURE, BE VERY SURE!!!!!!!!!!** you are joining the **HEALTH EDUCATION** division of the organization. When in doubt, **check with the instructor, before** completing and sending the form.

IF YOU JOIN AAHPERD . . . YOUR PROOF OF MEMBERSHIP CANNOT JUST SHOW AAHPERD. NOR CAN YOU SELECT NASPE! DOCUMENTATION MUST SHOW AAHE!!!! THIS IS A MUST!

This is a **required component** of the course, failure to show verification of joining a National Health Education Professional Organization, will result in an "incomplete" grade. Bring a copy of your proof of membership for the instructor to keep on file. If you have any questions or concerns, see the instructor.

PROOF - VERIFICATION is due September 30, Thursday.

You **will not** be **allowed to take examination #1** on October 14th without verification of membership. You *may demonstrate proof anytime* before this date. Make a copy of your membership verification, as the Instructor will keep the copy handed in.

Course Expectations:

1. Active Participation in group assignments, class discussions and activities.
2. **All assignments are to be done on a word processor.**
3. Three (3) examinations.
4. Satisfactory completion of projects and assignments on time.
5. **All assignments & projects are due at the beginning of that class.**
6. **Students will forfeit 5 points for each & every day late on ALL ASSIGNMENTS and PROJECTS!!**
7. Regular Punctual Attendance .

ATTENDANCE POLICY:
 Attendance will be taken at every class meeting, as part of the professional and ethical expectations of this course. Each student is allowed **Three (3)** absences. The **FOURTH** absence will result in the lowering of the student's final earned grade by one **COMPLETE LETTER GRADE**. For each additional absence, the student's grade will be reduced by an additional one-third of a letter grade. Late arrivals and early departures will also be noted. **Three "late" arrivals and/or "early" departures will equal one absence.** Example: Final grade = B. Fourth absence = C. Fifth absence = C-, Etc., Etc. **See the instructor ASAP to discuss any 'possible' extensions,** this is about your responsibility. It is part of the professional and ethical aspect of being a future Health Educator.

8. Use your RIC email . . .

Here are instructions for students to sign in with their RIC email accounts:
 Students must preface their account name with **ric-acad**. Therefore, if your username is jdoe_1234 you will be required to enter ric-acad\jdoe_1234 in the username field (this is copied directly from the RIC website on the Webmail page, <http://www.ric.edu/technology/webmail.php>). The username is the first letter of their first name, their last name, then the last 4 digits of their student ID number. If the students haven't changed their password since the information was assigned, the password is the first three letters of their birth month, their birth day, then the last four digits of their Social Security number, for example: aug146789. If students are still unable to sign in with this information or if they have any questions, contact the Student Helpdesk in Horace Mann at 456-8886.

Course Assessments:

<u>POINT DISTRIBUTION:</u>	<u>POINTS</u>	<u>TO COMPUTE YOUR GRADE</u>
Project A: Rationale Resource	20	<u>TOTAL POINTS OF STUDENT</u> = % <u>TOTAL POINTS POSSIBLE</u>
Project B: Health Resource File	100	
Project C: In-Service Workshop	100	
Examination I	100	
Examination II	100	
Examination III	<u>60</u>	
480 Total Possible Points		

A	100 TO 93%	A-	92 TO 90%	B+	89 TO 87%
B	86 TO 83%	B-	82 TO 80%	C+	79 TO 77%
C	76 TO 73%	C-	72 TO 70%	D+	69 TO 67%
D	66 TO 63%	D-	62 TO 60%	F	59%

5. RIC POLICIES

3.9.1 Academic Dishonesty

(a.) **Examples of Academic Dishonesty include** (but are not limited to):

- **Cheating:** intentionally using or attempting to use unauthorized materials, information or study aids in any academic exercise.
- **Fabrication:** intentional and unauthorized falsification or invention of any information or citation in an academic exercise.
- **Plagiarism:** intentionally or knowingly representing the words or ideas of another as one's own in any academic exercise. The following are examples of plagiarism:

- Word-for-word plagiarism:** This includes (a) the submission of another student's work as one's own; (b) the submission of work from any source whatever (print or electronic) without proper acknowledgement by footnote or reference within the text of the paper; (c) the submission of any part of another's work without proper use of quotation marks.
- Patchwork plagiarism:** This consists of a piecing together of unacknowledged phrases and sentences quoted verbatim (or nearly verbatim) from a variety of sources. The mere reshuffling of other people's words does not constitute original work.
- Unacknowledged paraphrase:** It is perfectly legitimate to set forth another author's facts or ideas in one's own words, but if one is genuinely indebted to the other author for these facts or ideas, the debt must be acknowledged by footnote or reference within the text of the paper (e.g., the above paragraphs are based largely on Sears, Harbrace *Guide to the Library and Research Paper*, p. 39).

Many facts, ideas, and expressions are considered to be in the public domain or general knowledge and need not be acknowledged (e.g., the fact that the Declaration of Independence was signed in 1776; the idea that universal public education is essential to the survival of democratic institutions; such proverbial expressions as "A rolling stone gathers no moss," or "New York is a great place to visit, but I wouldn't want to live there,") but as a general rule, when one is in doubt, it is best to acknowledge the source.

- **Collusion:** facilitating academic dishonesty intentionally or knowingly helping or attempting to help another to commit an act of academic dishonesty.
- **Deception:** Providing false information to an instructor concerning a formal academic exercise, e.g. giving a false excuse for missing a deadline or falsely claiming to have submitted work.
- **Sabotage:** Acting to prevent others from completing their work. This includes cutting pages out of library books or willfully disrupting the experiments of others.
- **Multiple Submissions:** Submitting for credit, when a student has not been given permission to do so, any work that is the same or substantially the same as work that has been submitted for credit in another course. Many professors allow re-working or building on prior work; however, multiple submissions are permitted only with the prior permission of the instructor(s), and only when the student acknowledges the multiple submission in the work itself.

(b) Faculty Role

A faculty member may take action up to and including failing a student accused of academic dishonesty. Some often-used penalties include:

- A low or failing grade on the assignment in which the offense occurred.**
- An additional assignment.**
- Reduction of the final grade up to and including failure.**
- Any combination of the above.**

In all cases, a report describing the nature of the dishonesty and the subsequent action taken by the faculty member shall be filed with the Vice President for Academic Affairs. Additionally, the faculty member may recommend that the Board of College Discipline consider further action.

(c) Board of College Discipline

- The Board of College Discipline shall consider cases referred to it and has the option to recommend any of the penalties available to the faculty member. **The Board also may place the student on academic probation or expel that student from the College.**

http://www.ric.edu/administration/pdf/College_handbook_Chapter_3.pdf#28

Academic Dishonesty Policy (Rhode Island College Handbook of Policies, Practices, and Regulations. (2010, Spring). Chapter 3: Academic policies and procedures. Pp. 32-34, section 3.9.1.):

Request for Reasonable Accommodations for Students with Disabilities: <http://www.ric.edu/disabilityservices/faq.php>

Once accepted to the College, students with disabilities who want to request reasonable accommodations MUST contact and make an appointment with the Disability Services Office. The process of registering as a student with a disability includes three elements in order to be considered complete:

- Students are required to make an appointment to meet with the Office of Disability Services, Craig Lee, Room 127, 456-8061.
- Students should bring to this appointment, documentation of the disability from a qualified licensed professional. (See [Disability Verification Documentation](#).)
- A Release of Information form must be signed by the student allowing the Disability Services Office to verify registration and eligibility for accommodations.

The instructor reserves the right to change the syllabus at any point in the semester. Students will be notified in class of any changes. Students' assignments may be duplicated and utilized anonymously for the Department's program folios, for purposes of accreditation. All information that identifies a document as belonging to a particular student will be removed before it is used.