Annual Academic Assessment Report Cover Sheet

Assessment reports are due the 1st Wednesday after the Fall Term
Email to: assessment@unlv.edu

Program Information:

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<tr>
<th>Program Assessed</th>
<th>Bachelor of Science in Public Health</th>
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<tr>
<td>Department</td>
<td>Environmental and Occupational Health</td>
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<tr>
<td>College</td>
<td>School of Community Health Sciences</td>
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<tr>
<td>Department Chair</td>
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<td>Assessment Coordinator</td>
<td>Vivian Surwill</td>
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<td>Date Submitted</td>
<td>06/04/2018</td>
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Contact Person for This Report

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Please attach a narrative (not to exceed 4 pages, excluding appendices) addressing the following:

- What are the student learning outcomes? Please provide a numbered list.
- Which learning outcomes were assessed?
- How were they assessed? (Programs must use at least one direct assessment of student learning.)
- Undergraduate programs should assess at least one University Undergraduate Learning Outcome (UULO) each year, which may or may not overlap with a program learning outcome.
- Graduate programs should assess at least one outcome related to one of the following graduate level requirements each year:
  - student engagement in research, scholarship, creative expression and/or appropriate high-level professional practice.
  - activities requiring originality, critical analysis and expertise.
  - the development of extensive knowledge in the field under study.
- What was learned from the assessment results?
- How did the program respond to what was learned?

Please limit the narrative portion of your report to no more than four pages. You may attach appendices with data, tables, charts, or other materials as needed. Please explain the relevant conclusions from any appendices in your narrative. Please contact the Office of Academic Assessment if you have questions or need assistance.
Student Learning Outcomes

1. Gain knowledge of human cultures and the physical and natural world as it relates to individual and population health through focused engagement on big questions, both contemporary and enduring.
2. Gain intellectual and practical skills practiced extensively, across the curriculum, in the context of progressively more challenging problems, projects, and standards for performance.
3. Learn personal and social responsibility anchored through active involvement with diverse communities and real-world challenges.
4. Experience integrative and applied learning demonstrated through the application of knowledge, skills, and responsibilities to new settings and complex problems.

Program competencies are from the accrediting body CEPH and align with certain UULO’s.

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<thead>
<tr>
<th>UULO’s</th>
<th>CEPH BSPH Competencies</th>
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<tr>
<td>2. Inquiry and Critical Thinking: Graduates are able to identify problems, articulate questions, and use various forms of research and reasoning to guide the collection, analysis, and use of information related to those problems. Specific outcomes for all students include:</td>
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<tr>
<td>2. Access and collect the needed information from appropriate primary and secondary sources.</td>
<td>IL1: Locate information</td>
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<td>6. Identify, analyze, and evaluate reasoning, and construct and defend reasonable arguments and explanations.</td>
<td>IL3: Evaluate information</td>
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<td>3. Communication: Graduates are able to write and speak effectively to both general and specialized audiences, create effective visuals that support written or spoken communication, and use electronic media common to one’s field or profession. Specific outcomes for all students include:</td>
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<td>1. Demonstrate general academic literacy, including how to respond to the needs of audiences and to different kinds of rhetorical situations, analyze and evaluate reasons and evidence, and construct research-based arguments using Standard Written English.</td>
<td>PHC3: Communication with diverse audiences IL2: Locate information IL2: Use Information IL3: Evaluate information IL4: Synthesize information</td>
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<td>2. Effectively use the common genres and conventions for writing within a particular discipline or profession.</td>
<td>PHC2: Written Communication IL2: Use Information</td>
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<td>3. Prepare and deliver effective oral presentations.</td>
<td>PHC1: Oral Communication</td>
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5. Produce effective visuals using different media. PHC4: Communicate with a variety of media

4. Global/Multicultural Knowledge and Awareness: Graduates will have developed knowledge of global and multicultural societies, and an awareness of their place in and effect on them. Specific outcomes for all students include:

5. Function effectively in diverse groups. PHC3: Communication with diverse audiences

Assessment
Due to the school wide accreditation happening this year, we have assessed all of the competencies from CEPH, which align with UULO’s 2.2, 2.6, 3.1, 3.2, 3.3, 3.5, and 4.5. The learning outcomes are addressed throughout the undergraduate curriculum through discussion, written assignments, case studies, in class presentations, examinations, and research papers.

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<tr>
<th>Competencies</th>
<th>Course numbers and names</th>
<th>Specific assessment opportunity</th>
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Information Literacy: Students should be able to locate, use, evaluate, and synthesize information

| Evaluate information | 1. PBH 205 Introduction to Public Health 2. PBH 460 Health Ecology and Sustainability | 1. Assignments 2. Research paper |

Direct Assessment
This report will focus on UULO’s from the Inquiry and Critical Thinking UULO’s including 2.2 - Access and collect the needed information from appropriate primary and secondary sources and 2.6 - Identify, analyze, and evaluate reasoning, and construct and defend reasonable arguments and explanations, which align with competencies IL1 - Locate
Information and IL3 - Evaluate Information. See the table below for direct assessment opportunities in these classes for these UULO’s. A student sample of the PBH 460 Health Ecology and Sustainability research paper, which exemplifies both of these competencies, is included as Appendix A.

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<th>Competencies</th>
<th>Course numbers &amp; names</th>
<th>Specific assessment opportunity</th>
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<tr>
<td>IL1: Locate information</td>
<td>1. PBH 330 Global Health</td>
<td>1. Infographic: Summarize, for a low- or middle-income country of your choice, the key nutrition issues faced by the country, who they most affect, key risk factors, their link with health and economic development, and what might be done to address them in cost-effective ways.</td>
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<td>2. PBH 360 Research Methods for Public Health</td>
<td>2. Assignment: Conceptualize a research project from start to finish and write a research paper on the project.</td>
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<td>3. PBH 429 Education for Sexuality</td>
<td>3. Research project: Create a poster, video, or PowerPoint presentation summarizing three different sexuality-education policies that have been enacted at a State, Federal, or International level. Illustrate the intention of the policy and any notable impacts of its enactment (lower teen pregnancy rate, higher HIV rate, etc.).</td>
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<td>4. PBH 460 Health Ecology and Sustainability</td>
<td>4. Research paper: Explore and analyze in depth a particular public health issue using the health ecology framework, describe interventions and implications of the issue, and present the findings in written format.</td>
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<tr>
<td>IL3: Evaluate information</td>
<td>1. PBH 205 Introduction to Public Health</td>
<td>1. Assignment: This assignment will help you begin to understand the social determinants of health and disease. The total assignment should include a minimum of two pages of writing and including the evaluation of public health challenges for certain populations.</td>
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<tr>
<td></td>
<td>2. PBH 460 Health Ecology and Sustainability</td>
<td>2. Research paper: Explore and analyze in depth a particular public health issue using the health ecology framework, describe interventions and implications of the issue, and present the findings in written format.</td>
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Students gain competence in inquiry and critical thinking skills in many courses including those listed above. The various assignments and projects that student encounter throughout their public health coursework, challenge them to grow throughout their academic career. For example, in PBH 205 the evaluation is demonstrated in terms of evaluating social determinants while later in the program, PBH 460 requires evaluation using a public health framework with details regarding the interventions and implications of the issue presented.

PBH 205 has numerous sections as a second year seminar with a far-reaching audience that includes all majors. Covering UULO’s in first and second year seminars has the potential to affect more students. As a result of examination of these UULO’s, it is evident that there are far more opportunities for student to locate information than there are for the evaluation of information. This are may need to be further developed in the future.

**Indirect Assessment**
The graduate senior exit survey (GSES) conducted by the UNLV Office for Assessment indirectly assesses this learning outcome by asking students to rate items related to the
University Undergraduate Learning Outcomes (UULO’s). When asked about inquiry and critical thinking skills on the 2016-2017 GSES (N=65), students responded favorably. On average, using a five-point scale from none (1) to very much (5) students rated this UULO area at 4.08. This program is only in its fourth year and beginning to graduate students. The indirect assessment results indicate that students feel competent with inquiry and critical thinking skills upon graduation. As a program, this means that our efforts are validated. The BSPH has recently developed an exit survey to look at competency attainment, along with other pertinent information, when students are graduating.

Program Response
The program has initiated many changes in response to these assessment activities including new surveys and indirect measures, more opportunities for students to interact with faculty and conduct research, and evaluation of where competencies and UULO’s are covered within the program and at what depth.
Appendix A

Mental health and adolescence in the United States

Student Sample

PBH 460

April 8, 2017
Introduction

Mental health and its effects in children is a major public health concern. Adolescents are one population that can be impacted by issues surrounding mental health. Mental health problems that can found in children include attention deficit hyperactivity disorder (ADHD), mood disorders, anxiety disorders, behavior or conduct disorders, autistic spectrum disorders (ASD’s), substance abuse, and Tourette’s syndrome (Perou et al., 2013). Issues during adolescence are especially important since during this stage there is the development of many attitudes and skills that will be used during adulthood (Schwarz, 2009). Mental health in this population is important to public health due to the clear lifetime implications. A public health approach needs to address stigma with mental health issues and ensuring access to appropriate care (Henderson, Evans-Lacko, & Thornicroft, 2013). There are many factors that can be an influence in mental health. These factors should be considered through the health ecology framework and how the social environment plays a role in overall health (Fielding, Teutsch, & Breslow, 2010). The purpose of this paper is to understand the issues surrounding mental health in adolescents, how the ecological framework is applicable to these issues, and what interventions can be done to reduce mental health burdens on adolescents. Setting up a strong foundation on how different determinants can influence mental health, especially in adolescents, is vital to fixing this problem.

Background and Significance

Mental illness can include any specific diagnosable disorder or conditions that have an impact on how someone thinks, acts, or feels to the point of impeding function or causes distress (as cited in Centers for Disease Control and Prevention [CDC], 2013). In the United States, one in five children are either currently suffering with a mental disorder or will develop one in their lifetime (Merikangas et al., 2010). When looking specifically at adolescents and anxiety disorders, rates are nearly one in three (Merikangas et al., 2010). There are also gender differences with regards to mental health issues.
in adolescents. Boys were more likely to have ADHD, dependence on cigarettes, and conduct problems compared to girls (Perou et al., 2013). Boys between the ages of 12-17 were more likely to die by suicide than girls, even though girls have higher rates of considering suicide (Perou et al., 2013). When comparing alcohol use and depression girls are more likely to suffer than boys (Perou et al., 2013). Stigma is also a concern with mental health issues that should be addressed through all populations.

However, there are special populations that are especially impacted by mental health issues. Racial and ethnic disparities are one consideration. Children who are minorities have a higher need for mental health services (Alegria, Vallas, & Pumariega, 2010). According to the Substance Abuse and Mental Health Services Association (2016), minorities face a higher burden for mental health issues due to less access and other social environmental risk factors. The lesbian, gay, bisexual, and transgender (LGBT) population also face issues with mental health care and is seen with lack of access and appropriate care (Russell & Fish, 2016).

The second leading cause of death in adolescents is suicide (Heron, 2016). During the stage of adolescence, depression is more likely to have negative consequences for future mental health (Fergusson & Woodward, 2002). In the United States, the leading cause of disability is caused by neuropsychiatric disorders (Healthy People 2020, n.d.). Addressing mental health during childhood and adolescence should be the goal of any public health initiative.

**Framework**

The health ecology framework can be an important tool for understanding mental health issues in adolescents. This can be very useful in looking at the many factors that could influence mental health issues. Considering the major factors that influences health this model sheds light on social determinants that influence health (Fielding et al., 2010). Some determinants that can impact health include family structure, economic opportunity, education level, where one lives, government
systems in place or lack thereof and many others that can have a major effect on overall health (Fielding et al., 2010). For examining mental health in adolescents, this paper will focus on four of the five categories of the health ecology framework: individual behaviors, social networks, living and working conditions and the broad conditions and policies in place (Fielding et al., 2010). Individual behaviors will consider how diet and physical activity are impacted with regards to mental health issues (Fielding et al., 2010). There will also be an exploration on how the roles of the family impacts social networks (Fielding et al., 2010). Living and working conditions will focus on issues that are influenced by income, education, and community environment (Fielding et al., 2010). Lastly, the broad conditions to be considered will look at discrimination and overall effect on access to services (Fielding et al., 2010).

**Analysis**

Exploring the many factors that play into adolescent mental health can be better examined with the health ecology framework. The health ecology framework can assist in looking at many levels of different social factors that can impact adolescence and in turn mental health (Fielding et al., 2010).

**Individual Behaviors.** The role individual behaviors can impact an adolescent’s mental health can be influenced through what decisions the adolescent makes and the opportunities for the family. Physical activity is a behavior that might be impacted by mental illness. One study found that in a sample of adolescents with mental disorders, nearly 50% had lower levels of physical activity depending on disorder (Mangerud, Bjerkeset, Lydersen, & Indredavik, 2014). Eating disorders, especially among females, had higher rates of physical activity but disorders such as ASD had lower rates (Mangerud et al., 2014). The impact of the specific mental disorder could influence social skills required to participate in activities working with others (Mangerud et al., 2014). Children who have a diet that is poor was associated with poor mental health (O’Neil et al., 2014). Eating unhealthy foods
may also be a type of self-medication for those who might be internalizing mental disorder (O’Neil et al., 2014). However, socioeconomic status could be used as a factor in poor diet (O’Neil et al., 2014). Individual behaviors could further be influenced by what is happening around the adolescent.

**Social Networks.** Families and the community could play a role in mental health of adolescents for better or for worse. Families that have experienced a divorce or change of living environment was found to have a negative effect on children’s health (Bramlett & Blumberg, 2007). Children with who live with a family who does not have both parents have higher rates of mental health issues (Bramlett & Blumberg, 2007). Additionally, children who were in a family with both biological parents present had more access to resources such as health insurance (Bramlett & Blumberg, 2007). A breakage in an intact family can cause other issues in adolescents such as a change in sexual behavior, impact in academic ability, and loss of social support systems such as moving away from friends (Anderson, 2014). Resource access is also a possible variable on an adolescent’s mental health.

**Living and Working Conditions.** Gaining access to adequate mental health treatment can be hard to accomplish for some adolescents. Disparities that affect access can be influenced by factors such as race, economic resources, age, location, and sexual orientation (Murphey, Vaughn, & Barry, 2013). One U.S. study found that a lower household income can influence lifetime mental disorders and attempts at suicide (Sareen, Afifi, McMillan, Gordon, & Asmundson, 2011). The same study also suggested that mental disorders might have an effect on income in adulthood from an earlier age, such as during adolescence (Sareen et al., 2011). Parental education status can also have an impact on adolescents. Parents who were more educated have children that are less aggressive and implicate success into adulthood (Dubow, Boxer, & Huesmann, 2010). Adolescents who are living in certain conditions can impact how they develop not only during adolescence but how they develop into adults.
The community one lives in could also influence mental health with regards to exposure to violence. Children who live in high violence urban settings reported three in four to have been exposed (U.S. Department of Veterans Affairs [VA], 2015). The children most at risk for being exposed to violence live in communities that are low-income, minority, higher gang affiliation, and higher substance abuse (VA, 2015). This exposure could lead to developing Post Traumatic Stress Disorder (PTSD) (VA, 2015). There are also broad conditions that extend beyond the community that could be a factor in impacting mental health.

**Broad Conditions and Policies.** There are clear conditions and policies involved with mental health that can impact access to treatment. According to Cummings, Wen, and Druss (2013), funding at the state level for mental health services has been reduced since 2008. This decreased access is a concern due to the impact this can have on mental health services for many populations including adolescents. Specific groups of adolescents, low-income and rural groups, especially see a gap in access due to missing infrastructure (Cummings et al., 2013). A different study investigating mental health services access at a U.S. school found racial/ethnic and gender disparities (Thomas, Temple, Perez, & Rupp (2011). The study found that White male students were over 2.5 times to have a prior diagnosis of depression compared to Hispanic male students (Thomas et al., 2011). When examining females, White students had 4.35 times as often as Black students and nearly three times as often as Hispanic students (Thomas et al., 2011). The researchers suggest there might be a different interpretation for diagnosing depression based on race/ethnicity (Thomas et al., 2011). The conditions regarding to this may also be influenced by cultural values found in minority populations who would seek non-traditional care for mental health needs versus only socioeconomic status (Thomas et al., 2011). Access is can also be a burden for other special populations.

Those who are exposed to the justice system may need to rely on mental health services from the facilities used in juvenile justice (Underwood & Washington, 2016). However, actual processing
by the justice system has serious effects on future behavior and moving towards a community based system might be more beneficial for this population (Underwood & Washington, 2016). LGBT adolescents also face issues with mental health. U.S. legislation regarding the LGBT community can have an impact on mental health for LGBT youth including discrimination and bullying in school (Russell & Fish, 2016). Different treatment approaches for LGBT youth should be considered and studied to help with mental health needs of this specific population (Russell & Fish, 2016). Certain factors at all levels of society have an impact on mental health and can have an impact across many different populations within adolescents.

Interventions

Mental health concerns in adolescents can be addressed with various interventions at different levels of the problem. When viewing the different levels of mental health there needs to a prevention effort as well as mitigation of problems that do arise. This analysis will focus on interventions for the family, interventions at school, and the broad need for overall increased access. Additionally, there will be a discussion on the implications and unintended consequences of these various approaches to solving this issue.

Family Focused Approaches. Interventions that involve the family of an adolescent dealing with mental health issues can be through different approaches. Different therapy models are available that can be helpful in adolescents with behavior problems or even substance abuse (O’Connell, Boat, & Warner, 2009). Home-based multisystemic therapy has been shown to improve mental health in adolescents and helps in fostering prosocial behaviors (Das et al., 2016; O’Connell et al., 2009). Additionally, improving skills for parenting, such as monitoring can reduce alcohol use in adolescents (O’Connell et al., 2009). Families also need to utilize different strategies for addressing mental health needs in their adolescents. The various evidence-based treatment options available can be successful for helping mental health issues, but families need to be engaged in mental health
treatment to begin with (Gopalan et al., 2010). While clinics can assist in engaging families to remain in mental health treatment interventions for the family itself can improve engagement of mental health services (Gopalan et al., 2010). Having a strength-based strategy through empowerment and supporting families to make their own decisions can be effective in keeping adolescents in treatment for mental health issues (Gopalan et al., 2010). These are especially helpful for specific considerations in families such as low-income or minority populations (Gopalan et al., 2010). Schools are also important when it comes to adolescent mental health.

**School Programs.** A broader approach than family level interventions, applications at the school level are helpful for mental health. School programs that involved positive psychology has been shown to increase well-being in students in different countries (Shoshani & Steinmetz, 2014). However, there needs to be interventions in place for adolescents who face adversity in their lives. Schools are an entry point for mental health services in children and adolescents (Wong et al., 2007). The school can serve as an option for students who experience trauma in their lives and is viable due to removing the economic or engagement barriers that would be seen with traditional treatment options (Wong et al., 2007). Schools can offer prevention in mental health issues by implementing skills training, individual therapy, family therapy, and interpersonal therapy (Das et al., 2016). Having interventions that that consider adolescent mental health can have a positive influence on academic outcomes and students with access to social/emotional learning programs also had better attendance and discipline (O’Connell et al., 2009). Interventions in school should focus on not only the mental health problems that face adolescents but also the overall well-being and experiences that adolescents encounter. Besides family and school interventions, overall access needs to be discussed.

**Overall Increase in Services.** Increasing centers and providers, and ensuring training is done to address adolescent mental health issues can be an important area regarding interventions. Primary care access is one option to increase availability for low-income adolescents through utilization of
federally qualified health centers or rural health clinics (Cummings et al., 2013). Expansion can be done through increasing the amount of facilities for mental health and adolescent mental health (Cummings et al., 2013). For areas where infrastructure can still limited, telepsychiatry programs can be introduced as a treatment option for patients who need help outside of primary care (Cummings et al., 2013). Another major issue is the lack of providers and training in adolescent mental health (Cummings et al. 2013).

Provider training is important for any specialty with human health and mental health is no different. Pediatricians who are involved in primary care need to have the resources and access to training due to their frontline status with adolescents and their mental health (Geist, 2004). If an area is limited in providers, the pediatrician may be the only provider when it comes to mental health (Geist, 2004). Considering the limited access and that pediatricians may be the only provider, mental health training needs to occur for pediatricians and other primary care providers (Cummings et al., 2013; Geist, 2004).

Implications

Family Focused Approaches. Family therapies can be successful in addressing adolescent mental health issues. When looking at juvenile offenders, a functional family therapy was shown to be effective in reducing recidivism compared to probation services (Sexton & Turner, 2010). Interventions that are family focused also were shown to help in combating physical abuse and neglect, conduct problems, emotional distress symptoms, toileting in younger populations, and psychosomatic problems (Carr, 2000). When family therapy is multidimensional it has the best outcomes compared to other individual and family oriented treatments (Liddle, 2010). A major issue with family focused therapies is that there are barriers for low-income families (Rowan, McAlpine, & Blewett, 2013). There needs to be a discussion on access to care for low-income families due to the
disparities. It is not sustainable to have limited prevention efforts when there are many downstream costs to not being able to treat mental illness from a young age.

**School Programs.** A study in Israel that explored a program for students reflecting on life experiences through discussion and activities found a decrease over time in anxiety, general distress and depression symptoms, and increases in self-esteem (Shoshani & Steinmetz, 2014). Additionally, looking at programs that address trauma have shown to be effective. Cognitive behavioral interventions that are specific for traumatic life events have been shown to reduce PTSD symptoms, reduce depression, and parents also reported improved function in their adolescents (as cited in Wong et al., 2007). However, similar to family therapies the issue continues to be access. There continues to be gaps in mental health especially for low-income, rural, and minority adolescents (Cummings et al., 2013). Addressing these gaps to ensure access to school programs must be a major point for policy makers. Like family therapy, a lack of access is not sustainable due to the lifelong impacts of untreated mental health problems.

**Overall Increase in Services.** Increasing access is found to be effective at improving mental health in adolescents (Neufeld, Dunn, Jones, Croudace, & Goodyer, 2017). A study in the United Kingdom found that contact with a primary provider or mental health specialist decreased symptoms over time especially in depression (Neufeld et al., 2017). When examining support for primary care providers, there were also changes. In a controlled trial, adolescents who had depression saw an improvement in their symptoms when cared for by trained care managers compared to adolescents who received usual care (Kates, 2005). Expanding upon Cummings and colleagues (2013) have explored, there are still missing pieces for improving access for all adolescents. The Affordable Care Act was able in expand coverage for mental health issues but the lack of infrastructure in some communities is still a barrier to these populations (Cummings et al., 2013). These studies and future
studies could further serve as tools in justification for more services in the United States for adolescents but will require the input of policy makers and providers.

**Conclusion**

The issue of mental health has many variables that contribute to its effect in the adolescent population and its implications for public health. When considered through the health ecology framework these variables go beyond the individual and are influenced by a wide array of factors. These factors can include income, family situation, community situation, to even what laws and policies are in place (Fielding et al., 2010). When it comes to equitable access and proper care there are interventions that could address mental health issues in this population. There must be a discussion on the availability of access to evidence-based approaches to dealing with mental health in adolescents. The concept of access remains to be seen with the current political climate in the United States and will warrant future studies if there are changes to healthcare access once again. Interventions must include the health ecology framework to ensure all have access to adequate mental health treatment while also addressing the social determinants to impact all populations of adolescents.
References


Geist, R. (2004). Improving access to mental health services for youth and parents. *Paediatrics & Child Health, 9*(8), 533. PMCID: PMC2724157


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