

Hybrid Health: An Analysis of a Foundations Curriculum Personal Health Course

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Abstract

Hybrid courses are becoming increasingly common at the university level. With this type of course comes questions about the effectiveness of each method of instruction (face-to-face and online) when used concurrently. The available literature supports a hybrid format for many university subjects; however, research in this area with a personal health course is lacking. The purpose of this study was to determine if there was a significant difference in knowledge gained through each method of instruction experienced by students in a foundations curriculum personal health course. The hybrid design of the course in this study allowed for analysis between face-to-face and online instruction within the same group of students. Results from a two-way ANOVA show no statistically significant difference between knowledge gained through each method of instruction. The findings support the use of a hybrid format in personal health courses and future studies to determine what makes these hybrid health courses most effective.

Introduction

All degree-seeking students at a large southeast university are required to complete a two credit hour personal health course, Health in Modern Society, as a part of foundations curriculum requirements. This course is one of the largest foundations curriculum personal health courses offered among universities in the United States (Becker et al., 2008) and is unique in that it is offered through a hybrid format, where students complete some of the course requirements face-to-face and others online. In a hybrid course, there is a mixture of techniques used to replace face-to-face and in-class time with online learning activities (Bonk & Graham, 2006). The course,

taught by the Department of Health Education and Promotion, aims to teach students functional health knowledge and skills in hopes of improving both the quality and quantity of life for students. Successful completion of the personal health course can provide benefits to students' lives that last far beyond a passing grade.

Since the course is a graduation requirement at the university, it reaches a diverse student population, unlike other similar programs offered at the university level as electives. In all, there were 43 sections of the personal health course offered during the spring 2014 semester. Along with regular sections of the course, the program offers special sections to meet various student needs. This includes sections for: Freshman Immersion (for students in need of extra assistance during the transition to university life), the Wellness Living-Learning Community (for students with special interest in detailed study and participation in health behavior change), an Honors Cohort (for students in the university's Honors College), and a Nursing Cohort (for students with an intended academic major in nursing). The creation of various types of offerings adds to the program's uniqueness and helps ensure that the instructors can adequately serve the diverse interests and ability levels of all students.

Also unlike most other personal health courses, this course is taught by a wide variety of instructors. During the spring 2014 semester, the course's standardized curriculum was taught by 11 full-time faculty members, 3 part-time instructors, and 19 graduate teaching assistants (Tavasso, 2014). These instructors all utilized the same teaching materials (PowerPoints, textbooks, online resources, various health-related models, etc.) to ensure that all students received the same experience in the course during face-to-face meetings. For the online meetings, a Blackboard learning management system page was made available for each section that came from a master copy created by the program director. Training and tips for continued successful implementation of the Blackboard site were shared by the program director at monthly instructor meetings. Instructors were also able to contact the university's Blackboard support team with any additional questions or concerns about use of the learning management system. All students have access to the same videos/websites through the class' Blackboard page and complete activities that encourage the practice of new health-related skills in a course pack that can be bought from the campus bookstore. Finally, all sections followed the same schedule of topics for both face-to-face and online classes.

While there is an abundance of literature promoting the use of a hybrid method of instruction, it is important to determine if a hybrid format can be effective in personal health courses. Every spring semester at the university, the personal health course administers a pre-test to students on the first day of the course and a post-test to students on the last day of the

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course. The purpose of this study was to determine if there was a significant difference in knowledge gained through each method of instruction (face-to-face and online) that students experienced while enrolled in the hybrid course through a secondary analysis of data on the pre/post-test results. Unique to this analysis is that group differences are “controlled” by the fact that, because of the hybrid format of the course, the same students received the face-to-face lessons and the online lessons, rather than one group of students receiving face-to-face instruction while another group of students received online instruction.

Literature Review

Universities are using alternative methods of instruction for course material in addition to (or in some cases, instead of) traditional face-to-face methods. Courses (and sometimes whole degree programs) offered online provide many benefits, including: greater accessibility, convenience, and cost-effectiveness. Courses offered strictly online are accessible at all times throughout the day and often use a combination of video/audio presentations, online simulations, and additional readings to deliver the same content that students in a traditional face-to-face course receive. These courses commonly utilize discussion forums, chats, and email to allow for the student-to-student and student-to-instructor interaction that would occur during a face-to-face course. Utilization of these collaborative activities that encourage social interaction can lead to greater student satisfaction in the course (Sorden & Munene, 2013). Finally, in a meta-analysis of Internet-based learning in health professions, Cook et al. (2008) found that Internet-based learning with no intervention consistently lead to an overall positive result.

For many students, online courses offer more flexibility to complete the course requirements as their schedule allows, and research conducted by Ward, Peters, & Shelley (2010) indicates that both students and instructors commonly view online instruction favorably. While this may be true, it has long been recognized that success in an online class is most likely to occur when students take responsibility for their own learning (Powell, Aeby, & Carpenter-Aeby, 2003). The ability to receive immediate and personalized instructor feedback on assignments in an online course, rather than group feedback in a face-to-face course, has also been shown to contribute to greater student satisfaction and achievement in a course (Gallien & Oomen-Early, 2008). Finally, giving online students access to all university services (library access, admissions information, registration/enrollment materials, academic advising, financial aid support, career services, and access to the bookstore) available to face-to-face students can contribute to the success of an online student (Carroll & Burke, 2011).

While there are a multitude of studies related to the quality of distance education, few have a theoretical foundation. These studies are difficult to replicate and generalizations cannot be made from their findings (Chaney, 2005). Moore’s Theory of Transactional Distance purports that the separation of the instructor and learner in distance education situations, like the hybrid scenario in the current study, can result in communication gaps and misunderstandings (Moore & Kearsley, 1996). According to Moore (1993), distance learning needs to involve: dialogue with multiple forms

of interaction between the instructor and learner, course structure, and learner autonomy. These factors must be present in order to minimize potential communication gaps. The hybrid personal health course in the current study incorporates Moore’s theoretical constructs for delivering course content, via distance education technology, to students. The nature of the course structure includes specific course goals and objectives, with opportunity for quality dialogue. While much has changed in the way hybrid courses are delivered since Moore’s research, the idea behind the theory is still relevant as a theoretical frame of reference for assessing the impact of the hybrid course delivery for specific course content. Specifically, the learner’s experience in the current study is assessed in the context of knowledge gained. Although quality dialogue is not assessed here, it is present within the current structure of the hybrid course.

A recent meta-analysis and review of literature by the Department of Education found that while online instruction has been found to be an effective method of instruction, in many cases, a hybrid format can be even more effective in facilitating student learning (U.S. Department of Education, 2010). The review found that a hybrid format allows for the best of both worlds in a course. A hybrid course is a combination of online and face-to-face instruction and can present an interesting middle ground, full of educational potential. Students are able to benefit from online strategies that engage them individually on a level past what is possible in a face-to-face format, while still getting many benefits from the nature of a face-to-face class with resources on campus. The main challenge to hybrid courses, documented by Gomez and Duart (2012), is integrating face-to-face and online learning activities in a way that adds to each other in a continuous process towards course objectives. In the hybrid personal health course described in the current study, instructors receive “Talking Points,” key points of information from the online lessons to be integrated into the face-to-face lessons each week (Tavasso, 2014).

Given the research-proven effectiveness of hybrid courses, it would be wise to consider this method of instruction for a health-related course. Research by Brown, Wengreen, Vitale, and Anderson (2011) focused on one university where a hybrid approach is used to deliver a nutrition education course that fulfills a general science requirement. This course combines online videos focusing on the selection, storage, and preparation of vegetables with a tasting of the vegetables during a face-to-face recipe demonstration. The nutrition students took a survey both at the beginning and end of the course that asked questions related to eating behaviors (including vegetable intake) to track changes throughout the semester. Of the students in the nutrition course that participated in the study, 61% were freshman. When analyzing survey results about student readiness to eat healthier, Brown et al. (2011) found a decrease in the number of students in the precontemplation stage of the Transtheoretical Model, as well as an increase in the number of students in either the contemplation, preparation, or action stages of the model. Furthermore, the authors found an increase in vegetable preparation self-efficacy following the hybrid course (Brown et al., 2011).

In a related study, Hager, George, LeCheminant, Bailey, and Vincent (2012) evaluated a similar personal health course required of all degree-seeking students at a university where

56% of students in the course were freshman. In contrast to the hybrid format offered by the personal health course described in the current study, this personal health course was offered in either a solely face-to-face or solely online format. Using a pre/post-test, the authors aimed to determine how the method of instruction for the personal health course affected student behaviors related specifically to diet and physical activity. Overall, 91% of students agreed that participation in the course had increased their knowledge about the importance of having a regular exercise program, while eating a nutritious diet, and the positive effects on a person's health and physical fitness this would bring. While the majority of students agreed with the above statement, students from the face-to-face courses reported a higher increase in current physical activity and diet levels when compared to the students from the online courses (Hager et al., 2012). The authors mentioned the possibility that the face-to-face students may have felt more compelled than the online students to give a "positive" behavior report because they had to face the instructor afterwards. Regardless of method of instruction, benefits to student diet and exercise levels were observed following the course.

In a time with limited financial resources, the increasing number of students per class and its effect on student achievement is a highly debated topic throughout K-12 schools. Many studies have been conducted on this topic with varying results (De Paola & Scoppa, 2011). While this is true, De Paola and Scoppa (2011) point out that class size is also a relevant issue at the university level because of the expansion of higher education systems, along with limited financial resources for this expansion. Furthermore, De Paola and Scoppa (2011) mention that there is far less research on how this affects the achievement of university students. It is also important to consider how the quality of instruction is affected by larger class sizes (Maringe & Sing, 2014). Increased class size may lead to less opportunities for teacher explanations, interactive discussions, and opportunities for students to seek clarification (De Paola & Scoppa, 2011). Finally, Hager et al. (2012) mention the great potential of online health and wellness instruction (improved access, reduced cost, and efficiency of course offerings) and suggest that further research should be done to determine the effectiveness of incorporating this method of instruction into future personal health courses. A hybrid course format where students enrolled in the course attend class on different days may help eliminate any negative effects of increased class size.

Methods

Since 2007, the personal health course described in the current study has transitioned from being delivered solely face-to-face, where students attended class twice a week, to a hybrid format, where students attend class once a week and complete an online lesson once a week. In a typical class, there are 55 students. About half of the class' students attend a 50 minute small group session one of the meeting days, while the other half of the class attends an online lesson designed to take 50 minutes. On the class' other meeting day, the two groups switch. For example: In a class that meets on Tuesday and Thursday, one half of the students attend a face-to-face session Tuesday, while the other half completes an online session. On Thursday, the two groups will switch.

Two terms must be correctly understood in order to fully understand the results of this study. In this study, the term "pre-test" is the 30 question multiple choice assessment used to gauge prior knowledge related to course content that students have before beginning the course. Similarly, the term "post-test" is the same 30 question multiple choice assessment used to gauge advances in student knowledge that have been made after completion of the course. Both the pre-test and post-test assessments utilize a paper and pencil format. Every spring semester, the course administers the pre-test to students on the first day of class and the post-test to students on the last day of class. The 30 question pre/post-test focuses on the following health-related topics (number of questions is included in parenthesis): wellness (2), stress (2), mental health (2), nutrition (3), weight management (2), sexuality (3), pregnancy (2), birth control (2), cancer (3), sexually transmitted infections (3), heart disease (2), infectious disease (1), alcohol (2), and drugs (1). Mental health, weight management, sexuality, sexually transmitted infections, heart disease, infectious disease, and drugs are covered during face-to-face meetings. Wellness, stress, nutrition, pregnancy, birth control, and cancer are covered during online meetings. Alcohol is covered during both face-to-face and online meetings. Of the two pre/post-test questions related to alcohol, one comes from the face-to-face lesson and the other comes from the online lesson.

The research sample for this study consisted of students enrolled in the university's Health in Modern Society course during the spring 2014 semester. All students enrolled in the course were invited to participate in the pre/post-test. No names or other identifiers were collected during the testing process. Since the conversion to a hybrid format in 2007, the course has averaged 2,285 students per semester during the fall and spring semesters. In a typical semester, about 78% of the course's students are freshman (Tavasso, 2014). At the university, there are a total of 21,508 undergraduate students and the average age of a full time student is 21 years. The university consists of 58% female and 42% male students. Of these students, 73% are white, 15% are black or African American, 3% are Hispanic/Latino, 2% are Asian, 2% are two or more races, and about 3% are of unknown ethnicity. Finally, 88% of the university's students are in-state students, while 12% are out-of-state students (College Board, 2014). These demographics are representative of previous years.

Implementation and Data Analysis

To obtain data, students took the pre-test on the first day of the personal health course and the post-test on the final day of class during the 16-week semester. The pre/post-tests were administered by the course's instructor. After administration of the pre/post-tests, these instructors turned in each class' response papers to the program director for processing (Tavasso, 2014). Pre/post-test data was collected, as described, and provided for use in this study by the program director. A secondary analysis of data was conducted to determine if there was a significant difference in knowledge gained through each method of instruction on what have been determined important health topics in modern society by the course's curriculum developers. During this analysis, a two-way analysis of variance (ANOVA) was conducted using SPSS Version 21.

Results

The results from the pre/post-test indicate that there was a significant overall gain in knowledge throughout the course. As shown in Table 1, out of the 30 questions on the pre/post-test, 28 questions had an improvement in the percentage of students

who answered correctly, 1 question had an equal percentage of students who answered correctly, and 1 question had a slight decrease in the percentage of students who answered correctly. Overall, there was a 28% change increase from the pre-test (50%, n=1,769) to the post-test (64%, n=1,730).

Table 1

Percentage of Correct Responses

	Pre-Test Percentage of correct responses n= 1,769	Post-Test Percentage of correct responses n= 1,730
Question 1 Wellness (O)	93	94
Question 2 Wellness (O)	76	87
Question 3 Stress (O)	35	49
Question 4 Stress (O)	97	97
Question 5 Mental Health (F)	69	77
Question 6 Mental Health (F)	63	72
Question 7 Nutrition (O)	56	62
Question 8 Nutrition (O)	38	61
Question 9 Weight Management (F)	17	20
Question 10 Weight Management (F)	76	80
Question 11 Nutrition (O)	27	37
Question 12 Sexuality (F)	19	35
Question 13 Sexuality (F)	15	38
Question 14 Sexuality (F)	27	35
Question 15 Pregnancy (O)	70	81
Question 16 Birth Control (O)	49	65
Question 17 Birth Control (O)	63	56
Question 18 Pregnancy (O)	43	68
Question 19 Cancer (O)	62	82
Question 20 STIs (F)	35	78
Question 21 STIs (F)	28	41
Question 22 STIs (F)	49	81
Question 23 Heart Disease (F)	63	74
Question 24 Infectious Disease (F)	35	57
Question 25 Cancer (O)	34	67
Question 26 Heart Disease (F)	25	48
Question 27 Cancer (O)	47	57
Question 28 Alcohol (O)	51	61
Question 29 Alcohol (F)	83	89
Question 30 Drugs (F)	60	75

Note: F= A question taught during a lesson delivered face-to-face O= A question taught during a lesson delivered online

As displayed in Table 2, of the 15 questions related to face-to-face lessons, all 15 questions had an improvement in the percentage of students who answered correctly, with a 36% change increase from the pre-test (44%) to the post-test (60%). Of the 15 questions related to online lessons, 13 questions had

an improvement in the percentage of students who answered correctly, 1 question had an equal percentage of students who answered correctly, and 1 question had a slight decrease in the percentage of students who answered correctly, with a 21% change increase from the pre-test (56%) to the post-test (68%).

Table 2

Mean Percentage of Correct Responses by Method of Instruction

All Questions	Pre-test	Post- test
Mean	50%	64%
Percent Change from Pre-test to Post- test	28% Increase	
Face- to- Face Lesson Questions	Pre-test	Post- test
Mean	44%	60%
Percent Change from Pre-test to Post- test	36% Increase	
Online Lesson Questions	Pre-test	Post- test
Mean	56%	68%
Percent Change from Pre-test to Post- test	21% Increase	

After students have participated in the semester-long personal health course, it is expected that knowledge scores would increase from pre-test to post-test; however, that effect might differ across methods of instruction – face-to-face versus online delivery. A two-way ANOVA was conducted, and examined the effect of method of instruction on knowledge levels assessed by the pre-test and post-test in the sample of students. There was no statistically significant difference between the effects of method of instruction and pre-test to post-test scores ($F(1, 16236.2) = 0.900, p = 0.351, \eta^2 = .031$).

Conclusions & Implications

The purpose of this study was to determine if there was a significant difference in knowledge gained through each method of instruction experienced by students in a foundations curriculum personal health course at a large southeast university. The personal health course detailed in the current study is one of the largest personal health courses among universities in the United States, and the pre/post-test that is administered every spring semester plays a large role in the program's evaluation. While 29 of the 30 questions on the pre/post-test had either a higher or equal percentage of correct responses on the post-test compared to the pre-test, 8 of the questions (Questions 3, 9, 11, 12, 13, 14, 21, and 26) still had less than 50% of the students answer the question correctly. Possible explanations could include: confusing wording of the question, similarities in two or more of the answer choices, or a need for improvement in the instruction of the topic. Future research should focus on possible reasons for and ways to reverse this phenomenon.

Question #17, the one question that had a lower percentage of correct responses on the post-test compared to the pre-test, has yielded consistent results during pre/post-testing in past

semesters (Tavasso, 2014). This is a question from an online lesson related to birth control. The faculty instructors of the course are actively working to reverse this trend. They are currently considering adjustments in the course's curriculum and in the way instructors are trained on the topic. Finally, the online assignment related to birth control is being examined to determine if a change needs to be made.

Mahmood, Mahmood, and Malik (2012) noted the importance of assessing and comparing student satisfaction levels, in addition to achievement levels, in both face-to-face and online classes to ensure students feel satisfied with their learning experience, regardless of the method of instruction. While the pre/post-test results support the course and its continuation in a hybrid format, it is also evident that students have shown satisfaction with their experience in the course. In the anonymous end-of-course survey that students are also given the opportunity to take through a paper and pencil format, 95% of students agreed that "the concepts, content, and experiences of this class increased my knowledge of health", while 88% agreed with the statement "the concepts, content, and experiences of this class enhanced my skill level in dealing with my own health". The high positive response to these two statements shows that students leave this personal health course with a positive outlook on their experiences throughout the semester. Students leave the course feeling empowered with newly acquired functional health knowledge and skills that allow them to apply this knowledge to enhance their overall personal health and wellness. Furthermore, 86% of students agreed that "as a result of this class, my attitude is more positive toward healthy behaviors" and 93% said that they would be either very or somewhat likely to recommend the course to a friend. Finally, about 91% of students reported that they enjoyed the hybrid format of the course and 84% of students supported

the continuation of the course as a graduation requirement for all undergraduate students at the university (Tavasso, 2014). It is clear that students at the university have a positive outlook on their experiences in the course.

As a result of the ever-changing nature of the field, health educators must continuously work to stay current. It is known that technology is predominant in today's culture, and this trend is likely to continue. Technology use is especially prevalent among the college-aged population, and personal health courses at the university level must recognize this when planning their curriculum in order to best engage students. A well-planned hybrid format for a personal health course can allow students to benefit from the strengths of both face-to-face and online delivery methods and be an effective way to utilize technology during the delivering of content and skills.

As various forms of distance education, including hybrid delivery of content and skills, become prevalent in health education instruction, it is important for health education instructors to assess the effectiveness of these delivery mechanisms for enhanced learning outcomes. The current study provides insight into methodology that could be applied to any health education course for analysis of delivery modes and improved knowledge levels in these courses. The hybrid personal health course at this large southeast university should serve as a model for other personal health courses in the country because of its success. The program has been designed in its hybrid format to allow for a more intimate and personal learning experience for students during a time of increasing student enrollment in university courses. Furthermore, the program is designed to address the diverse needs of all students. Students in need of extra assistance while transitioning to university life, honors-level students, and average students have all been successful in the program because of the flexibility in its design. Finally, the program utilizes the expertise of full-time faculty members, part-time instructors, and graduate teaching assistants who are teaching the same material through a standardized curriculum and work together to improve their practice in hopes of leading students towards making healthier lifestyle choices. The course's students have shown that they enjoy the course and value the knowledge and skills acquired during the semester. After completion of the course, there is evidence to suggest that students are able to continue living a lifestyle that positively contributes to their overall health and wellness, leading to benefits far beyond the grade achieved in the course.

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Reminders: Chapter Reports due June 1st

The National ESG office is pleased to share with you, again, **changes effective to our awards and annual chapter reporting process**. We hope that these changes make it easier for all of you to share with us what great things you have been doing. Additionally, it is our hope that this new process and form will encourage chapters to apply for activity and chapter awards.

Please note that ESG Individual Awards (e.g. Gamman of the Year, Faculty Sponsor of the Year, Founders and McGovern Award) are separate from this request but will also require completion of the chapter's annual report.

So, since it is that time of year again.... to apply for the Eta Sigma Gamma Chapter and Activity Awards and complete the ESG Annual Report, here is what you need to know:

Chapters now complete ONE form (Annual Report + Awards application). This form provides the national office with the Annual Chapter Report information & allows chapters to also apply for Chapter and Activity awards. All in one form!

All Chapters should complete the first 3 pages. These three pages are the annual report.

The last section of page 3 helps chapters to identify if they are eligible for Activity or Chapter Awards based on the great work they have done this academic year.

Chapters are **Strongly Encouraged** to look through the rest of the pages and complete the information to apply for awards.

The Annual Report Form can be found on our website <http://etasigmagamma.org/documents/chapter-reports/>

If you have questions about applying for the Chapter and Activity awards please consult the attached document "Chapter and Activity Awards Quick Guide", on our website <http://etasigmagamma.org/documents/chapter-reports/>

This new report will help identify which standards your chapter has met and therefore, which award(s) your chapter is eligible for. We hope that you will consider applying for the Chapter and Activity Awards.

Please remember to submit your Chapter Annual Report (including your chapter and activity award application) to the National Office no later than June 1, 2015.