

American College Health Association

A Brief History

- In 1861, Dr. Edward Hitchcock was named the medical director of the department of physical education at Amherst College, which is generally given credit as the first college health service. In the late 19th and early 20th centuries, other institutions began to establish departments of physical education, which then evolved into completely independent college health programs.
- In 1920, interest developed in forming a national organization after college health programs had developed on numerous campuses throughout the country. An association dedicated to the field of college health was formed, called the American Student Health Association (ASHA). The first ASHA Annual Meeting took place in Chicago on December 31, 1920 and was held in conjunction with other associations' meetings.
- In 1938, the first independent annual meeting took place.
- In 1948, the name of the association was changed to the American College Health Association (ACHA) to avoid confusion with the American School Health Association (ASHA). It was at this time that the annual meeting changed its meeting time from December to May.
- In 1957, Dr. Carl R. Wise, the president of ACHA at the time, received an anonymous gift that helped to establish a national office. At this point, dues were \$15 per institution. Also in 1957, eight sections representing different disciplines in college health were created within the association.
- In 1958, *Student Medicine* became the official journal of the association.
- In 1961, the final version of *Recommended Standards and Practices for a College Health Program* was approved. Also that year, the national office moved to the University of Miami, with Dr. Ruth Boynton becoming the first person working only for the association.
- In 1962, the rights to *Student Medicine* were transferred to ACHA and the name was changed to the *Journal of the American College Health Association* to reflect this transition.
- In 1968, the national office moved to Evanston, Illinois, where for the first time it existed independent of a member institution.

- In 1970, a new constitution and bylaws were adopted. For the first time in the history of ACHA, all three major constituencies of the association-member institutions, sections, and affiliates-were represented in the governing body.
- In 1971, at the Annual Meeting, the business meeting of the institutional representatives was renamed the Representative Assembly. The ACHA Executive Board was also established at this time.
- In 1975, the Executive Committee, which consisted of the presidential officers, the treasurer, and the executive director, was established under the authority of the Executive Board. At the same time, the Program Planning Group was formed to coordinate the annual meeting.
- In 1977, membership was expanded to include health delivery organizations that were contracted by colleges to provide health care to the campus community.
- In 1978, the ability to change the constitution or bylaws was divided between the Council of Delegates and the Representative Assembly, so that both bodies would have to concur before changes were made to either document.
- In 1979, since many members felt that there would be a growing relationship between ACHA and the federal government, the national office moved its headquarters from Evanston, Illinois to Rockville, Maryland, near Washington, D.C.
- In 1984, the AIDS Task Force was established.
- In 1986, ACHA received its first HIV-related Centers for Disease Control (CDC) cooperative agreement.
- In 1987, at the Annual Meeting in Chicago, ACHA's new governance and structure model was approved and implemented. The new model created a streamlined structure by placing day-to-day operational authority with the Board of Directors.
- In 1988, the association had nearly 1,000 institutional members and 650 individual members.
- In 1989, the Board established the Foundation for Health in Higher Education, a non-profit agency designed to attract monies to benefit the college health profession.
- In 1992, at the Annual Meeting in San Francisco, the voting delegates agreed to open up the election process to all regular and student members and to hold the election by mail. Task forces and committees were expanded to include more members. The year also marked another move for the national office, to its present-day location in Linthicum, Maryland.

- In 1994, the Foundation for Health in Higher Education changed its name to the American College Health Foundation.
- In 1994-1995, the first use of ACHA's Strategic Plan was adopted. The plan looked toward new revenue streams as more traditional income sources were gradually decreasing. The association began to develop more diverse programming and formed subcommittees to focus on ethnic minority and gay, lesbian, bisexual, and transgender issues.
- In 1996, at the Annual Meeting in Orlando, the ACHA Internet home page debuted.
- In 1997, ACHA launched a major student awareness campaign on meningococcal disease, with support from an unrestricted educational grant. As part of its goal to promote research, ACHA conducted surveys to collect data regarding activities of college health centers and student health.
- In 1999, a new, more forward-looking Strategic Plan was adopted with a revised set of goals.
- In 2000, ACHA unveils the National College Health Assessment (NCHA), as the first comprehensive population level health status assessment tool for college students.
- In 2002, ACHA conducted its Call for Programs process online for the first time.
- In 2004, ACHA established a new membership section, Advanced Practice Clinicians, to recognize the work and interests of advanced practice clinicians (APC) – nurse practitioners, physician assistants, and clinical nurse specialists.
- In 2005, ACHA passed thirty volunteer leadership infrastructure review conversation (VLIRC) recommendations designed to establish effective organizational structures that give all members the opportunity to participate and become prepared, active, supported, capable, and celebrated volunteer leaders.
- In 2006, the Council for the Advancement of Standards in Higher Education (CAS), with ACHA, published chapters for assessing Clinical Health Services and Health Promotion Services.
- In 2007, ACHA conducts on-line elections for National Officers, Regional Representatives to the Board of Directors and Section Officers and implements many of the VLIRC recommendations.
- In 2008, ACHA launches the ACHA-Patient Satisfaction Assessment Service (PSAS). This service offers a standardized patient satisfaction assessment through which student health services can obtain patient satisfaction information at their respective college health service, gain insight into the quality and performance of their health service and guidance on aspects of the health service that can be improved or changed.

- In 2008, ACHA revises the ACHA-NCHA survey. The new survey, the ACHA-NCHA II, adds new items to monitor a variety of health constructs.
- In 2008, ACHA begins offering Online Continuing Education with several multidisciplinary sessions available. More sessions are added in 2009 and 2010.
- In 2009, in consultation with CDC, ACHA launched its Influenza Like Illnesses (ILI) Surveillance in Colleges and Universities Project in early September 2009 to track the Novel H1N1 flu pandemic on college campuses. The project concluded on April 30, 2010, and resulted in an accurate representation of the epidemiology of the H1N1 outbreak on college campuses nationally.