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### Mission

To serve as the principal leadership organization for advancing the health of college students and campus communities through advocacy, education, and research.

### Vision

To be the recognized voice of expertise in college health.

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A Message from the President and Executive Director

We are pleased to provide you with the American College Health Association 2014–2015 Annual Report, a synopsis of the achievements of our association and membership in advancing the field of college health and improving the health of the nation’s 20 million college students. ACHA is a member-driven organization, so through this report, we gratefully acknowledge our members for their ongoing commitment to the ACHA mission and for their continued support of the American College Health Foundation.

Specifically, this report provides an overview of the association’s activities during the program year, June 1, 2014, through May 30, 2015. The Financial Report reflects financial information for our fiscal year, January 1 through December 31, 2014.

ACHA continued its role of nationally advancing the health of college students with important activities in advocacy, education, and research, the principal goal areas of the association’s Strategic Plan:

In advocacy, ACHA continued monitoring implementation of the Affordable Care Act and its impact on college students and their health insurance coverage. ACHA also continued promoting healthy campuses through its Healthy Campus 2020 initiative and engagement with other healthier campus movements. The association also began to focus and collaborate with other stakeholders on the important issue of maintaining confidentiality of student health records given the interplay of FERPA, HIPAA, and state medical confidentiality requirements. Additionally, ACHA advocated for the importance of vaccine use to promote health and prevent disease, along with supporting the preservation of the CDC process that determines national immunization policies. And, importantly, ACHA continued its focus on social justice issues in order to address diminished health outcomes.

In education, ACHA continued providing and expanding opportunities for delivery of relevant content and continuing education credits to professionals in college health. Whether through its national-level ACHA annual meeting, the individual ACHA affiliate conferences, the ACHA webinar series, online continuing education programs, ACHA’s published guidelines and recommendations, the Tune in to College Health YouTube Channel, or access to the Journal of American College Health, the association continued to be an important source for education that advances students’ health.

In research, ACHA continued its members’ pursuit of data and evidence-informed knowledge on issues impacting the health of college students and their campus communities. The association continued its longstanding ACHA-National College Health Assessment (ACHA-NCHA), with robust survey participation by institutions of higher education. Likewise, benchmarking surveys, such as clinical benchmarking, annual surveillance of student sexual and reproductive health services via the Pap Test and STI Survey, development of a faculty and staff health assessment instrument, and continuing support for institutional health service patient satisfaction assessments, all represented ACHA’s leadership in advancing college health research.

We are proud of our association’s role in supporting our members and the vital work that they do, day in and day out, to advance college students’ health. By the diligent pursuit of advocacy on their behalf, the delivery of high-quality educational content and expanded educational opportunity, and the continued promotion of relevant college health research, we hope that over this past year we have, in some measure, enhanced our members’ ability to positively impact the health of our nation’s college students.
Membership

By working together to impact the lives of students and campus communities, members have the ability to strengthen citizenship, the learning environment, and the future health of our society.

As of May 31, 2015, ACHA had 2,773 individual members, 803 institutional members, and 16 sustaining members (i.e., organizations with intersecting interests in college health).

ACHA individual membership was comprised of nine sections that reflect the wonderful diversity of college health: Administration, Advanced Practice Clinicians, Clinical Medicine, Health Promotion, Mental Health, Nurse-Directed Health Services, Nursing, Pharmacy, and Students/Consumers. Their proportionate sizes are as depicted below.

Members of ACHA also held automatic membership in regional affiliate organizations: Central, Mid-America, Mid-Atlantic, New England, New York State, North Central, Ohio, Pacific Coast, Rocky Mountain, Southern, and Southwest College Health Associations. Their relative membership levels are also illustrated below.
ACHA National Election

ACHA conducted the national election of association officers and regional representatives to the Board of Directors and section officers in March and April 2015. Online voting as well as mail-in ballots were available to ACHA members. Some section officers were elected at their section business meetings at the Annual Meeting.

The following individuals were elected as association officers:
President-elect: Jamie Davidson, PhD, University of Nevada, Las Vegas
Vice President: Stephanie Hanenberg, RN, MSN, FNP-C, University of Colorado-Colorado Springs

The following individuals were elected as Board Regional Representatives:
Region II Representative: Michelle Eslinger-Schneider, MBA, University of North Dakota
Region IV Representative: Sarah Fisher, RN, BC, University of Richmond
Region VI Representative: Belinda Vea, PhD, University of California

The following individuals were elected or appointed as section officers:
Administration Section
Chair-elect: Melva Hardy, MHSA, University of Chicago
Secretary: Ellen Reynolds, MS, University of Rhode Island
Program Planner-elect: Lacrissa Barrett, University of North Carolina at Charlotte

Advanced Practice Clinicians Section
Chair-elect: Tammy Ostroski, FNP-BC, MSN, Arizona State University at The Polytechnic Campus
Secretary: Joanne Brown, APRN, DNP, University of Kentucky

Clinical Medicine Section
Program Planner-elect: Marcy Ferdschneider, DO, New York University

Health Promotion Section
Chair-elect: Heather Eastman-Mueller, CHES, PhD, University of Missouri, Columbia
Secretary: Victoria Beltran, MPH, CHES, University of South Florida
Program Planner-elect: Polly Paulson, MA, MPH, University of California, Davis

Mental Health Section
Chair-elect: S. Craig Rooney, PhD, University of Missouri, Columbia

Nurse-Directed Health Services Section
Chair-elect: April Lehrling, RNC, Southeastern Oklahoma State University

Nursing Section
Chair-elect: Natalie Conner, MS, RN-BC, University of Washington

Pharmacy Section
Chair-elect: Sheryl Gamble, MBA, RPh
Secretary: Deirdre Younger, MS, University of Maryland, College Park
Program Planner-elect: Amy Sauls, PharmD, University of North Carolina, Chapel Hill

Executive Committee for 2014-2015 left to right: Treasurer Beverley Kloeppel MD, MBA, Vice President Keith Anderson, PhD, FACHA, ACHA Executive Director Doyle Randol, MS, COL (USA Retired), President Sarah Van Orman, MD, MMM, FACHA, President-elect Jake Baggott, MLS, 15G (USAR Retired), FACHA, and Immediate Past President Pat Ketcham, PhD, CHES, FACHA
Liaisons and Collaborations

Throughout the year ACHA continued important liaison relationships and collaborations with:

- Accreditation Association for Ambulatory Health Care (AAAHC)
- Centers for Disease Control and Prevention-Advisory Committee on Immunization Practices (CDC-ACIP)
- Coalition of Higher Education Associations for Substance Abuse Prevention (CoHEASAP)
- Coalition of National Health Education Organizations (CNHEO)
- Council for the Advancement of Standards in Higher Education (CAS)
- Gay and Lesbian Medical Association (GLMA)
- Higher Education Mental Health Alliance (HEMHA)
- The Joint Commission Ambulatory Care Professional and Technical Advisory Committee (PTAC)
- The Journal of American College Health (JACH)
- National Athletic Trainers’ Association (NATA)
- National Collegiate Athletic Association-Female Athlete Triad Coalition (NCAA-FATC)
- National Operating Committee for Standards in Athletic Equipment (NOCSAE)

ACHA’s partnerships with these and other national health and higher education organizations helped to enhance resources for college health professionals and continue to integrate college health into the national health agenda.
THE AFFORDABLE CARE ACT

ACHA’s leadership team continued regularly scheduled biweekly conference calls in consultation with ACHA’s Washington Counsel at Dentons US, LLP (formerly McKenna Long and Aldridge, LLP) to continue monitoring implementation of the Affordable Care Act (ACA) and issues impacting student health insurance coverage. In addition to monitoring the ACA, the group received regular updates on other federal activity.

On May 29, 2014, ACHA leadership, including principals from the Student Health Insurance/Benefits Plans Coalition, ACHA’s Washington Counsel, and a representative from ACHA’s advocacy partner, the American Council on Education (ACE), met via teleconference with federal policy makers from the Center for Consumer Information and Insurance Oversight (CCIIO). The purpose of this meeting was to 1) re-emphasize to federal officials the unique nature of student health insurance plans (despite their being categorized as individual coverage) and 2) advocate for flexibility in applying the ACA’s actuarial value (AV) requirements for individual plans so that institutions and their carriers were not compelled to decrease the level of plan benefits and quality of their student health insurance coverage.

On July 17, 2014, ACHA also submitted comments to CCIIO addressing a bulletin released in June 2014 that contained draft standard notices that health insurance issuers would use when discontinuing or renewing coverage for products under the individual market (including student health insurance). ACHA again commented on the unique nature of student health insurance plans and appealed for additional flexibility in the issuer notice requirements when applied to student health insurance plans. The resulting finalized federal bulletin contained important clarifications and flexibility with regard to issuers’ notice requirements for student health insurance plans.

In early December 2014, ACHA submitted comments to the Department of State (DOS) expressing concern regarding the minimum health insurance coverage requirements contained within a final rule on the Exchange Visitor Program. Even though that regulation, published October 6th, was released as a final rule, DOS had also solicited further comments. ACHA’s comments expressed concern that the health insurance coverage requirements set forth were not more robust and appeared inconsistent with the federal government’s intent under the already enacted ACA legislation to improve coverage and consumer protection.

On February 26, 2015, ACHA leaders, accompanied by ACHA’s Washington Counsel and a representative from ACE, again met with CCIIO officials and shared information regarding recent challenges that institutions of higher education had encountered relative to the actuarial value de minimis variation limits. They also described several examples of state actions adversely affecting the student health insurance risk pool and premium ratings. ACHA again emphasized the need to maintain the affordability and quality of coverage offered by student health plans. On March 19, 2015, ACHA sent a follow-up letter to CCIIO on these same issues seeking feedback on next steps.

HEALTHY CAMPUSES

In early February 2015, the ACHA president, immediate past president, treasurer, chair of the Healthy Campus Coalition, and national office staff members met at the ACHA national office with representatives of the Partnership for a Healthier America (PHA), the Jed Foundation, and the Clinton Foundation to discuss the objectives and approach of each organization’s campus health initiative. While each organization aimed to foster and achieve a healthy campus through their respectively named programs, Healthy Campus 2020 (ACHA), Healthier Campus Initiative (PHA), and the Health Matters Campus Program (Jed and Clinton Foundations), discussions focused on opportunities for synergy as well as challenges and confusion among the public and stakeholders as to the distinctions of the various programs. ACHA also continued to advance its healthy campus initiative by building, enhancing and supporting a more robust Healthy Campus 2020 website.

PROTECTING STUDENTS FROM SEXUAL ASSAULT

The task force, originally formed in late spring 2014, continued efforts to organize into subcommittees and make progress on the task areas reflected in their presidential charges. The initial
Advocacy (cont.)

focus of the group was to provide training opportunities for ACHA members on trauma-informed care and evidence-based practice. The group also began the process of updating a number of ACHA documents on campus sexual assault.

ACHA leadership consulted with colleagues at ACE and the Association of Public Land-grant Universities (APLU) regarding S. 2692 and H.R. 5354, the Campus Accountability and Safety Act (CASA) introduced in the 113th Congress in late July 2014. In August 2014, ACHA sent a notice to members encouraging them to become engaged in policy discussions on their campuses as senior administrators and government relations officers formulated advocacy positions regarding both CASA bills. ACHA highlighted that it is important for campus colleagues to understand the issue of student confidentiality and how the role of an investigator differs from the role of a confidential survivor’s advocate called for in the legislation.

When CASA (S. 590 and H.R. 1310) was reintroduced in the 114th Congress in late February 2015, ACHA analyzed the revised bills for areas that intersect with college health interests. In late March 2015, ACHA provided ACE and APLU with input regarding the bill’s “confidential advisor” provisions as well as those addressing the campus climate survey. In April 2015, ACHA submitted comments directly to the Senate Committee on Health, Education, Labor, and Pensions regarding the proposed legislation. Those comments mirrored input previously provided to ACE and APLU. ACHA alerted its membership, posted the comments online, and continued to monitor developments regarding the bill.

During this period, ACHA staff also had discussions with the International Association of Forensic Nurses (IAFN) about CASA provisions of mutual interest to both organizations, particularly around promoting student access to forensic care following an assault.

SEXUAL HEALTH

The ACHA president, chair of the Sexual Health Education and Clinical Care Coalition, and executive director continued discussion with representatives of the Human Rights Campaign (HRC) on areas of potential collaboration regarding sexual health. Discussions centered on HIV education and advancing awareness regarding pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). Both organizations committed to continuing discussions, especially as ACHA sought to update and consolidate its sexual health brochures, and to advancing educational efforts focused on providers to increase their comfort level and willingness to prescribe PrEP/PEP.

Areas of potential collaboration also included addressing the many issues affecting transgender care and culturally competent training.

CONFIDENTIALITY OF STUDENT HEALTH RECORDS

In early March 2015, ACHA noted the growing number of discussions on the student health services (SHS) listserv and in other forums concerning the confidentiality of student health records in the aftermath of a high-profile case and controversy surrounding the handling, safeguards, and subsequent release of a student’s health record information. ACHA began to focus on the question of when it is legally permissible and/or compulsory to release such information (juxtaposing the Federal Educational Rights and Privacy Act [FERPA] and individual state laws on confidentiality of patient/client information). ACHA began plans to conduct an educational webinar in early May that would include multiple stakeholders and experts. Encountering difficulty in securing participation from the Department of Education, ACHA subsequently collaborated with Senator Ron Wyden’s (D, OR) office in connection with their planning and hosting of a webinar related to privacy of treatment records on college campuses. ACHA agreed to participate in this webinar, conducted via the International Association of Privacy Professionals (IAPP) and scheduled for mid-June 2015.
Highlights of Activities for the Program Year June 2014–May 2015

VACCINE APPROVALS AND PRESERVATION OF THE ACIP PROCESS

In late March 2015, ACHA was invited by the March of Dimes to convey its organizational support for an official comment letter to the House Energy and Commerce Committee as that body considered language for the House of Representatives’ 21st Centuries Cures Initiative. Draft language included provisions that would require the Advisory Committee on Immunization Practices (ACIP) to make vaccine decisions on tight deadlines and standardized (static) criteria; require CDC to repackage and release publicly-available information; and require that confidential ACIP Work Group meetings be transparent to the public. Although strongly supporting transparency and the timely development/approval of effective new treatments, ACHA joined several other health and public health organizations in signing a letter that supported protection of the integrity of the ACIP vaccine approval process.

SOCIAL JUSTICE

In April 2015, in response to the state of Indiana’s religious freedom legislation and the prospect of similar legislation being enacted in other states, the ACHA Executive Committee, on behalf of the Board of Directors, formally adopted the following organizational position statement in the context of supporting social justice to address diminished health outcomes:

ACHA Statement on Religious Freedom Legislation

As a principal component of the core values of our association, ACHA fully embraces social justice, human dignity, and respect for all. We recognize that denial of civil rights or impingement upon those rights can contribute to diminished health outcomes and quality of life.

Leading up to the passage in the state of Indiana of the Religious Freedom Restoration Act, SB 101, protecting the rights of LGBTQ individuals has been under discussion nationally. While we acknowledge legislative actions in many states to revise their laws, ACHA avows its strong opposition to any such legislation that permits intentional acts of discrimination against LGBTQ people. Such laws are destructive to the well-being of the students we serve and the communities in which we live.

ACHA is strongly committed to supporting students and the intersectionality of their lives to student learning. We stand in solidarity with the many other organizations that have taken a stance against this legislation as an overt act of discrimination. We affirm our commitment to inclusion and respect for all.

Adopted by the ACHA Executive Committee on behalf of the Board of Directors on April 3, 2015.
Social Media

ACHA continued using social media platforms Facebook and Twitter to expand its visibility among the general public. ACHA used Facebook and Twitter to share general health/industry news, Annual Meeting updates, and association-related news with both members and non-members. Our followings continued to grow.

ACHA also continued blogging to engage members who were not on Facebook and Twitter. Blog topics included ACHA programs and services updates, section and committee projects, annual meeting topics, and hot topics in college health. Members were encouraged to contribute.

In 2014, ACHA launched a YouTube Channel, Tune in to College Health. This mode of content delivery is intended to feature short video clips to expand visibility and education on college health topics.

Research and Data Collection

Throughout the year ACHA assisted various groups within the association in collecting relevant data to support their work. The surveys conducted from June 2014 through May 2015 included:

- Clinical Benchmarking Survey
- Faculty and Staff Survey
- Pap Test and STI Survey for Calendar Year 2013
- Patient Satisfaction Assessment Survey
- Student Health Insurance Survey
- Section Needs Assessments
- ACHA/CDC Varicella Survey
ACHA-National College Health Assessment (ACHA-NCHA)

Our premier surveying instrument on student health continued with strong participation. The Fall 2014 ACHA-NCHA II Reference Group included data from 25,841 students at 34 institutions.

The ACHA-NCHA Executive Summary and Reference Group Data Report for the Fall 2014 survey period were posted online. All survey periods were made available with a special report consisting of data collected from undergrad students only, as many ACHA-NCHA customers have limited their data collection to only undergraduate students. Providing reference group reports limited to undergraduate students gives these schools a better point of reference with which to compare their local campus data.

**Fall 2014 Survey Highlights**

- 55.6% of college students surveyed described their health as very good or excellent.
- The top five factors affecting academic performance in college students surveyed were stress, anxiety, sleep difficulties, cold/flu/sore throat, and depression.
- 33.5% of college students surveyed reported in the last 12 months they felt so depressed that it was difficult to function.

See [www.acha-ncha.org](http://www.acha-ncha.org) for more information.

Healthy Campus 2020

The Healthy Campus Coalition continued to provide valuable resources to the college health community through the Healthy Campus 2020 initiative, a framework for improving the overall health status on campuses nationwide. Strategies suggested in Healthy Campus 2020 extend beyond traditional interventions of education, diagnosis, treatment, and health care at clinical levels. Through the collaborative efforts of health, academic, student affairs, and administrative colleagues, institutions of higher education can foster healthy environments and behaviors. This initiative includes national health objectives for both students and faculty/staff.

See [www.acha.org/healthycampus](http://www.acha.org/healthycampus) for more information.
ACHA continued to offer online continuing education programs. Seven of these were programs that were previously presented at the 2014 Annual Meeting in San Antonio, and the remaining four were part of the ACHA Webinar Series. Webinars included in the ACHA Webinar Series are free to download. CE credits were available for a minimal fee.

2014 Annual Meeting Sessions:

• Achieving Sexual Health: The New 2014 CDC STD Treatment Guidelines in Action
  Presenters: Katherine Hsu, MD, MPH, Massachusetts Department of Public Health/Boston University School of Medicine, and Howard Heller, MD, MPH, Massachusetts Institute of Technology

• Clinical Pearls for College Health Providers: Key Evidence Summaries of the Last Year’s Medical Literature
  Presenters: Cheryl Flynn, MD, MS, MA, University of Vermont; Michelle Paavola, MD, University of Vermont; and Marcy Ferschneider, DO, New York University

• “Dancing With Molly:” New Trends in Substance Abuse
  Presenters: Saara Schwartz, MD, and Mariela Gabaroni, MS, MCHES, Florida International University

• Dorosin Memorial Lecture 2014: The Critical Role of Behavioral Health Integration for Comprehensive Student Health and Wellness in a Time of Health Reform
  Presenter: Henry Chung, MD, Care Management Company of Montefiore Medical Center

• Infectious Mononucleosis: Evidence-Informed Management and Practical Considerations
  Presenter: Samuel L. Seward, Jr., MD, FAAP, Columbia University

• Meningococcal Disease Among College Students and Recent Serogroup B Outbreaks
  Presenters: Jessica MacNeil, MPH, U.S. Centers for Disease Control and Prevention, Meningitis and Vaccine Preventable Diseases Branch, and Peter Johnsen, MD, Princeton University; and Mary Ferris, MSED, MD, University of California Santa Barbara

• Wellness Coaching as an Emerging Trend in College Health Centers
  Presenters: Mary Wyandt-Hiebert, PhD, MCHES, CWHC, and Ed Mink, EdD, CHES, CWHC, University of Arkansas

New ACHA Webinars:

• Measles Update 2015: Implications for the College Setting
  Presenters: Raymond A. Strikas, MD, MPH, Communication and Education Branch, Immunization Services Division, NCIRD, Centers for Disease Control and Prevention (CDC), and Jennifer Zipprich, PhD, Immunization Branch, California Department of Public Health

• Preparing Nurse-Directed Health Clinics for Infectious Disease Outbreaks Through Emergency Response Planning
  Presenter: Anita L. Barkin, DrPH, MSN, CRNP, FACHA, Carnegie Mellon University, retired

• Update on Mumps 2014 for the College Health Professional
  Presenters: Robert Palinkas, MD, University of Illinois at Urbana-Champaign; Craig Roberts, PA-C, MS, University of Wisconsin-Madison; and Susan Even, MD, University of Missouri-Columbia

• Using Logic Models to Develop and Assess Health Education
  Presenter: Eric Davidson, PhD, MCHES, CSPS, Eastern Illinois University

These and other continuing education activities are available on the Continuing Education webpage.
ACHA/NASPA Joint Webinar

ACHA provided experts for a joint educational webinar titled “Ebola Campus Preparedness Considerations: A Live Briefing” that was conducted on October 28, 2014, with NASPA: Student Affairs Professionals in Higher Education. ACHA President Sarah Van Orman, MD, MMM, FACHA (University of Wisconsin-Madison), and Craig Roberts PA-C, MS (University of Wisconsin-Madison), served as content experts along with Joanne Vogel, PhD, associate vice president and dean of Student Life at Southern Methodist University. The webinar covered Ebola virus disease from a clinical/epidemiological perspective, as well as from a campus preparedness/management perspective. This joint webinar was well received by both college health and student affairs professionals and was posted for download on both organizations’ websites.

Online Call for Programs for Affiliate Meetings

ACHA National Office staff worked with the program planners of five ACHA affiliates to support their online Call for Programs (CFP) for their annual meetings:

- Mid-Atlantic College Health Association
- New England College Health Association
- New York State College Health Association
- Pacific Coast College Health Association
- Southern College Health Association
ACHA conducted the 2015 ACHA Annual Meeting May 26-30, 2015, at the World Center Marriott in Orlando, Florida. The conference was a very successful event with an attendance of nearly 1,900.

This year’s keynote presenter, Henry Chung, MD, vice president and chief medical officer of Montefiore Care Management Organization and associate professor of clinical psychiatry at the Albert Einstein College of Medicine, reviewed literature and cited innovative models that are being used to advance health equity and reduce health disparities. During his address, “Advancing Health Equity for College Students: Addressing the Links Between Emotional Wellness, Physical Health, and Social Determinants,” Dr. Chung focused on the key social determinants of health, studies that demonstrate the association between social determinants and physical and emotional health, and models of care that incorporate social determinants and enhanced health services delivery.

The Opening General Session also featured the presentation of the Presidential Citation to outgoing ACHA Executive Director Doyle E. Randol, MS, COL (USA Retired).

On Thursday, May 28, a special plenary session was held with Peter Lake, JD, from Stetson University College of Law. Mr. Lake presented “Embracing the Spirit of Title IX: The ‘Four Corners of Title IX’ and an Education-Based, Public Health-Oriented Approach to Regulatory Compliance.” This session discussed the difficulties of Title IX compliance, effective strategies for compliance beyond the technical legal compliance, and the Four Corners of Title IX Regulatory Compliance model for a well-ordered Title IX response system that is educationally focused and public health oriented.

The annual Dorosin Memorial Lecture was delivered by Benjamin Locke, PhD, founder and executive director of the Center for Collegiate Mental Health (CCMH) at Pennsylvania State University. Dr. Locke discussed recent developments in mental health within higher education and then reviewed data from more than 350,000 college students seeking mental health treatment, gathered via the Center for Collegiate Mental Health. Trends in mental health concerns, treatment effectiveness, and implications for service, funding, staffing, and campus-level coordination were also discussed.

Presidential Session speaker Luoluo Hong, PhD, MPH (vice president for student affairs at San Francisco State University), delivered her address entitled “Public Health and Higher Education: Navigating the Crossroads and Complexity from a Social Justice Standpoint.” In her talk, Dr. Hong encouraged attendees to explore their individual, institutional, and societal responsibilities for closing the gap in educational achievement and the gap in health status by embracing a social justice paradigm with courage and conviction.

The 2015 Annual Meeting offered numerous other educational and networking opportunities. Insurance, budgeting, diversity, disease control, crisis management, and mental health issues were just some of the topics that were presented in over 150 educational sessions and discussions at the meeting. Members were also able to connect with their colleagues at section, affiliate, and committee meetings.
For the second year, the program included 60-minute session blocks on Wednesday and Friday afternoons. This format allowed us to add approximately 20 sessions to the schedule. The addition of these sessions gave attendees a chance to hear about more topics during the five-day span of the Annual Meeting than in previous years.

ACHA once again offered Pre-Conference Workshops on the first day of the meeting. For an extra fee, meeting attendees were able to choose from 12 workshop offerings, the largest number ever offered at an ACHA annual meeting. The workshops helped participants enhance specific skill sets and train to acquire specific competencies appropriate to practice in their discipline.

For the fifth year, ACHA held a Call for Poster Presentations for the Annual Meeting. Posters were selected by a subcommittee of the ACHA 2015 Program Planning Committee. Posters were judged in three categories: Professional Research Paper, Professional Practice, and Student.

The 2015 ACHA Awards recipients and Fellows were honored on Thursday, May 28 in a beautiful ceremony. To see the full list of award winners, visit www.acha.org/awards_fellows.

ACHA also introduced a more robust meeting app that was a huge hit with attendees. Enhanced capabilities included a customizable schedule, attendee-to-attendee messaging, personalized profiles, and much more.
ACHA’s Peer Review Assistance Program continued to provide institutions with assistance in evaluating their health services, with expert reviewers providing recommendations in such areas as funding sources, generating revenue, creating business plans, collaboration between counseling and health services, staffing levels, compensation, and/or productivity, and student health insurance/benefits plans. The Peer Review Assistance Program enabled participating institutions to articulate how student health services support the institutional learning mission, make changes to their facilities, and increase student involvement.

ACHA Peer Review Assistance Program

In August 2013, 12 institutions signed up for participation in the American College Health Association-National College Depression Partnership (ACHA-NCDP) Depression Quality Improvement Collaborative. This joint quality improvement collaborative focused on supporting college health systems and clinicians in providing optimal depression care through the use of outcomes measurements and collaborative learning. Using the Institute for Healthcare Improvement Breakthrough Series Methodology and the Collaborative (Chronic) Care Model, this 18-month program helped participating institutions:

- improve detection and treatment engagement of depressed students,
- amplify existing health and mental health services that include including implementation of sustainable models of systematic, proactive care and consisting of depression screening, assessment, and treatment where indicated, and
- create a safety net for campus communities.

The NCDP Advisory Committee held the third and final learning session June 26-28, 2014, in New York City, with 50 participants in attendance. Fifteen sessions were offered; CE credit was offered for 12 of those sessions.

Throughout the course of the program, participating institutions had access to:

- monthly live webinars with expert faculty and NCDP coordinators to facilitate shared learning experiences and Q&A to accelerate systematic change
- a data collection, management, and analysis tool to facilitate population-based care
- clinical outcome and process-based benchmarking
- an established national collaborative partnership focused on sharing best practices and accelerating implementation of change strategies
- facilitated coaching
- an expanded network of expert faculty and learners for coaching and support in an “all teach, all learn” approach

To wrap up the 18-month long program, a virtual Learning Congress was held on Wednesday, January 21, 2015. This conference provided a progress review and presentation of the final registry data.
American College Health Foundation

The American College Health Foundation (ACHF) worked further to build a strong foundation for the future of college health. ACHF continued to receive generous contributions from members, groups, and corporations devoted to college health. This financial support helped the foundation to fund programs that advanced the college health field.

In addition to funding support for several 2015 Annual Meeting programs, ACHF provided seven funding awards to ACHA member institutions during the Annual Meeting. These awards were made possible through earnings from the Aetna Student Health Fund, Gallagher Koster Fund, ACHF Endowment Fund, Murray DeArmond Student Activity Fund, Stephan D. Weiss, PhD, Mental Health Fund for Higher Education, Student Health 101, and UnitedHealthcare Student Resources Fund. The Weiss Writing Prize was also awarded.

ACHF held its seventh annual Matching Gift Challenge event during the 2014 ACHA Annual Meeting. Total donations to the challenge exceeded $16,000. Plans are to hold a challenge event each year during the annual meetings.
ACHA Financial Report

ACHA is on a calendar year basis—January 1 through December 31, 2014. This report mirrors the Treasurer’s Report as presented to the Assembly of Representatives in Orlando on May 29, 2015. Copies of the complete audit report are available for members.

Financial reporting standards require ACHA to include the American College Health Foundation’s (ACHF) activities in a consolidated financial statement format, since ACHF is considered an affiliate for purposes of financial reporting of nonprofit organizations.

2014 Balance Sheet Highlights

The consolidated assets totaled $6,049,563 on December 31, 2014. This amount consisted of $971,599 in cash or cash equivalents; $141,929 in short-term investments; $64,276 in grants and other accounts receivable; $46,276 in brochure, publication, and survey inventory; $56,965 in prepaid expenses; $4,717,180 in long-term investments and deposits; and $51,338 in property and equipment net of accumulated depreciation.

Consolidated liabilities totaled $1,030,353 on December 31, 2014. This amount consisted of $130,223 in accounts payable and accrued expenses and $931,130 in deferred membership and deferred annual meeting revenues.

2014 Operating Highlights

Consolidated revenues for 2014 totaled $3,148,609. This amount consisted of $950,305 in annual meeting revenues; $1,195,474 in membership dues; $187,046 in publication sales; $473,650 in research revenue; $21,080 from the continuing education program; $37,202 from donations to the foundation; $113,882 from consultation services; $89,610 in advertising, and $5,446 from other, miscellaneous operations. Consolidated investment income, either in the form of interest and dividends or realized and unrealized gains in value, were $174,914.

Consolidated expenses for 2014 were $2,845,817. This amount consisted of $810,147 in membership services and communication expenses; $1,514,308 in education and research expenses; $89,602 in advocacy and representation; $45,032 in foundation fundraising expenses; and $386,728 in general and administrative expenses.

The difference of $302,792 between total revenues and total expenses represents a positive change in consolidated net assets for fiscal year 2014.
## Consolidated Statement of Activities and Changes in NET Assets

A Five-year History (Based on Audited Financial Statements for the Years 2010 to 2014)

<table>
<thead>
<tr>
<th>Revenues</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
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</thead>
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<td>Annual Meeting</td>
<td>950,305</td>
<td>1,084,212</td>
<td>980,956</td>
<td>857,422</td>
<td>924,725</td>
</tr>
<tr>
<td>Membership Dues</td>
<td>1,195,474</td>
<td>1,224,314</td>
<td>1,193,637</td>
<td>1,125,253</td>
<td>1,055,894</td>
</tr>
<tr>
<td>Federal Grants and Contracts</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Contributions</td>
<td>37,202</td>
<td>30,171</td>
<td>66,349</td>
<td>81,247</td>
<td>83,220</td>
</tr>
<tr>
<td>Publication Sales</td>
<td>87,046</td>
<td>102,239</td>
<td>112,127</td>
<td>140,239</td>
<td>138,383</td>
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<tr>
<td>Investment Income</td>
<td>174,914</td>
<td>279,590</td>
<td>214,780</td>
<td>4,424</td>
<td>204,838</td>
</tr>
<tr>
<td>Research</td>
<td>473,650</td>
<td>716,191</td>
<td>452,769</td>
<td>441,193</td>
<td>436,547</td>
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<tr>
<td>Advertising</td>
<td>89,610</td>
<td>86,483</td>
<td>82,959</td>
<td>79,212</td>
<td>52,337</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>21,080</td>
<td>33,929</td>
<td>28,002</td>
<td>15,523</td>
<td>58,729</td>
</tr>
<tr>
<td>Consultation / Training</td>
<td>113,882</td>
<td>44,651</td>
<td>61,101</td>
<td>57,117</td>
<td>42,140</td>
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<tr>
<td>Professional Development</td>
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<td>0</td>
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<tr>
<td>Other</td>
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<td>3,340</td>
<td>12,824</td>
<td>6,929</td>
<td>7,394</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>3,148,609</strong></td>
<td><strong>3,605,120</strong></td>
<td><strong>3,205,504</strong></td>
<td><strong>2,808,559</strong></td>
<td><strong>3,004,207</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
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<tbody>
<tr>
<td>Service and Communication</td>
<td>810,147</td>
<td>808,921</td>
<td>710,322</td>
<td>696,759</td>
<td>695,407</td>
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<td>Education and Research</td>
<td>1,514,308</td>
<td>1,544,485</td>
<td>1,476,953</td>
<td>1,344,860</td>
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<td>0</td>
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<tr>
<td>Advocacy and Representation</td>
<td>89,602</td>
<td>105,659</td>
<td>155,645</td>
<td>219,221</td>
<td>203,449</td>
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<tr>
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<td>33,802</td>
<td>41,747</td>
<td>32,851</td>
<td>31,406</td>
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<tr>
<td>General and Administrative</td>
<td>386,728</td>
<td>396,894</td>
<td>380,224</td>
<td>360,507</td>
<td>328,416</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>2,845,817</strong></td>
<td><strong>2,889,761</strong></td>
<td><strong>2,764,891</strong></td>
<td><strong>2,654,198</strong></td>
<td><strong>2,445,664</strong></td>
</tr>
</tbody>
</table>

| Change in Net Assets                           | 302,792  | 715,359  | 440,613  | 154,361  | 558,543  |
| Net Assets, Beginning of Year                  | 4,646,422| 3,931,063| 3,490,450| 3,336,089| 2,777,546|
| **Net Assets, End of Year**                    | **4,949,214** | **4,646,422** | **$3,931,063** | **$3,490,450** | **$3,336,089** |