Making the Case for Health Promotion to Senior Leadership

American College Health Association Annual Meeting
Framing the Future for Comprehensive Care
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Introduction

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Learning Outcomes

1. Understand how to leverage standards of practice in the field of health promotion to advance communication with senior leadership.

2. Identify tools available to advance communication with senior leadership.

3. Explore strategies for strategic communication with senior leadership that reorient the work of health promotion to prevention.

Agenda

I. Theoretical Foundations

II. Health Promotion Professional Assessment Data

III. Let’s Talk!
1958: WHO Constitution defines “health”

1958: WHO

1975: Wellness Resource Center, Mill Valley, CA

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1976: First campus Wellness Program at University of Wisconsin – Stevens Point

1975: First National Wellness Conference

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1977: National Wellness Institute formed

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1986: Ottawa Charter for Health Promotion

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1990: First CHES Certification

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2000: DHHS Healthy People 2010/ ACHA’s Healthy Campus 2010

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2001: Standards of Practice for Health Promotion in Higher Ed

2001: Standards of Practice for Health Promotion in Higher Ed

2000: CAS Standards for Health Promotion, AOD Prevention

2000: CAS Standards for Health Promotion, AOD Prevention

2012: ACHA Healthy Campus 2020

2012: ACHA Healthy Campus 2020

1993: Higher Education Center established

1993: Higher Education Center established

2015: Okanagan Charter: An International Charter for Health Promoting Universities and Colleges

2015: Okanagan Charter: An International Charter for Health Promoting Universities and Colleges

Sources: Foundation Concepts of Global Community Health Promotion and Education (Hernandez, 2011); Wellness: The History and Development of a Concept (Miller 2005); Everfi Annual Research Summit (2015)
Theoretical Foundations; Institute of Medicine
Theoretical Foundations; Blooms Taxonomy & Socioecological Model

Theoretical Foundations; Dr. Corey Keyes & Dr. Laurie Schreiner

Creating
Evaluating
Applying
(Social Ecological Model)

Public Policy Community Organizational
(Bloom’s Taxonomy)

Mental Health Continuum
Health Promotion Needs Assessments & Benchmark Data (2015-16)

### HP Section Needs Assessment

- Most HP members do not have a written **strategic plan** to guide their work.
- Most frequently cited **supporting documents**: *Standards of Practice for Health Promotion Professionals in Higher Education* (SPHPHE) and *Healthy Campus 2020* in their work.
- SPHPHE are being used most often to **explain health promotion** to external others and/or to craft **mission and vision**.
- Greatest areas of need: evidence-informed practice, advocating for funding, assessment & learning outcomes, **engaging campus administrators**, and strategic planning.

### California WHP Directors Survey

- Approximately half (52%) of represented departments have written **strategic plans**.
- Most frequently cited **supporting documents**: CAS standards (74%) and *Healthy People 2020* (70%).
- Most common **collaborative partners**: student government, activities and organizations (36%); followed by counseling (32%); and student healthcare services (28%).
- Most commonly cited **strengths**: community engagement & dedicated staff.
- Most commonly cited **challenges**: need for more professional staff and too much reliance on volunteers, interns, student works for administrative support.

### NASPA WHP Directors Survey

- Slight increases (1-3%) in operating **budgets**
- Majority of respondents indicate their units **primarily serve students** (additionally 15% serve Faculty and 13% serve staff)
- Majority housed in **Student Affairs** (82%); 3% Academic Affairs; 2% Administrative Affairs
- Institution utilizes a “Chief Health Officer” (18%)
- HP units **directly report** to Student Health Care or SA Dean (50%); Other – Wellness, Health, Counseling Cluster, SA Associate VP (38%)
Let’s Talk!

- Let’s organize ourselves into smaller discussion groups of no more than 8 people per group.
- We would like to discuss a series of four questions in small groups, followed by large group sharing.
- We will follow up with resources, strategies, and stories from the field in response to each question.
- All resources, strategies and stories from the field will be provided in the presentation slides that you can download from the conference Web site following the meeting.
Let’s Talk!

Question #1

What types of administrators have you “gotten in front of” and how have you maximized those opportunities?
Facilitate listening sessions with new administrative leadership – be prepared with talking points.

Frame health promotion and data analysis around budget, retention data, and connect institution data directly to survey data (e.g., NCHA).
  - One campus has created a research methodology (stratified random sample) that will link NCHA data and institutional data on an individual level, with an 80% response rate. So, retention and GPA can be linked to specific responses/behaviors on NCHA.
  - Schedule meetings with academic deans and department heads to communicate how students in their program areas are doing with regard to health behaviors and academic success.

One-page infographic with NCHA data for all health topics, and one specifically for academic impacts.

Create space to talk about the good news by offering to talk about the crisis at another time.

Remember:
  - You never know when opportunities will present themselves and where they may take you.
  - These topics can be very personal, and sometimes uncomfortable – share the good news story.
Vision Into Action (VIA): A brief overview (via.acha.org)

- What used to be a workbook available for purchase through the American College Health Association (ACHA) is now a FREE interactive Web site.

- End-users of VIA:
  - Entry-level and seasoned health promotion professionals can use VIA to assess and stimulate development of their own health promotion competencies.
  - Supervisors of health promotion departments can use VIA to assess and advance the rigor of health promotion initiatives and services and encourage professional development among their staff.
  - Senior administrators can use VIA to communicate the purpose and function of health promotion to students, faculty, staff and other campus and community constituencies.
2.2 Examine and address campus and community health issues at all levels of the socioecological model — intrapersonal, interpersonal, institutional, community, and public policy.

LEARN
- The Community Tool Box: Analyzing Problems and Goals
- Healthy People 2020: Assess
- Healthy Campus 2020: Implementing Healthy Campus

OBSERVE

PERFORM
## Sample Diffusion of Innovation Plan

**Table 1. Strategies to Engage P4 Campaign Stakeholders by Adopter Category**

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Performance Objectives</th>
<th>Adopter Category</th>
<th>Possibilities (P) and Barriers (B) to Adoption</th>
<th>Engagement Strategy</th>
</tr>
</thead>
</table>
| Board of School Directors | • Provide visible leadership  
• Provide financial support  
• Attend campaign events  
• Allow LYFT time to update at monthly board meetings | Early adopter | P: Existing commitment to positive youth development, desire to be leaders in Bucks. existing relationship/trust with LYFT; shared vision for healthy teens  
B: Competing priorities, limited funds, lack of awareness re: these campaigns | Present campaign overview at Board meeting; create a sense of urgency; highlight common vision; appeal to their existing commitment to developmental assets and character education; convey how this effort will position Pennsylvania as a leader in Bucks County; provide regular updates at monthly Board meetings |
| Superintendent and administrative leadership staff | • Provide visible leadership  
• Attend campaign events  
• Provide administrative assistance on key activities (e.g., mass mailings) | Early adopter | P: Existing commitment to positive youth development, desire to be leaders in Bucks. existing relationship/trust with LYFT; shared vision for healthy teens  
B: Competing priorities, overburdened staff | Present campaign overview at administrative staff meeting; create a sense of urgency; highlight common vision; appeal to their existing commitment to developmental assets and character education; convey how this effort will position Pennsylvania as a leader in Bucks County; provide regular updates via monthly reports |
| Parent-Teacher Organization | • Assign a liaison to join the LYFT subcommittee and report back at monthly PTO meetings  
• Provide visible leadership  
• Attend campaign events  
• Recruit volunteers  
• Sponsor an expert lecture event | Early majority | P: Existing commitment to positive youth development, desire to be good parents, desire to be leaders in the community  
B: Lack of familiarity with these types of campaigns, denial (possibly) re: scope of problem, limited time | Present campaign overview at PTO meeting; create a sense of urgency; appeal to their desire to be good parents and leaders in the community; describe success of similar national efforts; ensure that liaison has a favorable experience on LYFT subcommittee |
| LYFT subcommittee of parents and teens | • Attend meetings  
• Provide feedback on campaign  
• Attend campaign events  
• Recruit volunteers  
• Provide visible leadership | Early adopter | P: Existing commitment to LYFT, desire to be good parents, desire to meaningfully contribute, desire to build resume experience (teens)  
B: Limited time, preference for other tasks | Present campaign overview at LYFT meeting; appeal to their desire to do new and creative work; lead subcommittee with inspiration and trust; foster sense of ownership and commitment |
<table>
<thead>
<tr>
<th>CAS: Principles Underlying all Standards</th>
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</thead>
<tbody>
<tr>
<td><strong>Students &amp; Their Environments</strong></td>
</tr>
<tr>
<td>The whole student is shaped by environments that provide learning opportunities reflective of society and diversity, with students having ultimate responsibility for learning</td>
</tr>
<tr>
<td><strong>Diversity &amp; Multiculturalism</strong></td>
</tr>
<tr>
<td>Institutions embracing diversity and eliminating barriers with justice and respect for differences, binding individuals to community</td>
</tr>
<tr>
<td><strong>Organization, Leadership, &amp; Human Resources</strong></td>
</tr>
<tr>
<td>Quality of leaders possessing sound preparation is essential, with success directly correlated to clarity of mission</td>
</tr>
<tr>
<td><strong>Health Engendering Environments</strong></td>
</tr>
<tr>
<td>Education prospers in benevolent environments that provide students with appropriate challenge and necessary support</td>
</tr>
<tr>
<td><strong>Ethical Considerations</strong></td>
</tr>
<tr>
<td>Educators exhibit impeccable ethical behavior in professional and personal life</td>
</tr>
</tbody>
</table>
Making the Case for Health Promotion Using the Standards

- Initiate and/or continue self-study
- Contribute to and prepare for accreditation
- Identify better use of funds
- Consider essential, non-negotiable functions
- Determine necessary training and/or degree preparation for recruitment and hiring staff

Self-Assessments Guides (SAGs)
- Provides an effective workbook/format for evaluation, self-assessment, and institutional reviews
- Translates standards into multiple criterion statements which can be measured
- Clusters of criterion measures focus on subsections of the standards, allowing raters to express detailed and targeted judgments
- Informs on program strengths and areas for improvement
- Leads to an action plan to enhance programs and services that benefit student learning and development
Let’s Talk!

Question #2

How are you currently “making the case” for health promotion on your campus?
Stories from the field

- Share data from programs, NCHA, and other large surveys done on campus with division of student affairs leadership group.

- Connect NCHA data with:
  - division priorities/strategic plans
  - institutional research data on campus

- Reframe language around initiatives to connect with indicators of academic success.

- Define what prevention is for people – help them understand what we do and what we do not do.

- Promote department’s strategic plan by posting it online.

- Create a dashboard or Prezi to share with student affairs leadership and other stakeholders.

- Analyze and share data to plant the seed [tell the need] with people making policy decisions.
  - Engage with senate on academic policies – connecting back to the academic mission of the university.
Theoretical Foundations; Okanagan Charter

Health promoting universities transform the health and sustainability of our current and future societies, strengthen communities and contribute to the well-being of people, places and the planet.
Let’s Talk!

Question #3

How are you linking student success measures to your work?
• Strike a balance between internal and external focus. Have good local data to demonstrate the need – do not rely on national data alone.

• Navigate and negotiate various relationships. Have examples to share about important issues in a positive way. Tell the good news story.
  • Support student leaders – who are oftentimes more influential – help them tell their stories

• Have the confidence to speak up and own our expertise when talking with partners, stakeholders, and campus administrations.

• Protect Health Promotion staff from starring in supporting roles to clinicians and counseling.

• Keep in mind what employers are saying is important.
  • Critical thinking, communication and problem-solving skills are much more important than a student’s major
  • Active and engaged work experience is much more important than learning without application
Guidelines for Hiring Health Promotion Professionals in Higher Education (ACHA, 2014)

Guidelines for Hiring Health Promotion Professionals in Higher Education

Purpose
The American College Health Association (ACHA) supports and recognizes the need for hiring well-qualified health promotion professionals in higher education. Additionally, the Council for the Advancement of Standards in Higher Education (CAS, 2012) and Accreditation Association for Ambulatory Health Care (AAAHC, 2013) indicate that professionals working in the area of health promotion must be appropriately credentialed, trained, and qualified for the position. Recent reviews of position descriptions from across the United States did not reflect the use of these established standards.

In 2008 the ACHA Health Promotion Section developed the Guidelines for Hiring Health Promotion Professionals in Higher Education to encourage and support institutions of higher education (IHE) in hiring the most qualified staff. The second edition includes language that is most closely aligned with the third edition of the Standards of Practice for Health Promotion in Higher Education (ACHA, 2012), sample director-level and health promotion staff-level position descriptions, updated level of experience required for director-level and health promotion staff-level positions for greater alignment with current practice and Council for the Advancement of Standards in Higher Education (CAS) Professional Standards for Higher Education, and MCHES level of certification.

Introduction
The specific purpose of health promotion in higher education is to support student success. In the higher education setting, good health enables student success through the creation of health-supporting environments including both the physical and the social aspects of our surroundings (World Health Organization, 1991). Specific health promotion initiatives aim to expand protective factors and campus strengths, and reduce personal, campus and community health risk factors. This is done in alignment with the missions and values of the institutions of higher education (ACHA, 2012).

Qualified health promotion professionals in higher education possess specific competencies that make them best suited to support student success through the practice of prevention – that is, by preventing the development of personal and campus population-level health problems, while enhancing individual, group, and institutional health and safety. They are competent to:

- develop strategic plans for health promotion that support the unique missions and values of institutions of higher education
- examine and address campus and community health issues at all levels of the socio-ecological model – interpersonal, intrapersonal, institutional, community, and public policy
- engage and collaborate with interdisciplinary partners
- demonstrate cultural competence and inclusivity
Standards of Practice for Health Promotion in Higher Education (ACHA, 2012)
Theoretical Foundations; Gallup-Purdue

Key Findings from the Gallup-Purdue Index

- Study examining workplace engagement, wellbeing and alumni engagement among 30,000+ U.S. graduates
- **Experiences in college have far more impact on graduate wellbeing** than what kind of school attended (public/private, small/large, selective/not)

Graduates who had a professor who:
- cared about them as a person
- made them excited about learning
- encouraged them to pursue their dreams

Odds of thriving in wellbeing and workplace engagement *× 2+

Graduates who feel their college prepared them well for life outside of it

Odds of thriving in all areas of wellbeing *× 2+

“When it comes to finding the secret to success, it’s not ‘where you go,’ it’s ‘how you do it’ that makes all the difference in higher education.”
Let’s Talk!

Question #4

What particular tools have been helpful to you when you have had these opportunities?
Stories from the field

- When one area is doing well, utilize these opportunities to help in other areas:
  - Expansion of sexual violence efforts on campus has helped make connections to other programs
  - Recovery communities – students in recovery need a healthy environment, as do all students
- Linking key initiatives which have brought the same people to the table, who then become champions for multiple efforts.
- Investing in an assessment and evaluation person for student affairs – with the ability to connect to division priorities.
- Connecting with deans in schools of public health and/or related fields.
- Connecting with the *Healthy Campus 2020* movement or larger campus initiatives.
- Employing an all levels-approach – grass roots and buy-in from upper administration.
• The professional and program development components of the Web site guide individuals and programs through a process of assessment and development of action plan(s) based on the Standards of Practice for Health Promotion in Higher Education (SPHPHE).

• Through completion of an individual or program assessment, scores are generated by standard and a blank action plan is provided to guide strategic individual and program development.
Individual Assessment

Select one option for each question that comes closest to your answer. When you have completed the questions, click the 'Submit' button below to view your results. To print your results, please select "Print" in your browser menu bar or hit "CTRL+P".

Please use the following scale for all questions:

4 = Very experienced
3 = Experienced
2 = Developing Experience
1 = Minimal Experience
0 = No experience

Standard 1. Alignment with the Missions of Higher Education

Effective practice of health promotion in higher education requires professionals to align health promotion initiatives with the missions of institutions of higher education. Please rate your level of experience with the objectives of Standard 1.

1.1. Develop a strategic plan for health promotion that supports the unique missions and values of the institution of higher education.
0 0 1 2 3 4

1.2. Design health promotion initiatives that support student success as defined by the institution of higher education.
0 0 1 2 3 4

1.3. Disseminate research that demonstrates the effect of individual health behaviors and environmental health behaviors on student success.
0 0 1 2 3 4

1.4. Advocate for health as a core value of the institution of higher education.
0 0 1 2 3 4

Standard 2. Sociocultural-Based Practice

Effective practice of health promotion in higher education requires professionals to understand and apply a sociocultural approach. Please rate your level of experience with the objectives of Standard 2.

2.1. Review professional literature on sociocultural planning models.
0 0 1 2 3 4

2.2. Examine and address campus and community health issues at all levels of the sociocultural model - interpersonal, intergroup, institutional, community, and public policy.
0 0 1 2 3 4

2.3. Focus primarily on transforming the campus and community environments through population-level initiatives.
0 0 1 2 3 4

2.4. Build upon the interrelationships and interdependencies among the members and systems of the campus and community.
0 0 1 2 3 4

2.5. Advocate for campus, local, state, and national policies that address campus and community health.
0 0 1 2 3 4
Your Results

Thank you for completing the Individual Assessment. The range of possible scores is from 0 to 4, with 4 being the highest level reflection of the standards.

After your score is calculated for each standard, your next step is to complete your Individual Action Plan to increase your capability to effectively practice health promotion in higher education.

Where you identify room for growth based on your scores, we encourage you to visit the related standards page(s) and go to the Learn, Observe, and Perform links where you will find key articles, documents, strategies, and models used at other institutions, templates that you can use in your daily work, and more. We encourage you to explore these resources that have been handpicked by leaders in the field to assist you in crafting your Individual Action Plan and guide your professional development.

Standard 1. Alignment with the Missions of Higher Education
Your Average Score: 1.6

Standard 2. Socioecological-Based Practice
Your Average Score: 1.00

Standard 3. Collaborative Practice
Your Average Score: NaN

Standard 4. Cultural Competency
Your Average Score: 1.25

Standard 5. Theory-Based Practice
Your Average Score: 1.60

Standard 6. Evidence-Informed Practice
Your Average Score: 0.86

Standard 7. Continuing Professional Development and Service
Your Average Score: 1.50
Professional Development

Individual Action Plan

Your Individual Action Plan(s) provides you with a systematic approach for developing and strengthening your current level of knowledge, skill, and experience specific to the standards. The following guidelines are meant to assist you in getting the maximum benefit out of your Individual Action Plan(s).

Guidelines for use:

• Review your Individual Assessment.

• Identify your current and desired level of experience in each standard. If you are brand new to the field, it may be unrealistic to reach “Very Experienced” - Level 4, during one review period.

• Select the standard(s) that you would like to work on. Where you identify room for growth based on your scores, we encourage you to visit the related standards page(s) and go to the Learn, Observe, and Perform links where you will find key articles and documents, strategies and models used at other institutions, templates that you can use in your daily work, and more. We encourage you to explore these resources that have been handpicked by leaders in the field to assist you in crafting your Individual Action Plan and guide your professional development.

• Keep an electronic or paper copy of your Individual Action Plan(s) as well as any supporting evidence or artifacts that demonstrate completion of your goal.
VIA: Professional and Program Development
C. Resources and Support

Identify the resources and support you need to accomplish your professional development.


D. Evidence of Completion

Identify tangible artifacts that document your completion of this professional development process. Keep electronic or paper copies of this evidence with this Individual Action Plan.


E. Evaluation

How was your current practice enhanced by this professional development process? What did you learn? What will you integrate into your work?
VIA: Using the Professional Development Action Plan

- Both supervisor and staff member complete the assessment, discuss and identify discrepancies.
- Integrate the staff member self-assessment into the performance appraisal process and include progress points into subsequent appraisal processes.
- Develop a professional development plan for the staff member that also includes trainings, conferences, leadership opportunities and departmental responsibilities that will allow the staff member to develop skills in the identified area(s).
- Create staff dyads to provide ongoing check-ins and relationship-building among staff members.
• Complete the assessment from your own perspective as the department manager.
• Facilitate a discussion with your staff and develop a consensus score for each objective.
• Instruct each staff member to individually assess how the program reflects each objective and average the scores, share and discuss.
• Establish a departmental action plan that engages all staff members in the process.
  • Utilize routine staff meeting time to include discussion about progress points toward the action plan.
  • Integrate progress points into departmental annual report process.
  • Utilize end-of-year planning time to training, outcome presentation(s), and closing the loop on the past year’s progress points.
Wrap Up

Have questions?
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Want to continue the conversation?
Wellness & Health Promotion Knowledge Community - NASPA
Health Promotion Section - American College Health Association


• Council for the Advancement of Standards in Higher Education (CAS) standards available through American College Health Association membership:
  • Alcohol & Other Drug Programs
  • Health Promotion Services
  • Clinical Health Services


• Kreuter, M. Health is not the benefit. CDCynergy Social Marketing Program. http://www.healthedpartners.org/ceu/sm/Cdcynergy/Content/activeinformation/videos/video30_kreuter.htm

