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INFLUENCING COLLEGE STUDENTS’ INFLUENZA VACCINE RATES WITH TEXT MESSAGES

Catherine Healy Sharbaugh, DNP, MN, CRNP, Haverford College

THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) recommends an annual influenza vaccine for all persons over six months of age, yet a disappointing rate of only 26% of adults aged 18 and older and only 40% of college students receive vaccinations for seasonal influenza. These rates are far from the 70% target set by the U.S. Department of Health and Human Services for Healthy People 2020 (Office of Disease Prevention and Health Promotion, 2013) or the 50% target goal set by ACHA’s Healthy Campus 2020 (ACHA, 2010).

Without influenza vaccination, college students risk campus-wide flu outbreaks, as well as serious academic consequences. Unfortunately, many students doubt their vulnerability to influenza, and others lack the scientific knowledge that in fact, the vaccine is safe.

Historically, it has not been easy to motivate healthy college students to get vaccinated against the flu as a preventative measure. This was the case in the 2009 H1N1 pandemic outbreak, with approximately 270,000 hospitalizations and 12,260 total deaths, of which 1,270 were people under 18 years of age. Unfortunately, only 8% of young adults elected to get the H1N1 vaccine, and this low vaccination rate put young adults at risk of harm (CDC, 2010). Threats of severe influenza and death—

FLU VACCINE continues on page 10

LIVEWELLNYU: STRATEGIES TO ENGAGE THE “UN-ENGAGEABLE”

Allison Smith, MPA, Kayla Sargent, and Zachary Harrell, MA, New York University

WITH MORE THAN 50,000 STUDENTS; 16,000 EMPLOYEES; THREE degree-granting campuses in New York City, Abu Dhabi, and Shanghai; and programs in more than 25 countries, New York University (NYU) is one of the largest private universities in the United States. New York City itself serves as the primary campus for the university—its buildings are situated on city blocks and identified by exterior flags, with no campus gates enclosing the community.

The heterogeneity of NYU’s student body—its diversity of race, ethnicity, country of origin, socioeconomic status, sexual orientation, gender identity, and even course of study—makes it especially critical for NYU to adapt carefully to meet the specific needs of all students across multiple continents.

RATIONALE FOR A NEW APPROACH

Despite the expansive, accessible, high-quality services available to all students, data from previous ACHA-National College Health Assessment surveys of NYU students demonstrated disparities in health outcomes among different groups of NYU students: 1) there is a significant incongruence between students’ self-perceptions of being healthy and their

LIVEWELLNYU continues on page 14

THE OFFICIAL NEWSLETTER OF THE ACHA American College Health Association advocacy • education • research
The University of Virginia 2016 V. Shamim Sisson Ally of the Year Award

The University of Virginia LGBTQ Center has awarded Elke Zschaebitz, DNP, FNP, and her colleague Nancy Lutz, NP, the 2016 V. Shamim Sisson Ally of the Year Award. This award recognizes members of the University of Virginia community who have gone above and beyond in their daily life in supporting the LGBTQ community and furthering the rights and acceptance of queer-identified individuals at the University of Virginia and beyond.

Elke and Nancy were recognized for their work in the inclusive Transgender Health Clinic at UVA, which includes general medicine, counseling and psychological services, and gynecological services. They also have strong connections to the community through the Transgender Health Care Alliance of Central Virginia, which as a health provider network with a mission to ensure affordable, respectful, comprehensive health care for every member of the transgender community through education, advocacy, and outreach.

Scott Rheinheimer, assistant director of UVA LGBTQ Student Services, said, “This award brings necessary attention to the important role that allies play in the fight for equality, social justice, and the acceptance of the LGBTQ community. We, as a community, were moved by [Elke and Nancy’s] actions on general inclusion regarding greater and easier access to health care through new clinical offerings. [They] have placed UVA in a supportive, progressive, and competitive position as an institution, which we believe strengthens us as a whole. Without [their] actions, we would not be celebrating further inclusion and respect for all members of the university.”

Information courtesy of Elke Zschaebitz, DNP, FNP, University of Virginia

21 Pennsylvania ACHA Institutional Members Receive “It’s On Us PA” Grants

As part of his administration’s “It’s On Us PA” campaign, Pennsylvania Governor Tom Wolf announced that 36 postsecondary institutions in Pennsylvania were awarded nearly $1 million in grants to address campus sexual assault. Many of those institutions were ACHA members at the time they received the grant.

The grants of up to $30,000 each were awarded to postsecondary institutions across the state— including community colleges and independent and public 2- and 4-year colleges and universities—to implement strategies on their campuses that address goals of the governor’s “It’s On Us PA” campaign, which include:

1. Improve awareness, prevention, reporting, and response systems regarding sexual violence in schools, colleges, and universities to better serve all students.
2. Remove/reduce barriers that prevent survivors of sexual violence from reporting and/or accessing vital resources by creating a more consistent, empowering reporting process for student survivors of gender-based violence.
3. Demonstrate significant, proactive, and sustainable leadership to change a campus culture by challenging Pennsylvania’s education leaders—including college and university presidents, superintendents—as well as students, teachers, faculty, staff, families, and communities to pledge to improve their institutions’ climate.

Programs or activities that were considered for funding included campus-wide training for students, faculty and staff; institutional campaigns to raise awareness and understanding of the reporting process and resources available to and rights of survivors of sexual violence; programs that enhance awareness of available resources and students’ rights or seek to increase mechanisms for anonymous reporting; and efforts to improve capacity to collect federal- or state-required data.

The 21 ACHA institutional members selected for “It’s On Us PA” grants are:

- California University of Pennsylvania
- Delaware Valley University
- Franklin & Marshall College

While not a glamorous term, the concept of a data warehouse is very simple. From a technical perspective, the ACHA Data Warehouse will be a centralized repository of data that will automatically pull information from various systems in order to report on or analyze it in a centralized place. An example would be to work with our electronic health record system vendors to develop a common method to share certain data automatically, while maintaining the privacy of your students. Your existing EHRs will continue to work in exactly the same way as they have, but college health will gain the ability to assemble de-identified data together across universities in one place. This data can be used to improve the health of student populations.

However, EHRs are not the only source of data we plan to consider in the data warehouse. As many of you know, ACHA has been administering the National College Health Assessment (NCHA) for many years. That data, along with data from past utilization surveys, salary surveys, and the newer patient satisfaction survey, can also be placed in the data warehouse.

The power of a data warehouse lies in our collective ability to gather the data from universities across the country—in fact, across the world—and to put that together to develop new research, practice, and policy insights.

Examples of Data Needs

We recognize in our daily work how more complete and integrated data could improve college health. For example, think of all the questions regularly posted to the SHS listserv—salary questions, practice questions, policy questions, and billing questions—that could be answered far more comprehensively through data that is nationally or regionally representative. Furthermore, in current ACHA health center utilization surveys, the response size is relatively small and the data is not connected to other information such as clinical or population outcomes. Surveys are static, one-time snapshots that
don’t show change over time. Through the creation of a data warehouse, we can gain a greater and more complete picture of the challenges and innovative practices than we currently have today by collecting, retaining, and analyzing a much larger data set.

**Stages of Development**

We envision that this project will be completed over several phases. Our first phase is to work with our member institutions and existing data sources. For example, various use cases surrounding population health/wellness, clinical (medical and mental health) and billing data that could be obtained from EHR systems and linked to institutional and student population demographics through known unique IDs (using the IPEDS number).

An important part of this phase is determining our member institutions’ needs for the data and working to develop a common query and reporting infrastructure that allows members direct access to the data and reports. Putting in place robust governance and oversight structure to ensure compliance with FERPA and HIPAA, ensure the highest standards of privacy, and make sure that the data is working to advance the college health mission is paramount.

Other sources of data that must be integrated include the data that ACHA currently gathers (e.g., NCHA, past utilization and salary surveys, and patient satisfaction). This data will also be matched by an IPEDS ID in order to create the integrated data that support robust analysis and insights.

Finally, we will want work with other outside data sources we could use to help enrich our research and practice. For example, this could be data around institutional graduation rates that are available through the Department of Education (e.g., IPEDS).

**Next Steps**

In December of 2016, we identified the team leaders and team members of each of the teams working on various aspects of the data warehouse. Each team is currently meeting and working to answer initial questions regarding the identification of the needs of users, identification of the types and quality of existing data, and various funding models to support the program going forward.

In early February, the leaders of the data warehouse initiative met face-to-face and will continue work on the development of the first phase. At the same time, we will be working to identify outside funding sources to help offset the cost of the development of the data warehouse. While it’s difficult to predict how long it will take to fully implement a project of this magnitude, we hope to have the first phase in production over the next two to three years.

**How You Can Help**

We definitely could use your help! First, if your institution is interested in serving as an early pilot for the first phase, please contact us. While we are not yet close to pilot testing, we would like to identify institutions that have interest and can commit the resources to serve as a pilot. If you wish to be considered, please contact ACHA Chief Research Officer Mary Hoban at mhb@acha.org.

Another way you can help is by assisting ACHA in identifying funding sources. Some of our member institutions have endowments that may wish to contribute to the effort or some of you may know external funding partners (e.g., foundations) that may also wish to help fund the initiative. If you have any funding leads, please share them with us. Contact ACHA CEO Devin Jopp at djopp@acha.org.

**Concluding Thoughts**

Finally, we would like to take a moment to thank all of the leaders that have stepped forward to bring their talent to bear on this critically important project. They include:

**Overall Project Lead:** Sarah Van Orman, MD, MMM
University of Wisconsin-Madison

**ACHA Benchmarking Advisory Committee Liaison:**
Carlo Ciotoli, MD, MPA
New York University

**Exhibit 1: Phased approach to data warehouse implementation**
Make an impact in college health by joining an ACHA coalition.

- Join forces with other college health professionals to address the diverse issues affecting the health of college students
- Provide your unique expertise to help expand the influence of college health
- Assist ACHA in promoting healthy campus communities and fulfilling its mission to advance the health of college students

Please consider joining one or more of these coalitions:

- Alcohol, Tobacco, and Other Drugs Coalition
- Campus Safety and Violence Coalition
- Coalition for the Wellness Needs of Military Veteran Students
- Emerging Public Health Threats and Emergency Response Coalition
- Ethnic Diversity Coalition
- Faculty and Staff Health and Wellness Coalition
- Healthy Campus Coalition
- Health Information Management Coalition
- LGBTQ+ Health Coalition
- Sexual Health Education and Clinical Care Coalition
- Spirituality, Religion, and Student Health Coalition
- Student Health Insurance/Benefits Plans Coalition

To join an ACHA coalition, visit www.acha.org and log in to your online account. Open your account profile, select the "My Preferences" tab, and select the coalition(s) you’d like to join.

Your vote is important!

The ACHA National Election launches March 20th.

Elected leaders help ACHA expand its position as the principal leadership organization for advancing the health and wellness of college students and campus communities.

Visit www.acha.org/Elections to vote for association officers, regional representatives, and section officers.

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Innovate
“Our meeting theme says it all — IGNITING INNOVATION. And we’re planning to do just that, with inspiring speakers, meaningful networking opportunities, and over 150 educational sessions designed to help us advance the health and wellness of students and our campus communities. Join us at the new Crowdsourcing Sessions and Aspire: ACHA Mentoring sessions to hear challenges and success stories from your peers. Also check out more than 50 Poster Displays for best practices in programming and exciting new research taking place on campuses across the country. I’m looking forward to seeing you in Austin!”
Jamie Davidson, PhD, FACHA
ACHA President

Connect
“One of the things I enjoy the most about the ACHA Annual Meeting is the opportunity to connect with college health professionals from across the country. This year we’re offering even more networking events to help us connect with our peers, share best practices, discuss common challenges, and make the connections we need to advance our field. You’ll have plenty of opportunities for networking, including the Newcomers’ Orientation, Coalition Meetings, Section and Affiliate Networking Meetings, and the Opening Reception: Celebrating Diversity.”
Mike Huey, MD
ACHA President-elect

Expand
“As Program Chair for the 2017 meeting, I am thrilled about the educational sessions we have planned—innovative, inspiring, collaborative sessions that address the issues we face daily on our campuses. And we’ve worked hard to make the programming as interactive as possible, so we’re counting on you to share, discuss, and debate with your colleagues. Don’t miss the Keynote Address, featuring William McRaven, chancellor of the University of Texas system and a retired U.S. Navy four-star admiral; the Dorosin Memorial Lecture, featuring Keith Maddox, PhD, from Tufts University; and the Presidential Session, featuring Eric Deggan from NPR.”
Susan Hochman, MPH, CHES
Chair, 2017 Annual Meeting Program Planning Committee

AHA is bringing the knowledge and training you need to our 2017 Annual Meeting! Join nearly 2,000 college health professionals for a program by and for college health innovators.

Highlights
• More than 150 sessions and workshops featuring progressive strategies, best practices, new research, and emerging trends
• Networking opportunities within a dynamic community of college health experts and peers
• Up to 26 hours of CE credit for multiple disciplines
• Discounted registration fees for ACHA members

We can’t wait to see you in Austin!
Austin is a wonderfully weird city you won’t want to miss! It’s laid back but exciting, charming but funky. It’s a diverse city best known for breakfast tacos, bats, food trucks, and live music, and you can’t help but have fun when you visit!

Register by April 10 for the best rates.
ACHA individual members receive at least 40% off!

More details available at www.acha.org/AnnualMeeting17

Innovate – as a result of last year’s meeting, 86% of surveyed attendees said they were inspired to make a change as a result of the meeting

Connect with nearly 2,000 colleagues

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Healthy Campus partners are a diverse, motivated group of institutions of higher education and organizations committed to achieving Healthy Campus 2020 goals and objectives. Partners work every day to move campuses toward better health.

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Learn more: www.acha.org/healthy Campuses

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Take the pledge and become a Healthy Campus partner!
Emotional Support Animals on Campus

Barbara Tyler, MD, MPH, Texas A&M University; Lori Donald, EdD, ATC, MCHES, F-AAHE, American Public University. This article represents the personal viewpoint of the author(s).

In spring 2016, the ACHA-National College Health Assessment found that approximately 36% of students reported that at any time within the last 12 months, they felt so depressed that it was difficult to function; nearly 58% reported feeling overwhelmed with anxiety; and almost 10% reported seriously considering suicide. The same survey revealed that 17% reported they had been diagnosed with or treated for anxiety while almost 4% had been diagnosed with or treated for depression (American College Health Association, 2016). Clearly, anxiety and depression are serious problems among today’s college students.

While some students may choose medication as their method of treatment, others may choose non-pharmacological intervention—or either as a first line treatment or after trying medication that failed to deliver the desired outcomes or caused undesirable side effects. There are several types of non-pharmacological intervention, one of which is the use of emotional support animals.

Emotional support animals (ESAs) are animals—not limited to dogs, but also cats, ferrets, and other species, including reptiles—that provide comfort and companionship to people. ESAs are not considered service animals under the Americans with Disabilities Act (ADA). A service animal is defined by the ADA as “any dog that is individually trained to do work or perform tasks for the benefit of individuals with disabilities,” while disability defined is “a physical or mental impairment that substantially limits one or more major life activities of [an] individual.”

Dogs, with the exception of some miniature horses, are the only animals the ADA will recognize as a service animal. On the other hand, ESAs can be any type of animal, and although they provide comfort and support, unlike service animals, they are not trained to assist people with disabilities with specific tasks. ESAs do not need specific training and they do not need to display any particular type of temperament. It is also of interest to note that like the ADA, the American Kennel Club (AKC) does not recognize ESAs.

Another classification of animal is the therapy animal. Like ESAs, these animals can also be any species (though many are dogs), but unlike ESAs, the AKC does recognize therapy dogs. A therapy dog is a dog that has gone through a variety of classes, been tested for temperament and executability by an AKC-recognized dog tester, and been deemed to meet all other necessary qualifications. Therapy dogs, along with their owners, often visit nursing homes, pediatric hospital wards, and elementary school reading programs. They are the dogs you might see on campus providing comfort and stress relief to students during exam times.

Service dogs are not therapy dogs or ESAs, and therapy dogs and ESAs are not service dogs. Service dogs have special privileges, such as being able to accompany their owners/teammates into restaurants or other public buildings. On the other hand, therapy dogs do not have special privileges and cannot go into restaurants, but can go into public buildings like nursing homes if they are on a leash and with their owners the entire time. Because of these differences, it is considered unethical for owners of therapy dogs or ESAs to say their dogs are service dogs for the sole purpose of taking them into restaurants or other public buildings or events such as a sporting events or music concerts.

Many campuses and residence halls are not pet friendly. Until a few years ago, most colleges that did not otherwise allow pets also did not allow ESAs. Several court cases have since changed this rule. It was decided in these court cases that the Fair Housing Act applied (in most cases) to college residence halls; therefore, residence halls had to allow ESAs in cases where the students had disabilities that could be improved by the presence of an ESA.

This decision, however, raises some important questions. Who should be making these diagnoses? Is it reasonable for a student health center physician in a 15-minute visit to be able to determine if a student they have never seen before is suffering from some type of emotional issue that arises to the level of a disability and would benefit from having an ESA? Should it be left to student counseling services to make this diagnosis? Should the student have to supply documentation from an outside source that an animal is a certified ESA, and who on campus is responsible for determining what should be considered acceptable documentation that an animal has been certified? More fundamentally, how can a university distinguish between a student who has a true disability that could be aided by an ESA from a student who is missing a pet from back home and wants the animal at school?

In looking at this from an ethical rather than legal standpoint, we must look at the principles or beneficence and non-maleficence. We must do good—perhaps good for the individual by allowing them to have an ESA—but we must also do no harm. The individual asking to have an ESA does not exist in a vacuum; it is possible that other students could be harmed by the presence of this animal, so which principle should take precedence?

This tension between beneficence and non-maleficence can arise if a student with an ESA is paired in housing with someone who has a true debilitating phobia of this particular type of animal. Who should be asked to move to another room? Whose disability takes priority over the other? What about a student with an allergy or asthma triggered by exposure to animals? Should that student be accommodated at the same time the university is accommodating the person who needs an ESA? When determining how to address the issue of emotional support animals, perhaps the most important ethical principle to come into play is that of universality. We must ask ourselves, if we use a particular criteria for one student to determine if they have a disability that would benefit from an ESA, are we willing to apply that same criteria to all students equally? Campus administrators need to address this issue and develop policies regarding ESAs that are consistent with the law but also take into account the logistical and ethical issues involved. There needs to be a consistent, recognized documentation process for ESAs that will allow the individual who has a bona fide need for the animal while at the same time taking steps to ensure the designation of ESA is not abused.

Barbara Tyler, MD, Texas A&M University-College Station, is the chair of the ACHA Ethics Committee. Lori Donald, EdD, ATC, MCHES, F-AAHE, American Public University, is a member of the ACHA Ethics Committee. Barbara can be reached at btyler@shs.tamu.edu.

References
actual health behaviors, outcomes, and quality of life indicators; and 2) students may not perceive the need to address many prevalent health issues with a health or mental health professional. As such, it was clear that innovative strategies extending beyond traditional clinical models were needed to successfully foster student well-being. Our goals and questions guiding the development of a new approach were 1) how can we achieve improved population health outcomes? And 2) how can we help students become proactive partners in their health and well-being?

Planning and Development

LiveWellNYU was developed with the input of several hundred students, staff, and faculty. The deliverables of the planning process included a new framework for improving student well-being, a unique brand and identity, engagement strategies, and infrastructure development. Twelve university-wide committees involved approximately 150 members representing students, staff, and faculty in more than 50 departments and organizations, each committee led by one Student Health Center professional and one non-health colegue. A comprehensive literature review, a gap analysis including an inventory of existing efforts, and a scan of effective practices in and out of the health and higher education sectors were conducted. ACHA-NCHA, Healthy Minds, and \textit{www.nyu.edu/live-well-nyu}.

An engaged and supportive community:

LiveWellNYU tries to leverage the touch points on campus that a student encounters through infrastructure and strategies to inspire, mobilize, and empower members of the university community in taking action to influence and support the spectrum of student well-being.  

- The LiveWellNYU Network & Online Action Center engages student organizations to strengthen and integrate health-supporting activities into their existing events and programs. To join the network, at least one executive board member from each organization is required to attend a training that provides opportunities for networking with other organizations, an introduction to LiveWellNYU, and ideas/tips for promoting health among their members and event attendees. Since September 2014, 196 diverse student organizations have joined the network. In return, network organizations gain exclusive access to LiveWellNYU resources for their programs. An online action center promotes student leadership with specific, tangible ideas for actions that maximize the positive impact of their club on members and peers. Visit the action center at www.livewellnyu.com/get-involved.

- Team LiveWellNYU is a volunteer team of NYU students who attend weekly meetings, produce content, operate the photo booth, assist with outreach and marketing on campus, create partnerships with local businesses, and advocate for improvements that influence health outcomes. Last academic year, students contributed 75 pieces of new content for LiveWellNYU.com and volunteered at approximately 81 events.

- The Partners in Prevention website promotes simple actions that individuals within the university community can take to influence students’ health outcomes, improve their quality of life, and contribute to a successful college experience. The goal is to strengthen, diversify, and integrate health-supporting opportunities into existing academic, social, and developmental activities, events, and programs. Suggested actions correspond to LiveWellNYU’s 10 priority areas and are tailored to individuals’ different roles and interactions with students. Examples include healthy menu planning, tips for structuring opportunities that increase students’ social connections, ideas for incorporating physical activity into a course curriculum, and suggestions for timing of academic assignment deadlines and social activities to better facilitate improved sleep.

A dynamic engagement strategy for students:

An intentional effort was made to avoid linking LiveWellNYU to our Student Health Center and other NYU departments; experiences both at NYU and other industries suggest that traditional institutionally driven health resources may not always be the best way to help college students become proactive about their health. As such, the LiveWellNYU engagement strategy is rooted in behavioral economics concepts to facilitate students’ entry into a process of behavior change and help-seeking. The LiveWellNYU brand is branded as a for-students-by-students grassroots movement built around more universally accessible types of content, modalities, and opportunities that are already primary interest to students and that students view as fulfilling, fun, and/or enriching their overall quality of life. Examples of content include photo booth experiences, deals, contests, NYU and New York City events, life hacks, and viral videos. LiveWellNYU marketing campaigns are driven by students and are often unconventional, interactive, and target students in unexpected places. Our goal is to use unique, engaging, and thought-provoking concepts to generate buzz. These approaches build students’ brand loyalty to LiveWellNYU; once connected, students are exposed to health-supporting opportunities, tips, and resources integrated within the overall LiveWellNYU experience.

Results

Last year, 26,634 students attended 213 events or programs led by student organizations in the LiveWellNYU Network that helped attendees improve their overall well-being. Custom questions on the 2015 NYU-NCHA survey demonstrate promising effectiveness of the LiveWellNYU approach:

- 74% of undergraduate students are aware of LiveWellNYU (an 85% increase from 2013); 48% received emails from LiveWellNYU; 40% visited LiveWellNYU.com.

After visiting LiveWellNYU.com, 92% of undergraduate students learned about at least one of the following: a fact, tip, or opportunity to help them be healthy; a Student Health Center/Health Promotion Office program, service, or resource; other campus organizations, offices, resources, or services.

Students who visited LiveWellNYU.com were significantly more likely to say they received information on various health issues.
Appreciating the Past, Anticipating the Future

The beginning of a new calendar year is a great time to reflect on our past while looking forward with optimism to the future.

The American College Health Foundation (ACHF) was established 28 years ago for the purpose of raising funds to cultivate an endowment to support college health. The Foundation’s mission is to promote, improve, and advance the health, well-being, and overall success of college students. ACHF accomplishes this goal by funding sustainable college health initiatives and programs relating to advocacy, education, research, and professional development. Much has been accomplished since the Foundation’s inception, including the on-going development of the endowment fund and the expansion of various fund-raising opportunities that benefit the field of college health.

Contributions to ACHF’s endowment fund are distributed among its 11 named funds, which are based on the various needs of the association and areas of interest to donors. We are grateful to the many individuals, groups, affiliates, organizations, and corporate donors whose generous contributions have made possible the steady growth of the endowment fund, along with increased annual earnings that continue to support areas of college health and wellness that benefit our students.

ACHF leadership envisions additional opportunities to celebrate the past and prepare for the future in the year 2020 when we recognize ACHA’s 100th anniversary. Plans are already in motion to partner with the ACHA Board of Directors to create opportunities to commemorate this special occasion while also exploring new ways to expand ACHF funding. Interested members are encouraged to become part of the creative process to reach these goals. Please contact Marthea Proudfoot at mproudfoot@acha.org for information on how you can become involved. All ideas are welcome!

Funding New Directions

The ACHF Board of Directors is pleased to announce that the Stephan D. Weiss, PhD, Mental Health Fund for Higher Education will be providing funding on an annual basis to support the Dorosin Memorial Lectures at the ACHA Annual Meetings. Fund benefactor Dr. Stephan D. Weiss requested approval from the ACHF Board to designate earnings from his named fund to support the lectures each year for as long as they are part of annual meeting programming. Dr. Weiss attends the Dorosin lectures each year and has been impressed with the distinguished speakers selected and the excellent content of the lectures. He has made arrangements to provide permanent, on-going support for these lectures henceforth.

The Dorosin Memorial Lecture was established in 1984 by members of the ACHA Mental Health Section in memory of Dr. David Dorosin, who passed away suddenly in 1984 at the age of 51. He was a highly respected ACHA member and director of the combined counseling and psychological services at Stanford University’s Cowell Student Health Center (now the Vaden Health Center). Donations to the Dr. Weiss Mental Health Fund for Higher Education help support the Foundation’s sponsorship of the Dorosin Lectures and other activities related to mental health on college campuses.

Supporting Your Purpose

The purpose of ACHF fundraising initiatives is to support your efforts in improving the health and wellness of college students. This is why we often refer to ACHF as “Your Foundation”—our purpose is to support what you do! How can you help? Consider making a contribution to your foundation that will help sustain our mission and expand our efforts to positively impact even more students. Gifts of all sizes are meaningful and truly do make a difference. Donors with cumulative contributions of $500 or more are recognized at different giving levels, which are listed on the ACHA website and are also on display at the ACHA Annual Meetings. All donations are gifts that give forever; they are invested in one of the Foundation’s Endowment funds to provide support for various areas of college health. For more information on how to make a donation, visit www.acha.org/ACHF.

Meet the ACHF Board!

Oversight and direction for ACHF activities is provided by a 12-member, all-volunteer Board of Directors. Additional direction and support are provided by ACHAs chief executive officer and a part-time administrative coordinator. The following is a list of the officers and members of the ACHF Board:

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ACHF Board member since 1998

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Learn more about your foundation at www.acha.org/ACHF

ACHF continued from page 16

Dr. Stephan D. Weiss

Visit www.acha.org/ACHf.

Please consider the Foundation when you make your charitable giving decisions!

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ACHF continued on next page

Supporting Your Purpose

The purpose of ACHF fundraising initiatives is to support your efforts in improving the health and wellness of college students. This is why we often refer to ACHF as “Your Foundation”—our purpose is to support what you do! How can you help? Consider making a contribution to your foundation that will help sustain our mission and expand our efforts to positively impact even more students. Gifts of all sizes are meaningful and truly do make a difference. Donors with cumulative contributions of $500 or more are recognized at different giving levels, which are listed on the ACHA website and are also on display at the ACHA Annual Meetings. All donations are gifts that give forever; they are invested in one of the Foundation’s Endowment funds to provide support for various areas of college health. For more information on how to make a donation, visit www.acha.org/ACHF.
Discover the benefits of ACHA membership!

ACHA members strengthen and increase the visibility of college health on campus and in the general community. In addition, numerous resources and professional and personal development opportunities are available to members at a discounted price.

**Individual Members can take advantage of these benefits and more:**

- The highest discounts on registration fees for ACHA annual meetings, the nation’s largest conference for college health professionals.
- Access to ACHA’s Framework for a Comprehensive College Health Program, a unique resource to help you develop or improve your health service.
- Free automatic membership in your regional affiliate; connect with colleagues in your area and stay abreast of regional college health issues, activities, and events.
- A free subscription to the *Journal of American College Health*, the only scholarly publication devoted entirely to college students’ health—a $162 value!
- Discounts on ACHA’s series of health information brochures and the *College Health Salary and Staffing Survey Report*.
- Save up to 40% on ACHA’s Online CE Programs.
- Apply for funding and monetary prizes/awards from the American College Health Foundation.

**Institutional Members receive the same benefits as Individual Members—plus:**

- The highest discount on ACHA brochures for college students.
- Substantial savings on participation in ACHA’s programs and services that help you and your institution provide your students with the highest quality health services!
- $100 off the full set of session recordings from ACHA annual meetings.
- Free online continuing education credits to all Individual Members at Member Institutions.

Visit [www.acha.org/membership](http://www.acha.org/membership) for a full list of member benefits!

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**ACHA-PSAS**

American College Health Association Patient Satisfaction Assessment Service

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- Our surveys are consultative not just a checklist.

Visit [www.acha.org/PSAS](http://www.acha.org/PSAS) to learn more.
Montclair State University Takes Initial Steps toward a 100% Tobacco-Free Campus

Montclair State University has been awarded a $19,415 grant as part of the American Cancer Society and the CVS Health Foundation’s Tobacco-Free Generation Campus Initiative (TFGCI), a $3.6 million, multi-year program intended to accelerate and expand the eventual adoption and implementation of 100 percent smoke-and-tobacco-free campus policies. Montclair State University is among the first 20 institutions nationwide to receive the funding and is the only grantee in New Jersey.

With the funding, Montclair State will launch Tobacco Free Red Hawks—a program designed to engage and educate the campus community about the health and lifestyle issues related to tobacco and smoking. Focusing primarily on its 21,000 students, the initiative will include outreach events and smoking cessation groups with the ultimate goal of becoming a completely tobacco-free campus.

“The goal of Tobacco Free Red Hawks is to engage and educate the campus community and support those who are looking to make lifestyle changes,” says Montclair State University Coordinator of Health Promotion Marie Cascarano. “The University feels strongly about its role in creating a healthy living, learning, and working environment for all students, faculty and staff, and this initiative is another way to act on that institutional commitment.”

The grants—which are distributed to colleges and universities across the United States—are intended to address a critical, unmet need by helping colleges and universities work towards the ultimate goal of becoming 100 percent smoke- and tobacco-free over the course of three years. Of the 4,700 higher education institutions in the United States, currently only 1,427 are 100 percent smoke- and tobacco-free.

“In collaboration with other student development and campus life partners, the Montclair State University Office of Health Promotion has been working toward creating healthy tobacco-free lifestyles since 2011,” explained Karen L. Pennington, vice president for student development and campus life. “The University Senate charged the Campus Tobacco Task Force in 2012, and in fall of 2015 approved a recommendation that Montclair State adopt a 100 percent tobacco-free campus policy—including a ban on vapor and e-cigarette products. This grant will enable us to incorporate proven strategies and move toward ultimately becoming a tobacco-free campus.”

TFGCI is part of “Be The First,” CVS Health’s five-year, $50 million initiative that uses education, advocacy, tobacco control, and healthy behavior programming to help deliver the nation’s first tobacco-free generation and extend the company’s larger commitment to help people lead tobacco-free lives.

Source: Montclair State University News, November 14, 2016

SAMHSA to Provide Up to $77.2 Million in Grants for SBIRT Programs

The Substance Abuse and Mental Health Services Administration (SAMHSA) is providing up to $77.2 million in funding over several years to programs promoting screening, brief intervention and referral to treatment (SBIRT) programs. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

SBIRT enables health care workers in primary care centers, hospital emergency rooms, trauma centers, and other community settings to better identify the signs of underlying substance use problems and provide opportunities for early intervention with at-risk substance users before more severe consequences occur. These grants will support implementation of SBIRT services for adults in primary care and community health settings for substance misuse and substance use disorders. This program is designed to expand/enhance the state and tribal continuum of care for substance use disorder services and reduce alcohol and other drug consumption, reduce the negative health impact, increase abstinence, reduce costly health care utilization and promote sustainability, and the integration of behavioral health and primary care services through the use of health information technology. It also seeks to identify and sustain systems and policy changes to increase access to treatment in generalist and specialist settings and increase the number of individuals accessing services through technological means.

SBIRT Student Training Grants will support the development and implementation of training programs to teach students in health professions (physician assistants, dentists, psychologists, pharmacists, nurses, social workers, counselors, and medical students and residents) the skills necessary to provide evidence-based screening and brief intervention. It also teaches students in health professions how to effectively refer patients who are at risk for a substance use disorder to appropriate treatment. More information about SAMHSA grants is available at www.samhsa.gov/grants.

Source: Substance Abuse and Mental Health Services Administration, Press Announcement, November 9, 2016

Surgeon General Issues Landmark Report on Alcohol, Drugs, and Health

A new Surgeon General’s report finds alcohol and drug misuse and severe substance use disorders, commonly called addiction, to be one of America’s most pressing public health concerns. Nearly 21 million Americans—more than the number of people who have all cancers combined—suffer from substance use disorders.

“Alcohol and drug addiction take an enormous toll on individuals, families, and communities,” said U.S. Surgeon General Dr. Vivek Murthy. “Most Americans know someone who has touched by an alcohol or a drug use disorder. Yet 90 percent of people with a substance use disorder are not getting treatment. That has to change.”

The new report, Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, marks the first time a U.S. Surgeon General has dedicated a report to substance misuse and related disorders. The report addresses alcohol, illicit drugs, and prescription drug misuse, with chapters dedicated to neurobiology, prevention, treatment, recovery, health systems integration, and recommendations for the future. It provides an in-depth look at the science of substance use disorders and addiction, calls for a cultural shift in the way Americans talk about the issue, and recommends actions we can take to prevent and treat these conditions and promote recovery.

One in seven people in the U.S. is expected to develop a substance use disorder at some point in their lives. Yet only one in ten receives treatment. Among other things, the report shows that substance use disorders typically develop over time, following repeated episodes of misuse that result in changes to the brain circuitry.

The report makes clear that substance misuse—which includes use of a substance in any way that can cause harm to oneself or others—is an underecognized but critical public health challenge that can lead to substance use disorders, such as addiction. In 2015, nearly 48 million Americans used an illicit drug or misused a prescription medication, approximately 67 million reported binge drinking in the past month, and nearly 28 million self-reported driving under the influence in the past year. This large, at-risk population of Americans can benefit from appropriate screening, prevention, and treatment services.

“Although substance misuse problems and use disorders may occur at any age, adolescence and young adulthood are particularly critical at-risk periods,” Dr. Murthy said. “Preventing or even simply delaying young people from trying substances is important to reducing the likelihood of a use disorder later in life.”

The report identifies substance use disorders as a public health problem that requires a public health solution. It recommends taking action by eradicating negative attitudes and changing the way people think about substance use disorders; recognizing substance misuse and intervening early; and expanding access to treatment.

For the full report and executive summary, visit http://addiction.surgeongeneral.gov/.

Source: U.S. Department of Health and Human Services; Press Release, November 17, 2016

For Your INFORMATION

We value the contributions our members make in the field of college health and on their campuses.

Submit your member news and/or feature article ideas to Danielle Woodard at dwoodard@acha.org.

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- Pennsylvania State University
- Slippery Rock University
- Temple University
- The Commonwealth Medical College
- The University of Scranton
- University of Pittsburgh
- University of Pittsburgh at Bradford
- University of the Sciences in Philadelphia
- Westminster College
- Wilkes University
- York College of Pennsylvania

Source: It’s on Us PA; Press Release, November 26, 2016

The American College Health Association is the leading national association for college health professionals committed to improving the health and well-being of higher education students. This is a membership organization that promotes professional development, high standards of professional performance, and the establishment of an ongoing professional collaboration between college health and the larger health care community. The ACHA provides leadership and support in the areas of professional development, new information, practice enhancement, and networking for its members. ACHA assists its members through its professional practice, educational programming, and advocacy initiatives. ACHA is a member of the American Public Health Association. The ACHA website is http://www.acha.org.

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www.acha-ncha.org
ACHA Dates to Remember

March 20–April 20
Vote for officers, regional representatives, and section leaders in the ACHA National Election:
www.acha.org/Elections

April 10
Annual meeting early bird registration ends (membership must be current to receive discount):
www.acha.org/AnnualMeeting17

May 8
Annual Meeting pre-registration ends (after this date, you must register on-site):
www.acha.org/AnnualMeeting17

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