



ACHA Best Practices in College Health Award

Adapted from the Pacific Coast College Health Association's Golden Gull Awards for Best Practices in College Health.

Award Overview:

This award recognizes exemplary, innovative, and inspirational practices in one of four major areas of college health: (1) clinical services, (2) counseling services, (3) administrative and consumer services, and (4) health education and promotion services.

Up to four awards will be presented each year to a student health center(s) that demonstrates program and/or services excellence. More than one recipient is allowed in a category.

All nominations must be received by the ACHA National Office by the date listed here:

https://www.acha.org/ACHA/About/ACHA/About/Best_Practices_Noms.aspx

Program Eligibility for Nomination:

- Programs and services may be self-nominated or peer-nominated.
- All nominated programs must be consistent with the mission and vision of ACHA.
- Programs should emphasize diversity and cultural competency whenever practical.
- Nominated programs must be implemented at an ACHA member institution or have an individual member of ACHA directly involved with the creation and/or implementation of the program by the time of selection by the Awards Committee.

Program Evaluation Criteria:

- The program will be evaluated on how innovative it is and on its uniqueness.
- The description of the program should include the number of students the program has impacted and what percent of the targeted population this is.
- Data is to be presented on the outcome and effectiveness of the program.

The awards will be given each year in one or more of the following categories:

- **Clinical Services** may include medical care, nursing, pharmacy, laboratory, immunization, travel clinic, dietetics, radiology, specialty care, physical therapy, emergency care, alternative therapy, etc.
- **Administrative and Consumer Services** may include patient satisfaction, insurance, quality management, appointments, medical records, information technology, human resources, professional development and training services, etc.
- **Counseling Services** may include psychiatry, psychology, social work, and other mental health services that are provided at the student health center or the counseling center of an ACHA member institution.
- **Health Education and Promotion Services** may include peer education, university and community outreach, workshops and presentations, survey and data collection, etc.

Some Ideas to Consider (*all areas do not need to be addressed*):

- Does the program promote healthy lifestyles that will have a positive impact on the decision-making development of students?
- Does the program involve collaborative efforts within the university, student affairs, and academic affairs to help promote retention and improve student's performance?
- Does the program involve diverse populations within the college or university?
- Does the program encourage or facilitate the improvement of college health practices?

Expectations for Award Recipients:

Recipients are expected to present information about their program, including data on the outcome and effectiveness, in the year after receiving the Best Practices Award. Please email education@acha.org who can put you in touch with the correct staff for more information. Options include:

- Submit a program or poster proposal for the next ACHA Annual Meeting. (Subject to ACHA Program Planning Committee selection process; not guaranteed to be selected.)
- Write an article for an ACHA publication or website.
- Conduct a webinar.
- Submit a manuscript for consideration to the *Journal of American College Health*. (Subject to interest and acceptance by the JACH editorial review board; not guaranteed to be published.)

To submit your nomination or for details about these requirements, please email to membership@acha.org.

Nomination Form

ACHA Award for Best Practices in College Health

To submit your nomination, complete this form, compile required letters of support, and send as one packet to membership@acha.org.

Name of Nominated Program: _____

Nominated Program Contact

Program Contact Name: _____ Title: _____

Institution: _____

Mailing Address: _____

Email: _____ Phone: _____

Nominator

Name: _____ Title: _____

Institution: _____

Email: _____ Phone: _____

Does the nominated program: *(Please check all that apply)*

- Have an individual ACHA member directly involved?
- Reside at an ACHA member institution?

Is this a self-nomination? yes no

Are you or someone directly involved with the program: *(Please check all that apply)*

- An individual ACHA member?
- At an ACHA member institution?

Nominated programs must be implemented at an ACHA member institution or have an individual member of ACHA directly involved with the creation and/or implementation of the program.

Award Category: *(Please check only one)*

- Clinical Services
- Counseling Services
- Health Education and Promotion Services
- Administrative and Consumer Services

Please complete the following information about the program:

Program Evaluation:

1. How long has the program been in effect? _____
2. Who is the targeted population? _____
3. Number of participants in the targeted population? _____
4. Number of program participants? (number or percentage each year) _____
5. What is the goal of the program?

6. Give a brief overview of the program

7. What are the desired objectives/outcomes of the program?

1.

2.

3.

8. How did you evaluate the outcomes (success) of the program?

9. What are your outcomes? What is the success of your program?

10. What makes this program exemplary, innovative or inspirational?

Letters of Support: Choose two of the following:

1. Letter of support from your director or supervisor who is familiar with the program
2. Letter of support from a participant of the program
3. Letter of support from the department which the program is to benefit
4. Letter of support written by a colleague at another institution who has knowledge of the program

Please list the names and email addresses of those who have written letters of support:

Your Signature: _____ Date: _____