

ACHA Data Strategy Task Force
Report to the ACHA Board of Directors
May 26, 2024

I. Background/ Charge

The American College Health Association’s four core pillars— Education, Advocacy, Research and Justice, Equity, Diversity, and Inclusion (JEDI)— form the backbone of Association’s mission, work, and service to its members and the students they serve. In recent years, there has been increasing recognition that the research pillar is vital to the success of the other pillars and underscores all that we do. With this in mind, the Data Strategy Task Force (formerly titled “Research Strategy Task Force”), was created to critically evaluate ACHA’s data portfolio to ensure that the Association is optimally positioned to efficiently collect and utilize data to support our member institutions and tell the narrative of college health’s role in student success.

The official charge of the Task Force was to:

Develop and present to the board of directors a report on the strategic direction for data, including the infrastructure and governance within ACHA by Annual Meeting 2024.
Address the data strategy as it relates to the Association's strategic plan, specifically but not limited to positioning the Association to accomplish strategic initiative four.

Current state:

ACHA has a long history of collecting data to inform college health priorities and advocacy efforts, drive programs and practices, support member institutions, and improve our understanding of the unique factors contributing to college student health and well-being as well as national trends. Through projects such as the National College Health Assessment, ACHA has been a national leader in this area. Our work has been driven by the priorities of the membership through the various committees, coalitions and sections. These efforts have excelled in meeting these needs, however, as the ACHA membership has evolved, requests for and interest in data collection efforts have increased without a structure to support coordination of these efforts between groups. This current state is leading to inefficiencies, redundancies, survey fatigue and inadequate resources to support the larger strategic plan and priorities of the Association.

Re-envisioned state:

The American College Health Association’s approach to data collection and research will be strategic and centrally coordinated to promote efficiency and alignment with the Association’s priorities. Further, data will be more accessible to member institutions to aid in decision making and help the Association and its members tell the narrative of the relationship between college health and student success.

II. Task Force Structure

The ACHA Data Strategy Task Force was convened in November 2022 with the dual charges to: 1) Develop and present to the board of directors a report on the strategic direction for data, including the infrastructure and governance within ACHA by the 2023 Annual Meeting; 2) Address the data strategy as it relates to the Association’s strategic plan, specifically but not limited to positioning the Association to accomplish strategic initiative four (“Deliver innovative and actionable intelligence to help guide decision-makers). The charge was extended through the 2024 Annual Meeting given the substantial scope of work.

Appointed Task Force members included five ACHA leaders with rich historical knowledge of the organization and its collective data-related initiatives, alongside three ACHA national research office staff. The Task Force’s membership roster is listed below.

Member	Position	ACHA Role
Susan Hochman, MPH, FACHA (Chair)	Executive Director, Strategic Initiatives University of Texas at Austin	<ul style="list-style-type: none"> • Chair, Data Strategy Task Force • Immediate past chair, ACHA Benchmarking Committee • Member, NCHA Advisory Committee • Past Vice-President, ACHA BOD • Member, College Health and Well-being Data Hub Leadership Team
Jessica Higgs, MD, FAAFP, FACHA	Director of Health Services and Team Physician Bradley University	<ul style="list-style-type: none"> • Immediate Past-President, ACHA BOD • Chair, Benchmarking Committee • Past Chair, Clinical Medicine Section
Alyssa Lederer, PhD, MPH, MCHES, FACHA	Associate Professor Indiana University School of Public Health-Bloomington	<ul style="list-style-type: none"> • Chair, NCHA Advisory Committee • Past Chair, Health Promotion Section
Sarah Van Orman, MD, MMM, FACHA	Vice President and Chief Campus Health Officer University of Southern California	<ul style="list-style-type: none"> • Chair, College Health and Well-being Data Hub Leadership Team • Past-President, ACHA BOD
Monica Webb, PhD, MPH, CHES	Director, GatorWell Health Promotion Services University of Florida	<ul style="list-style-type: none"> • Past Member, ACHA BOD • Past Chair, Healthy Campus Coalition
Mary Hoban, PhD, MCHES	Chief Research Officer, ACHA	<ul style="list-style-type: none"> • ACHA Research Staff

Christine Kukich, MS	Manager, Research Analytics, ACHA	<ul style="list-style-type: none"> • ACHA Research Staff
Kawai Tanabe, MPH	Senior Data Analytics Specialist, ACHA	<ul style="list-style-type: none"> • ACHA Research Staff

The Data Strategy Task Force held monthly virtual meetings and gathered for in-person, two-day meetings in Spring 2023 and 2024. Work was also completed in between meetings to gather information about all ACHA data collection efforts, to implement a new assessment of health-related services offered at institutions of higher education nationwide (referenced below as the Census Project), and to develop strategic priorities for ACHA data and research initiatives moving forward. Each of these efforts is discussed in-depth below.

III. Assessing the current state

Inventory of ACHA's Data Collection Tools

The task force conducted an inventory of all ACHA data collection tools currently in use. These tools are broken into two categories, institutional surveys and individual surveys, which were also applied to the DEIJA and Crosswalk reviews described below.

Institutional Surveys

- Sexual Health Services Survey (SHSS)
- Healthy Campus Institutional Inventory
- Student Health Insurance/Benefit Plan Survey (SHIBP)
- Institutional Profile Section A&B (IPS)
- Clinical Benchmarking

Individual Surveys

- ACHA National Faculty Staff Health Assessment (NFSHA)
- ACHA Patient Satisfaction Assessment Service Instrument (PSAS)
- ACHA National College Health Assessment (NCHA)
- ACHF Emotional Well-being survey (ACHF-EWB)
- ACHA Well-being Assessment (WBA) - acquired from Wake Forest University in 2023

Historical Surveys (Inactive)

- Staffing and Salary Survey (replaced by IPS)
- Utilization Survey (replaced by IPS)

See appendix A for a detailed description and historical usage data for each instrument.

Census Project

This study, conducted by the American College Health Association Data Strategy Task Force, seeks to determine what on-campus health services are offered across institutions of higher education (IHEs) nationally. The work began in May 2023 and is ongoing. The protocol includes using the Integrated Postsecondary Education Data System (IPEDS) website to identify a list of all degree-granting U.S. IHEs. From there, websites of each institution were searched to identify if a specific list of health services (e.g., medical services, counseling services, health promotion services, SHIBP offering, etc.) are provided on campus and/or by referral. If information is not available via the institution's website, a representative from the institution will be contacted via email and/or phone to confirm no services are offered or to ascertain what services are in fact provided. Ultimately this information will be used to describe health services offered to college students nationally. Data may also be combined with publicly available data through IPEDS to examine if there is a relationship between institutions that offer different services and other characteristics (e.g., student graduation rates). See appendix B for more information on the Census Project.

Member Survey

In the Spring of 2023, the task force implemented a member survey to 1) assess current knowledge and use of current ACHA surveys; 2) understand their priorities for data collection and research; and 3) collect qualitative stories of how members may have used ACHA data.

Respondents

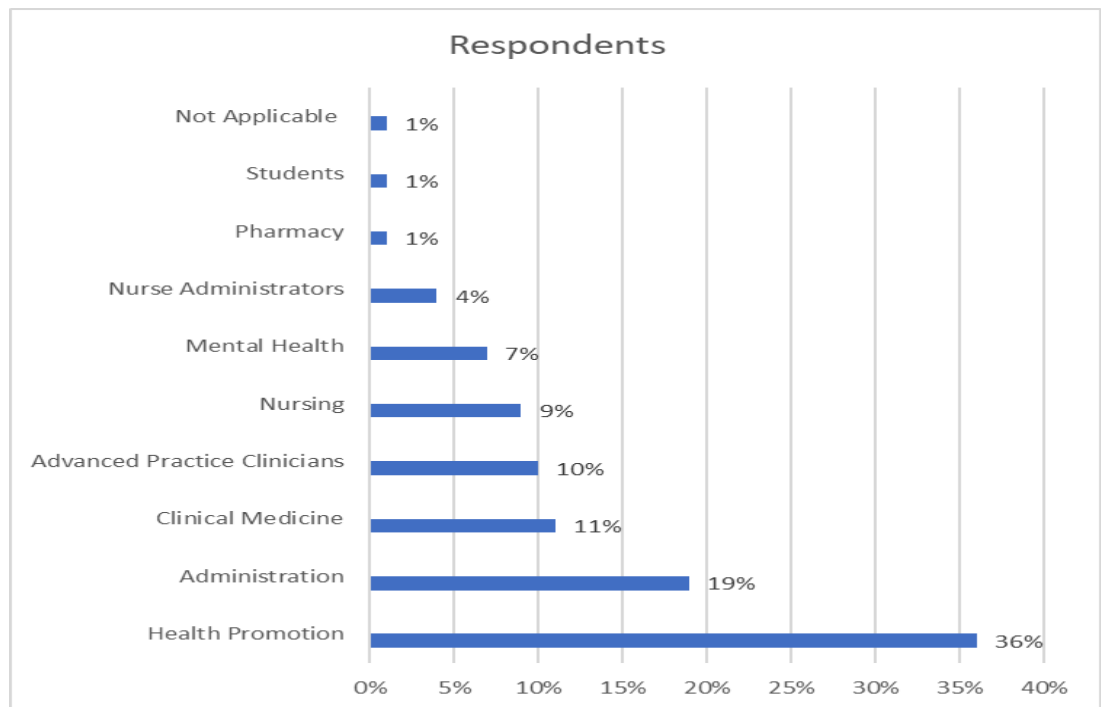


Figure 1

The survey was completed by 192 members, representing a range of ACHA sections and member institutions with health promotion the largest section represented (figure 1).

Current Survey Familiarity and Use

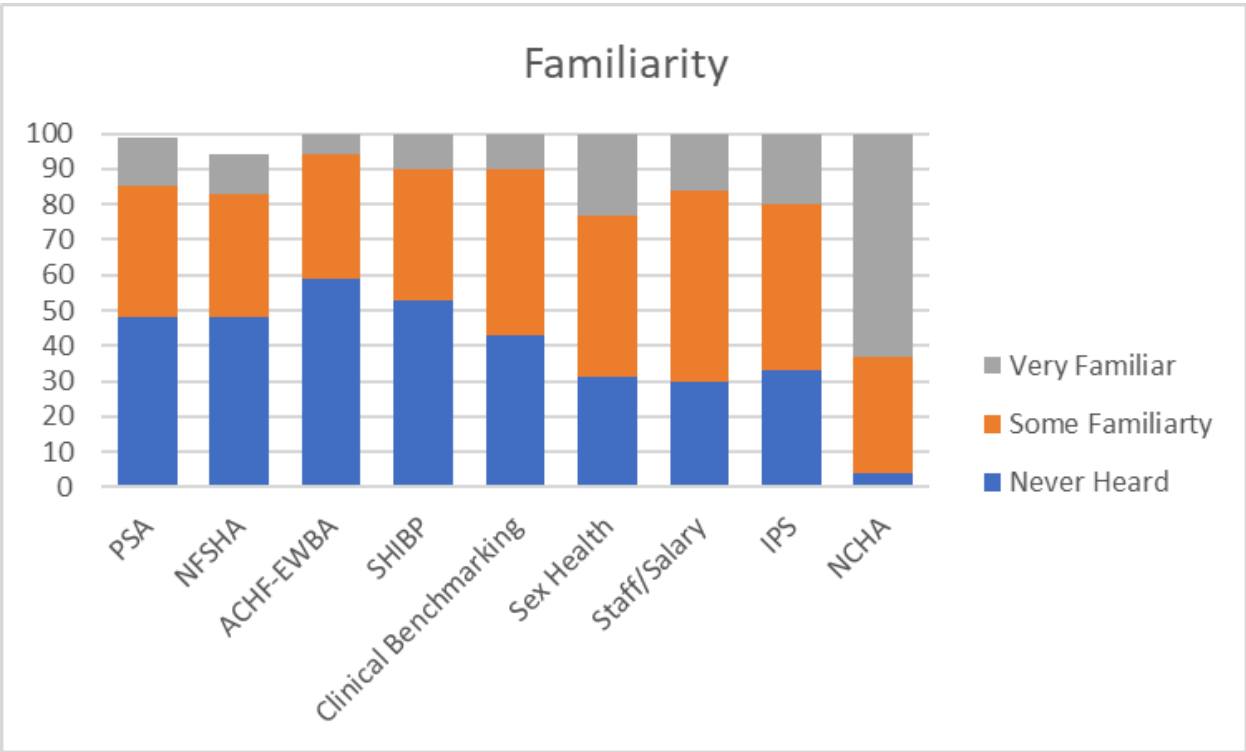


Figure 2

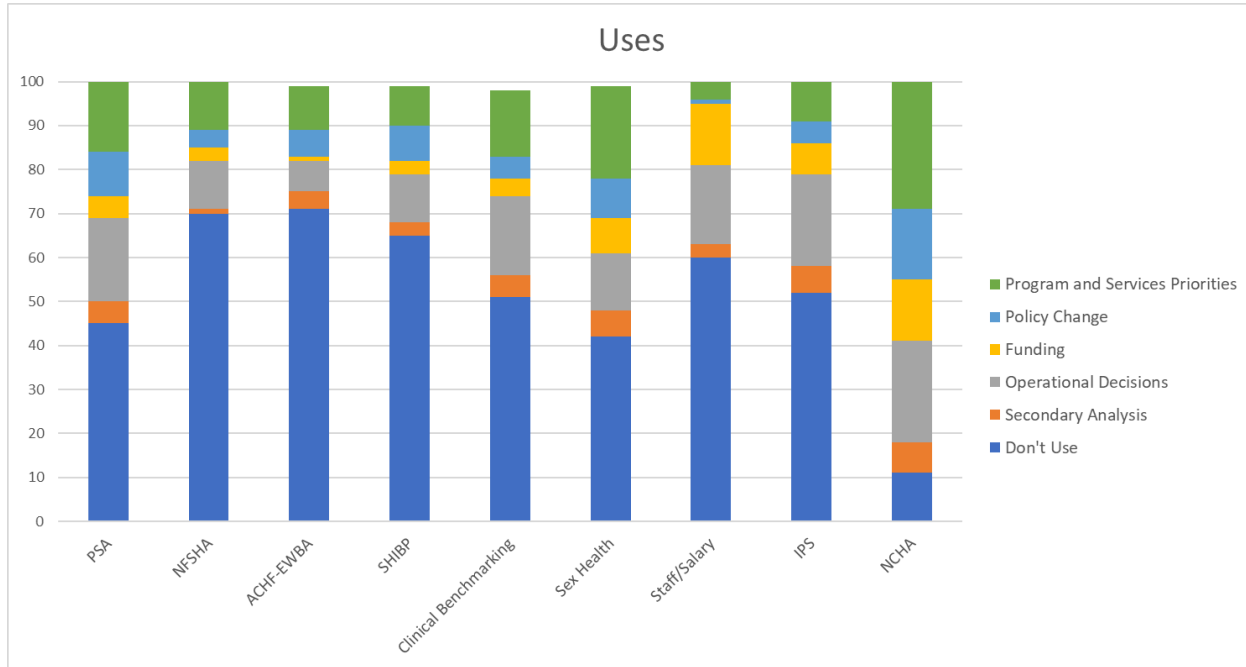


Figure 3

Survey respondents were most familiar with the National College Health Assessment, followed by the Institutional Profile Survey and Sexual Health Survey (figure 2). Similarly, respondents most commonly reported using the NCHA. The most common uses for ACHA survey data were setting program and service priorities and operational decision making (figure 3).

Priorities

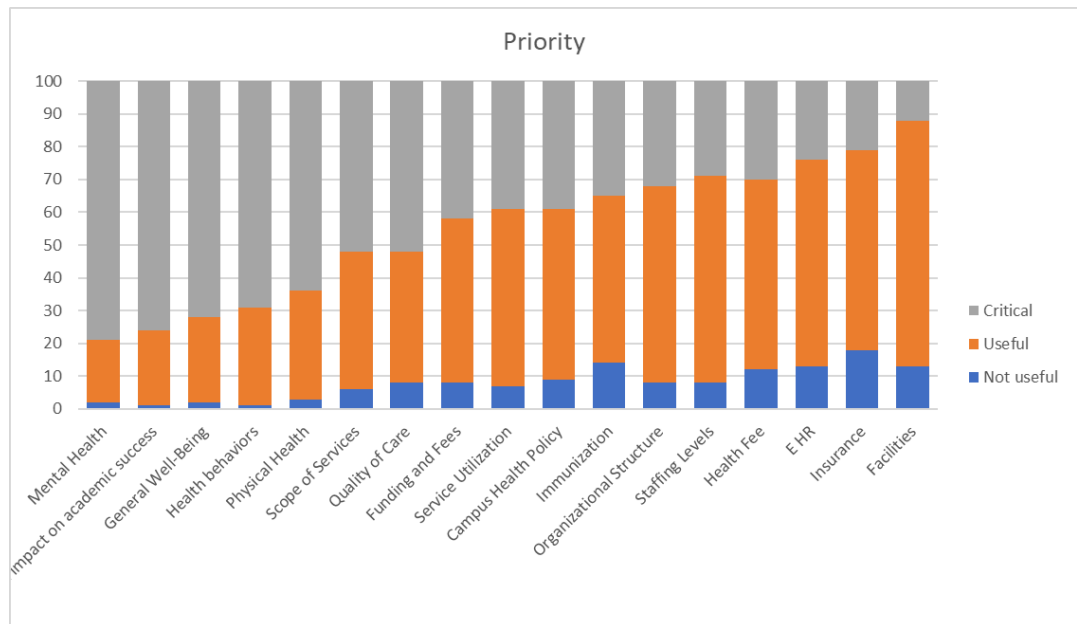


Figure 4

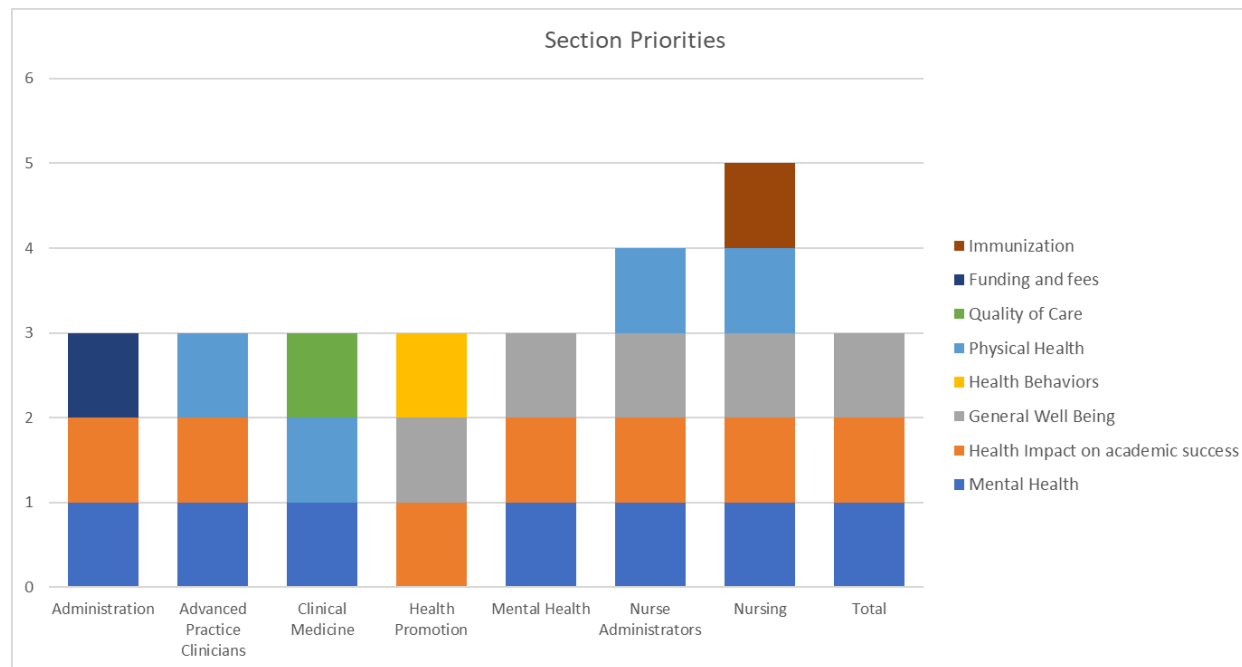


Figure 5

Overall, survey respondents felt mental health, impact on academic success and general well-being were the most critical priorities for ACHA research and surveys, however, respondents felt most current survey topics were useful (figure 4).

Differences were noted between the sections in their top priorities. While mental health and health impact on academic success were top priorities for almost all sections, other priorities differed between sections and were likely reflective of these members' institutional roles and professional backgrounds. Physical health was a top priority for clinical medicine, nursing and advanced practice clinicians, immunizations were a top priority for nursing, quality of care was a top priority for clinical medicine and funding and fees were a priority for administration (figure 5).

Qualitative Comments

Members provided dozens of qualitative comments in response to two prompts: 1) Please consider sharing a brief story of when you have successfully used ACHA data and 2) Please share how ACHA can better support your data needs. Detailed analysis of these qualitative comments is not yet completed, but several significant themes emerged:

- NCHA is widely used to support program development and priorities as well as to advocate to campus administration regarding student needs.

- Advocating for campus health resources is an important need for members from all ACHA surveys and research.
- Many surveys, including NCHA, are seen as too long; shorter and/or modular surveys would be preferred and seen to be more feasible.
- Individual users have had positive experiences with other instruments such as PSAS and Clinical benchmarking, however low utilization impacted the utility of these tools for benchmarking.
- Many members were interested in dashboards and opportunities to search and interact with the data
- Some institutions are unable to use survey tools due to financial constraints.

Summary

Members provided valuable feedback through the member survey. It is clear that NCHA remains the signature ACHA instrument relative to both visibility and use by ACHA member respondents. Topics related to mental health, well-being, and academic success are high priorities across respondents; however, sections differ significantly in other priority areas. These varying needs should be incorporated into the ACHA research strategy. ACHA respondent members utilize current surveys for both program development and advocacy for campus health resources. Future surveys/research would benefit from shorter and fewer instruments and the availability of interactive platforms for members to better visualize and utilize data.

Crosswalk

The task force charged a small team of colleagues to conduct a review and crosswalk of all existing surveys to map out constructs and identify overlaps and gaps. The committee reviewed the ten existing institutional and individual surveys listed above. Key excerpt from their report and findings are listed below:

“To analyze redundancy in survey data, the surveys were divided into two groups: one group were those surveys that were filled out by an individual student. The other group were those surveys that were filled out by a staff or faculty member as a representative of the institution. It seems that, due to varying types of information collected, each survey is fairly efficient. Few questions are repeated between surveys. Based on this analysis, there does not appear to be a significant amount of overlap among the surveys.”

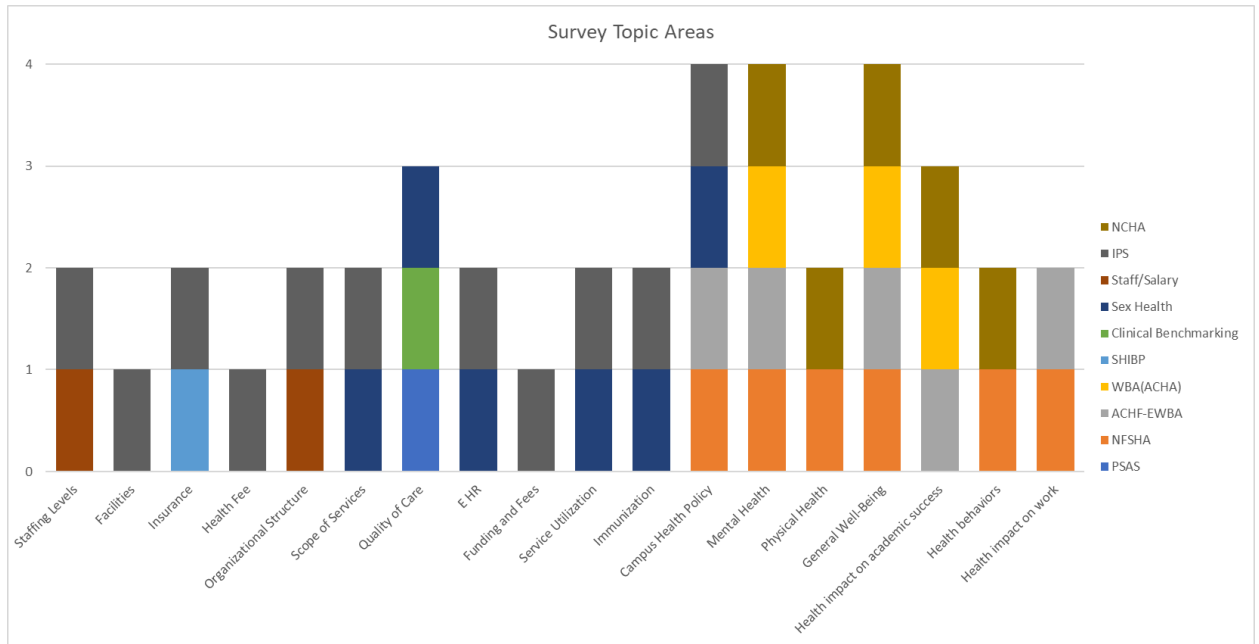


Figure 6

The task force categorized the data types collected in each instrument as illustrated above (figure 6). It was noted that the IPS covers a breadth of institutional topics and the NCHA collects individual health information. The workgroup also noted the considerable overlap as well as inconsistency in the institutional characteristics such as student body size, institutional type, time to graduation, collected in each survey. The group noted an opportunity to create a common database of these elements and automatically link institutional surveys to this information. Of note, this goal can be achieved through the linkage of surveys to IPEDS data through the Data Hub project. Re-imaged data types collected by instrument are illustrated below (figure 7). Surveys that are member directed are consolidated so that members are not asked repeatedly for the same information. Surveys that are student facing do overlap topics to cover more students depending on which surveys schools choose to use.

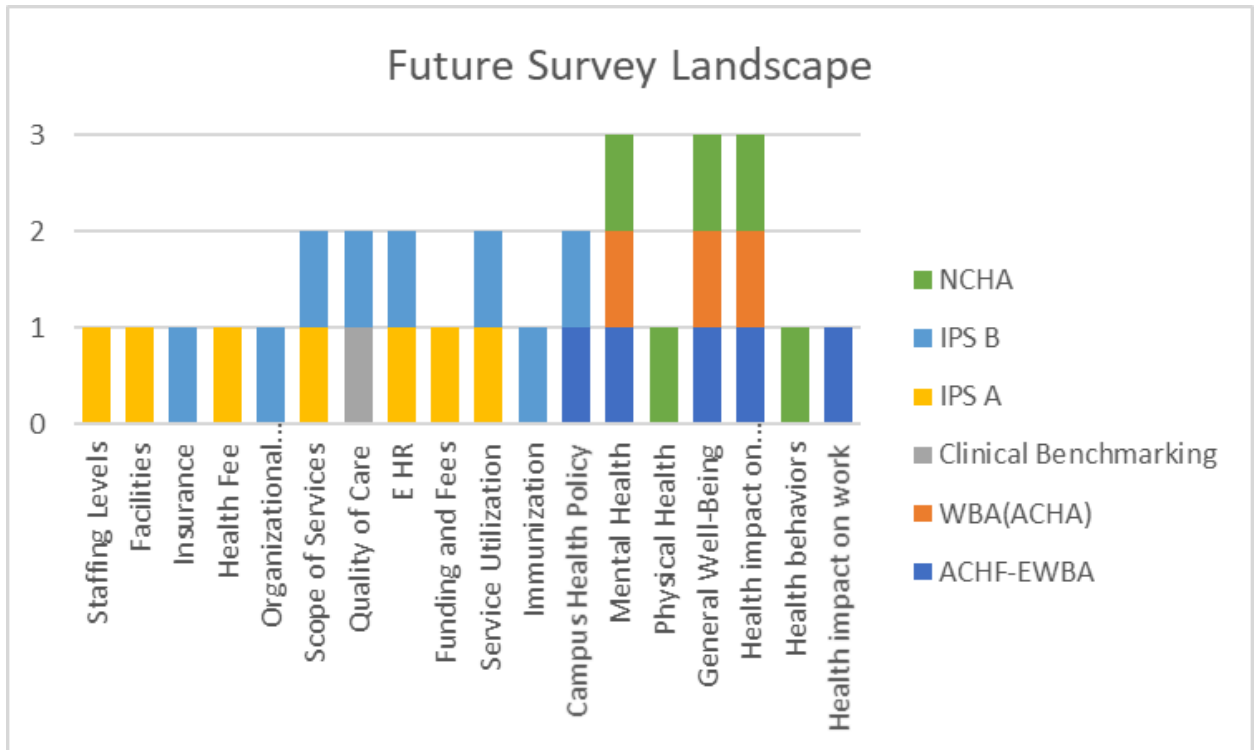


Figure 7

DEIJA review

In December of 2023, ACHA's Diversity, Equity, Inclusion, Justice and Access (DEIJA) Committee was engaged by the Task Force to review each of ACHA's survey instruments through a DEIJA lens. A rubric was created to assist the committee in their review. Reviewers were asked to evaluate if the language used in the instrument is inclusive and free from bias, and if the instrument helps ACHA identify health inequities. There was also an opportunity for the reviewers to add comments or suggestions for improvement if indicated.

Of the 10 instruments reviewed, five were noted as having room for improvement regarding inclusive and bias free language. The DEIJA committee reviewers also noted seven of the instruments had room for improvement with regard to helping ACHA identify health inequities. Specific suggestions and comments will be shared for consideration with the entities who have historically had oversight of these instruments.

Stakeholder Input

The Task Force has reached out to coalitions whose survey tools are recommended to have significant alterations or to be sunsetted entirely. The chart below outlining the Task Force's recommendations for ACHA's data collection instruments reflects responses from these coalitions.

IV. Recommendations

After reviewing the survey inventory, census project, member survey, survey crosswalk, DEIJA review, and stakeholder input, the Data Strategy Task Force has discovered duplicative efforts, gaps in data collection, opportunities for improvement, underutilized areas, a wide range of research, and heavy impact on research staff. Therefore, the Task Force is making the following recommendations to strengthen to Association’s research pillar:

1. **Refocus the association’s data and research expectation in alignment with the Association’s strategic plan.** ACHA projects have been driven at times by individual section, coalition, and member needs which has sometimes resulted in limited resources available for broader organizational needs. The Task Force recommends the Board of Directors set a clear directive, refocusing efforts on college student well-being and academic success and section professional practice needs — research should follow the strategic plan in terms of priorities.
2. **Create a strategic, systematic approach to data collection** to increase the efficiency of data collection, impact of data captured, and alignment with the Association’s strategic priorities and mission. This approach centers the Institutional Profile Survey as the cornerstone of ACHA’s college health and well-being benchmarking efforts and the Data Hub as the mainspring for data interactivity. By facilitating a streamlined approach to collecting data and inputting it into the Data Hub, we create more and better opportunities for members and the organization to interact with, analyze and use data to make an impact on our programs and the students we serve.

Further, applying a strategic and systematic approach considers the needs of our various respondents (members and students) with regard to survey burden and response rates. This approach frames ACHA’s data collection efforts into three distinct categories: 1) benchmarking of programs and services (College Health and Well-being Data Hub), 2) population health and well-being assessments, and 3) clinical quality benchmarking. This recommendation aligns with the results of the Crosswalk analysis above (see figure 7 above).

The table below outlines the Task Force’s reorganization of and recommendations for ACHA’s data collection tools:

Data Collection Effort	Recommendation	Rationale
Infrastructure, Resources, Policies, Program and Services Measures		
Institutional Profile Survey	IPS is ACHA’s primary source for health infrastructure measures. Part B becomes more modular to allow for periodic measures of specific policies, programs, and services or specific	Allows for streamlined, efficient collection of data and inclusion in the Data Hub allowing for more robust analyses

	priorities (see SHIBP and Sexual Health Services surveys below)	
Student Health Insurance Benefits Survey	Periodically include questions from the Student Health Insurance Benefits survey in IPS. (Cycling between SHIB, IPS B, Sexual Health, and other ad-hoc priority benchmarking)	Minimize survey fatigue and member institution burden
		Increase efficiency of data collection
		Seamless inclusion in the Data Hub allowing for more robust analyses
		<u>SHIPS Coalition</u> - This group was supportive of including their survey tool as part of a rotating schedule with IPS - B.
Sexual Health Services Survey	Periodically include practice/operational-related questions from the Sexual Health Services Survey into IPS (cycling between SHIB, IPS B, Sexual Health, and other ad-hoc priority benchmarking). The clinical benchmarking components of this survey will be moved to the Clinical Benchmarking Committee.	Minimize survey fatigue and member institution burden
		Increase efficiency of data collection
		Seamless inclusion in the Data Hub allowing for more robust analyses
		<u>Sexual Health Coalition</u> - This group is tolerant of the recommended changes as long as they continue to be considered the content expert in these areas and have the ability to modify the tools if they deem it necessary.
Population Health and Well-Being Measures		

<p>Emotional Well-Being Survey</p>	<p>Continue, but needs further review. (Not currently promoted by ACHA. Rather, it's used by the participating pilot schools when they request a repeated measure, or when suggested by ACHA staff when a school expresses interest in administering the same instrument to students, faculty, and staff populations.) Suggest seeking input from Nicole Brocato to assist with looking at this survey alongside the ACHA Well-being Assessment, as she was involved in the development of both instruments. .</p>	<p>Low maintenance, revenue generating</p> <p>Potential for faculty and staff use</p>
<p>National Faculty and Staff Health Assessment</p>	<p>Sunset. Continue to provide the instrument to schools who want to use it, but ACHA will no longer support analysis or reports.</p>	<p>Very low utilization (only four or so schools do it each year). NFSHA has been utilized by only 22 different schools since Spring 2020.</p> <p>The worksite wellness field is flush with resources/surveys to assess faculty and staff well-being.</p> <p>The NFSHA falls outside of ACHA's scope and does not align with strategic initiatives.</p> <p>Recommendation is to explore the potential for utilizing the ACHF Emotional Well-being Survey. (See comments about this survey above.)</p> <p>Additionally, institutions may use claims data combined with existing human resource/ employee engagement data. There may also be potential for NFSHA to partner with an external human resources</p>

		<p>organization to explore their adoption of the NFSHA or integration with other measurement tools.</p>
		<p><u>Faculty and Staff Coalition Feedback</u> - Continues to advocate for the value of the survey.</p>
<p>National College Health Assessment</p>	<p>Continue, charge with addressing the declining response rate and member demand for a shorter or more modular survey</p>	<p>High utilization, preeminent tool for assessing college students health and well-being</p>
<p>ACHA Well-being Assessment</p>	<p>Continue under the guidance of the NCHA Advisory Committee and ACHA Research Staff. Charge the NCHA Advisory committee with making recommendations regarding administration (time frame, etc.) and reporting.</p>	<p>New instrument, potential to collect well-being data relevant to institutions that is not collected in other ACHA instruments— fill gaps in our existing data collection effort</p> <p>Elevates ACHA's role in the larger well-being discourse</p> <p>More members may be able to participate (institutions who are not able to utilize NCHA</p>

		<p>due to misalignment with the institution's values)</p> <p>Alignment with the ACHA strategic plan (well-being foundational to student success)</p>
Clinical Quality Improvement Measures		
Patient Satisfaction Assessment Service	<p>Continue under the structure of benchmarking with a dedicated sub-group to focus on maintenance.</p>	<p>This survey was originally developed years ago by the Benchmarking Committee. Since that group disbanded, ACHA staff have managed the survey content. This project would benefit from some regular maintenance and input from members. Approximately 40 schools participate in the PSAS annually.</p>
Clinical Benchmarking	<p>Focus on clinical outcomes benchmarks only, driven by the clinical sections. Other benchmarking efforts will fall under IPS.</p> <p>Add Sexual Health Survey clinical benchmarking data.</p>	<p>Drives high-quality outcomes to enhance the practice of college health</p>

3. **Establish a standing Data Strategy and Research Committee** with the charge of providing strategic guidance on data priorities and creating a formal process for approving surveys from sections, coalitions, committees, task forces and membership. The committee will lead data and research strategies by acting as the gatekeeper and mediating the role between internal research staff, volunteer leaders and membership.

The Data Strategy and Research Committee will continue aligning data collection and reporting efforts with the organizational strategic plan through the development of policies and guidelines such as:

- a. Identifying the specific data request, including why the requestor would like to collect the information and what they plan to do with the data.

- b. Evaluate the request for alignment with the Association’s strategic plan, scope of the Association, and priorities of the Board of Directors.
- c. Explore if the information needed already exists elsewhere and prevent overlap of metrics and data collection efforts. If a gap is identified, provide direction on whether an existing instrument can be modified to meet the data collection need or if a new instrument should be created.
- d. Analyze if the organization has the resources and expertise to effectively support the request.
- e. Ensure best practices in data collection and survey design are followed aiming for methodologically robust instruments.
- f. Oversee data governance.

The Data Strategy and Research Committee, in collaboration with Association leadership, will also help to identify gaps in current data collection efforts and help drive ACHA’s research agenda.

It is critical to the functioning of this committee, and largely, ACHA’s data operations and the integrity of data collection, that the role and decision making authority of this committee be explicitly defined in the charge. The process for engaging the committee, and instruction to do so, should also be defined in the respective charges of task forces, coalitions, committees and sections. It would benefit the Board of Directors, with input from the committee, to create a flow chart outlining this process and engage board liaisons in ensuring adherence.

The Task Force recommends the following committee membership structure:

- Chair (appointed by the President). The person holding this role should have experience as an ACHA leader and possess a broad understanding of the Association’s priorities and organizational dynamics.
- Association Vice President
- Representatives from each of the three areas of ACHA’s data portfolio: Health and Well-being surveys, Clinical Benchmarking/Practice Surveys, and the College Health and Well-being Data Hub.
- DEIJA committee representative
- Staff liaison
- JACH editor
- ACHF liaison

4. **Optimize member utilization of data.** As the Association transforms its data strategy, it must also be committed to empowering its members to utilize data in decision-making processes. By providing dashboards, visualization tools, training, and other resources, such as those available through the Data Hub, ACHA can facilitate seamless access to

relevant information, empowering members to make informed choices and drive meaningful outcomes.

- 5. Leverage and support researchers within the Association and the field of college health.** As gaps are identified and research needs arise, partner with ACHA members who hold academic or other research roles with expertise in college health to commission studies or analyses on behalf of the Association. This recommendation necessitates the creation of a formal list of research partners (including faculty members) as well as funds to support their research efforts. By matching ACHA research priorities with faculty/academic research interest, the Association can develop a mutually beneficial relationship that accelerates our ability to advance our college health practices and the well-being of our communities through inquiry and dissemination of new knowledge. The Association should also consider the potential role of the Foundation in funding research awards.

V. Closing

Over the past year and a half, the Data Strategy Task Force has extensively examined ACHA's data collection and respective assets. Throughout this process, the Task Force considered the Association's strategic plan, research and data infrastructure, member needs, and the national college health landscape to form the recommendations above. The Task Force confidently submits these recommendations to the Board of Directors with the strong belief that, if adopted, ACHA's research pillar will be significantly elevated, as will the Association's impact on the members and students we serve.