

Standards of Practice for Health Promotion in Higher Education

Step 2. Needs Assessment for Program Development

The purpose of Step 2 is to assist a health promotion staff to assess their program's current level of practice in each of the six Standards. To use this program assessment, type a score in the cell to indicate staff consensus on the group's level of knowledge, skills, or experience within the indicator. Two possible ways to develop scores are: (a) Facilitate a discussion and develop a consensus score for each indicator or (b) Ask each staff member individually to assess the program and average the group's scores on each indicator. Enter any number from 0.0 through 3.0, such as 1.0, 2.5, or 2.0. A score of 3.0 means that the program "Strongly Reflects" the indicator and 0.0 means that the program "Does Not Reflect" the indicator. At the completion of the scoring process for each Standard, justify your score with a sentence or two.

Use the following scoring format:

Score	Reflection
3	Strongly Reflects
2	Reflects
1	Partially Reflects
0	Does Not Reflect
Empty Cell	Does Not Apply

The cells for the program scores are color coded to indicate how closely your health promotion program reflects each indicator. You can move from one cell to the next using the tab key.

<p>Green indicates a score of 2.5 or more.</p> <p>Yellow indicates a score of 1.0 through 2.49.</p> <p>Red indicates a score 0.0 through 0.99.</p> <p>Empty cell with Red indicates Does Not Apply (not included in average score)</p>
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The **Standards Comparison Chart** (see tabs at bottom of workbook) has columns with average scores for each of the six Standards plus an average of all the Standards. **NOTE:** Empty cells are not averaged into the score for each Standard.

Standard 1. Integration with the Learning Mission of Higher Education

Effective practice of health promotion in higher education requires programs that incorporate individual and community health promotion initiatives into the learning mission of higher education. Professionals of these programs do the following:

1-1. Develop health-related programs and policies that support student learning.	2.0
1-2. Incorporate health promotion initiatives into academic research, courses, and programs.	1.5
1-3. Disseminate research that demonstrates the effect of individual health behaviors and environmental factors on student learning.	1.5
Average score for Standard 1	1.7

Justify your score with a sentence or two. *Note: text wraps automatically, Enter/Return key will not allow paragraphs.*

56% some to a great deal of time invest in partnerships with faculty and curriculum infusion. ____ 21% of health promotion programs are influence strongly by the academic mission of their university. ____ About 85% use information dissemination and awareness activities some time to a great deal of the time. ____ 48% to 60% use needs assessment, faculty partnerships, social marketing, systematic process, outcome evaluation. ____ 100% regardless of funding provide some level of health promotion. ____ 9% do benchmarking with cultural/environmental systems measurement. ____ 48% have no strategic plan that defines health promotion goals and/or outcomes.

NOTE: Scores are used for examples of the Excel workbooks color coding and chart visual effect. Scores are interpretations of the 1998 findings from a survey sent to 600 ACHA member institution representatives (RMI) to determine the role and scope of health promotion and preventive services in higher education for students. 75% responded. Scores may not accurately reflect the findings.

Standard 2. Collaborative Practice

Effective practice of health promotion in higher education requires programs that support campus and community partnerships to advance health promotion initiatives. Professionals of these programs do the following:

2-1. Advocate for a shared vision that health promotion is the responsibility of all campus and community members.	1.2
2-2. Develop and participate in campus and community partnerships that advance health promotion initiatives.	1.8
2-3. Utilize campus and community resources to maximize the effectiveness of health promotion initiatives.	1.8
2-4. Advocate for campus, local, state and national policies that address campus and community health issues.	1.6
2-5. Advocate for the institutionalization of health promotion initiatives through inclusion in campus strategic planning and resource allocation processes.	1.6
Average score for Standard 2	1.6

Justify your score with a sentence or two.

56% some to a great deal of time invest in partnerships with faculty and curriculum infusion. ____ 11% use curriculum infusion. ____ 15% use community building. ____ 83% have established linkages with community resources for health promotion delivery. ____ 51% have network of health promotion providers established on their campus. ____ 11% have formal networks. ____ 47% do not have a mission statement. 47% have institutional mission statement that includes a concept of health promotion, disease prevention or quality of life goals.

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Standard 3. Cultural Competence

Effective practice of health promotion in higher education requires programs that demonstrate cultural competency and inclusiveness in advancing the health of individuals and communities. Professionals of these programs do the following:

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|---|------------|
| 3-1. Identify the social, cultural, political, and economic disparities that influence the health of students. | 2.1 |
| 3-2. Design health promotion initiatives that reflect the social, cultural, political, and economic diversity of students. | 2.3 |
| 3-3. Develop health promotion mission statements, program policies, staff recruitment and retention practices, and professional development goals that reflect the social, cultural, political, and economic diversity of the campus. | 2.4 |
| 3-4. Provide leadership for campus-wide understanding of the connection between culture, identity, social justice, and student health status. | 2.2 |
| Average score for Standard 3 | 2.3 |

Justify your score with a sentence or two.

9% do benchmarking with cultural/environmental systems measurement. ___ 53% have a mission statement.

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Standard 4. Theory-Based Practice

Effective practice of health promotion in higher education requires programs that apply professionally recognized and tested theoretical approaches that address individual and community health. Professionals of these programs do the following:

4-1. Review health promotion research from interdisciplinary sources as a guide for the development of health promotion initiatives.	1.3
4-2. Apply professionally recognized methods and tested theories to the development of health promotion initiatives.	1.5
4-3. Articulate the theoretical frameworks used in health promotion decision-making to the campus community.	1.2
Average score for Standard 4	1.3

Justify your score with a sentence or two.

About 40% use literature reviews (Healthy People 2000 = 56%, lit. reviews = 47%, inventory of clinical prevention services = 30%) for needs assessments. ____ 6% to 51% use behavior change theories (23% use none). ____ Institutional respondents were less likely to use behavior changes and education theories and much less likely to use social learning theory and community organization theories the key informants (those who were perceived to be leaders in health promotion).

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Standard 5. Evidence-Based Practice

Effective practice of health promotion in higher education requires programs that apply evidence-based approaches to health promotion. Professionals of these programs do the following:

5-1. Review data gathered from published research on national, state, local, and campus campus health priorities.	1.6
5-2. Conduct population-based assessments of health status, needs, and assets of students.	1.5
5-3. Conduct environmental assessments of campus-community health needs and resources.	1.4
5-4. Develop measurable goals and objectives for health promotion initiatives.	0.9
5-5. Evaluate health promotion initiatives using valid and reliable quantitative and qualitative approaches.	0.9
5-6. Report evaluation data and research results to students, faculty, staff and campus the community.	2.0
Average score for Standard 5	1.4

Justify your score with a sentence or two.

59% do needs assessments. ____ About 30% do community health status and community health services surveys. ____ 14% to 34% do behavioral risk assessments. ____ 62% evaluate health promotion activities. ____ 14% to 26% do qualitative evaluation of services, quantitative evaluation and measurement satisfaction of consumers, outcome evaluation/measurement. ____ 6% to 9% use professional and program standards and accountabilities. ____ 9% do cultural/environmental systems measurement. ____ 64% to 83% use anecdotal information from faculty, staff, students; health care provider opinions and user satisfaction surveys. ____ 44% use student advisory board opinions. ____ 34% use focus groups. ____ 20% use key informant interviews. ____ 34% do not conduct needs assessments. ____ 48% have no strategic plan that defines health promotion goals and/or outcomes.

NOTE: Scores are used for examples of the Excel workbook's color coding and chart visual effect. Scores may not accurately reflect the findings.

Standard 6. Continuing Professional Development and Service

Effective practice of health promotion in higher education requires programs that support on-going professional development and service to the field. Professionals of these programs do the following:

6-1. Apply ethical principles to the practice of health promotion.	2.5
6-2. Participate regularly in formal professional development.	1.5
6-3. Assist others in strengthening their health promotion skills.	1.2
Average score for Standard 6	1.7

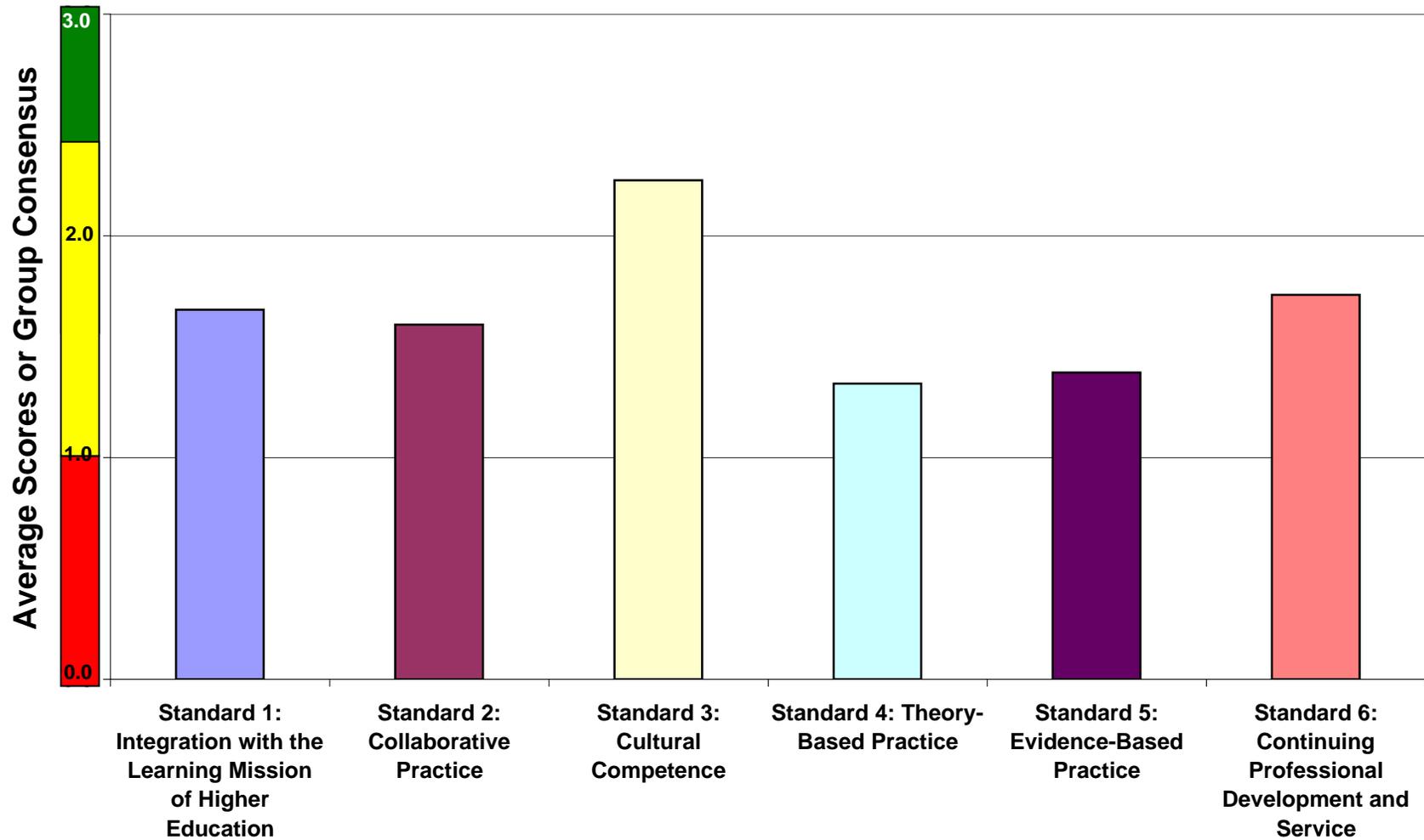
Justify your score with a sentence or two.

Perceived budget adequacy may give an indication of ability to participate in professional development and assist others: 15% Adequate, 25% somewhat adequate, 25%, minimally adequate, 32% inadequate. ____ 60% had at least one full time health promotion professional. ____ 23% to 37% had primary a health promotion planner with masters or doctorate in public health, social work, psychology, nursing. 11% had those with bachelors degrees. 12% had Certified Health Education Specialists (CHES).

NOTE: Scores are used for examples of the Excel workbooks color coding and chart visual effect. Scores may not accurately reflect the findings. Additional Note: Ethical principles of health educators are to provide services in a way that assures autonomy, beneficence and justice (AAHE, SOPHE).

Standards of Practice for Health Promotion in Higher Education - Needs Assessment for Program Development

Standards Comparison Chart



Review the chart and consider how well your program reflects the Standards; then proceed to the Action Plan.

3=Strongly Reflects; 2=Reflects; 1=Partially Reflects; 0=Does not reflect; Blank/Empty Cells for "Does Not Apply" are not included in average scores.

Average Scores for Standards

Standard 1: Integration with the Learning Mission of Higher Education	1.7
Standard 2: Collaborative Practice	1.6
Standard 3: Cultural Competence	2.3
Standard 4: Theory-Based Practice	1.3
Standard 5: Evidence-Based Practice	1.4
Standard 6: Continuing Professional Development and Service	1.7

Score	Reflection
3	Strongly Reflects
2	Reflects
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NOTE: Average scores do not include indicators that "Do Not Apply" (cells left blank/empty).