Using Data and Standards to Justify Your Alcohol and Other Drug Programs

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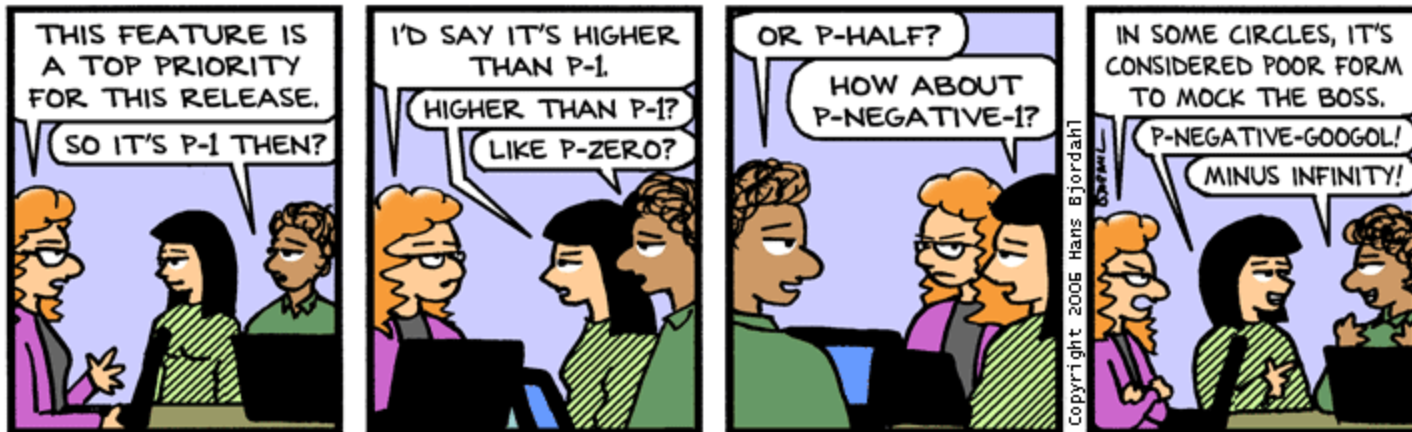
For Today…

Participants should be able to:

1. Describe the rationale for collecting campus-specific data.
2. Identify two potential tools for collecting campus data.
3. List two strategies for conducting and analyzing data on a limited budget.
4. Discuss the importance of data-driven decision-making for preventing and addressing AOD issues on campus.

Introduction

- **Alcohol & Other Drug Programs**
  - **Are more than just disseminating information.**

  - **Embraces and supports the mission of the college/university.**

  - **Supports students' so they can work to achieve their personal and academic goals**

  - **Engages the whole campus**
    - **Environmental context**
    - **Improves the community in which faculty, staff and students live, work, and learn**

An Exercise in Understanding

- **Please take a moment and think about your single most important AOD-related priority on campus.**

- **Now take a moment and think about how your boss, her/his boss, or the campus president would answer the same question.**

Bug Bash by Hans Bjordahl

http://www.bugbash.net/

Background & History

- There are a number of historical factors that may be helpful related to how we develop AOD-related priorities:

- Clinical data and experiences

- Past understanding of the issues on campus (historical records)

- Crisis response

- Broad-based data sources

Establishing Priorities on Campus

Priorities are determined by:

- <u>History</u> – a program continues to exist because it has become core to the unit operations
- <u>Perception</u> – a stated need that may not be supported by other data (includes emergent needs and anticipated needs)
- <u>Directives</u> – a mandate given from a source of authority to provide a program or service
- <u>Mission-Driven</u> – selecting priorities that reflect commitment to and support for the organizational mission
- <u>Relevance to Higher Priorities</u> – related the directives, this strategy is based on the need to support efforts of a higher level part of the organization
- <u>Higher-Level Impact</u> – some priority issues cannot be justified with process measures as the true impact is often unknown or under reported.
- <u>Data-Driven Decisions</u> – quantitative or qualitative data that support priorities

AOD Efforts in Higher Education

As accountability in higher education moves forward, we find ourselves in an era that requires:

- evidence- and theory-informed
- cost-effective
- standards-driven
- culturally competent
- data-driven and research-based strategies

Let's take a look at some standards that support our work.

Multiple Sources

- **Accreditation Association for Ambulatory Health Care**

- **Council for the Advancement of Standards**

- **Healthy People/Healthy Campus**

- **National Institute on Alcohol Abuse and Alcoholism**

- **Standards of Practice for Health Promotion in Higher Education (ACHA)**

Accreditation Association for Ambulatory Health Care

- **AAAHC chapter on Health Education & Health Promotion**

- **Provides limited support for health promotion including peer education and other methodologies (adjunct standard)**

- **If you have a AAAHC accredited health center on campus then this chapter (#16) may be applicable to you**

- **If you are working toward a Medical Home model, this chapter (#27) will support your work**

Healthy People & Healthy Campus 2020

- **Comprehensive sets of national health objectives for the decade**

- **Developed by a collaborative process**

- **Designed to measure progress over time**

- **Public and college health documents**
  - **part strategic plan**
  - **part textbook**
  - **on national and college health priorities**

Healthy People 2020
www.healthypeople.gov

healthy campus 2020
Connect. Collaborate. Create.

NIAAA

- **3-in-1 Framework**
  - Individuals, Including At-Risk or Alcohol-Dependent Drinkers
  - Student Body as a Whole
  - College and the Surrounding Community

- **Tiers 1-4**
  - 1 = demonstrated effectiveness with college populations
  - 2 = success with general populations and could be applied to college students
  - 3 = promising practices that need more evaluation
  - 4 = evidence of ineffectiveness

Standards of Practice, 3ʳᵈ Edition
ACHA 2012

MAY 2012

ACHA Guidelines

Standards of Practice for Health Promotion in Higher Education

Third Edition, May 2012

Introduction and Guiding Principles

In 1996, the American College Health Association (ACHA) appointed the Task Force on Health Promotion in Higher Education to study the scope of practice of health promotion in a higher education setting and develop professional standards of practice (Zimmer, Hill, & Sonnad, 2003). ACHA first published the culmination of that research as the *Standards of Practice for Health Promotion in Higher Education* (SPHPHE) in 2001; a revised edition was published in 2005. Like previous editions, the third edition serves as a guideline for the assessment and quality assurance of health promotion in higher education. The third edition also acknowledges additions to the body of knowledge and makes explicit the scope of practice and essential functions for the field. The new SPHPHE are guided by several principles:

- Health is the capacity of individuals and communities to reach their potential. Health is not simply the absence of disease measured through clinical indicators, but "a positive concept emphasizing social and personal resources as well as physical capacities" (World Health Organization [WHO], 1986).

- The specific purpose of health promotion in higher education is to support student success. In the higher education setting good health enables student success by creating health supporting environments –that is, both the physical and the social aspects of our surroundings (WHO, 1991). Specific health promotion initiatives aim to expand protective factors and campus strengths, and

reduce personal, campus, and community health risk factors. This is done in alignment with the missions and values of institutions of higher education (IHEs).

- IHEs are communities. IHEs possess all of the components of a community – that is, functional spatial units, units of patterned social interaction, and symbolic units of collective identity (Glanz, Rimer, & Lewis, 2002) – and therefore should build upon the inter-relationships and interdependencies among their members and contextual systems to influence health. This principle indicates use of a socioecological-based approach that examines and addresses health issues at multiple levels: intrapersonal, interpersonal, institutional, community, and public policy (McLeroy Bibeau, Steckler, & Glanz, 1988). Therefore, the specific populations targeted will vary with the community and may include students, faculty, staff, alumni, and community members, among others.

- Health promotion professionals in higher education practice *prevention.* At its core, health promotion works to prevent the development of personal and campus population-level health problems, while enhancing individual, group and institutional health and safety. Although prevention efforts may be universal, selective, or indicated (Gordon, 1983), health promotion in higher education emphasizes creating supportive environments for health. This principle furthers the recognition of IHEs as communities and indicates a re-orientation

Philosophical foundation includes:

- **A broad definition of health**
- **The connection of between health and supporting student success**
- **The focus is on *prevention***
- **The connection between individual and community health**
- **Efforts are facilitating, rigorous, and inclusive**

Council for the Advancement of Standards

- **CAS Standards are widely used in student affairs to evaluate and benchmark programs and services**

- **Provides a tool for developing support from administrators**

- **CAS Standards are helpful for:**
  - **Self-study**
  - **Program & Service development**
  - **Staff development**
  - **Academic preparation**
  - **Developing credibility and accountability**

- **Alcohol, Tobacco, and Other Drug Programs**

Council for the Advancement of Standards

- **Framework for Assessing Learning and Development Outcomes (FALDOs)**

- **Help to develop learning outcomes for health-related programs and services**

- **Link to the ACHA SPHPHE (Standard 1)**

Learning Domains

- **Cognitive complexity**

- **Knowledge acquisition, integration, application**

- **Humanitarianism/civic engagement**

- **Inter- and intra-personal competence**

- **Practical competence**

- **Persistence and academic achievement**

Linking two sources of standards
ACHA & CAS

FALDOs
(Frameworks for Assessing Learning and Development Outcomes)

Intellectual growth
Effective communication
Enhanced self-esteem
Realistic self-appraisal
Clarified values
Career choices
Leadership development
Healthy behavior

Meaningful interpersonal
  relationships
Independence
Collaboration
Social responsibility
Satisfying and productive lifestyles
Appreciating diversity
Spiritual awareness
Personal and educational goals

Links with SPHPHE – Standard 1 – Alignment with the missions of higher education

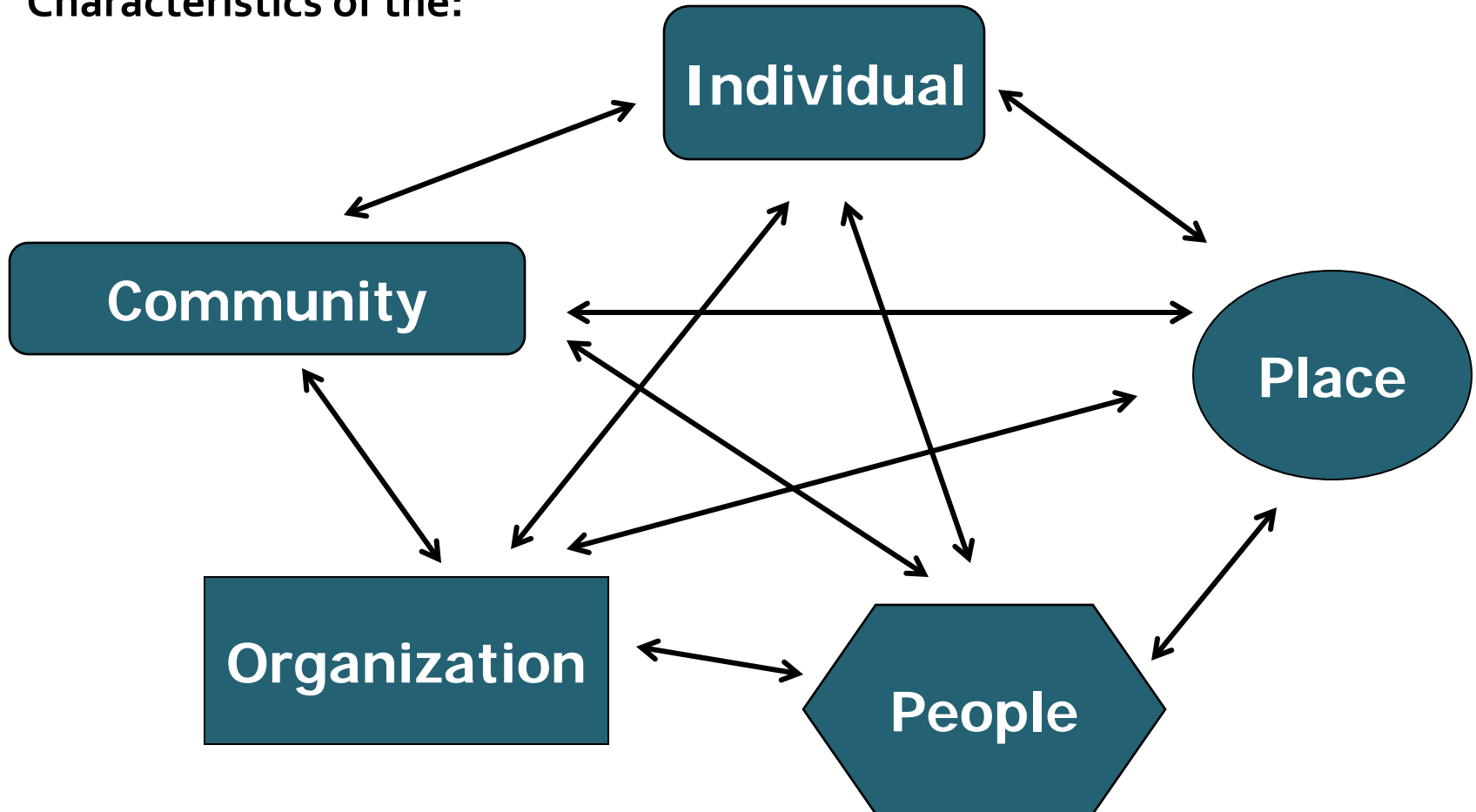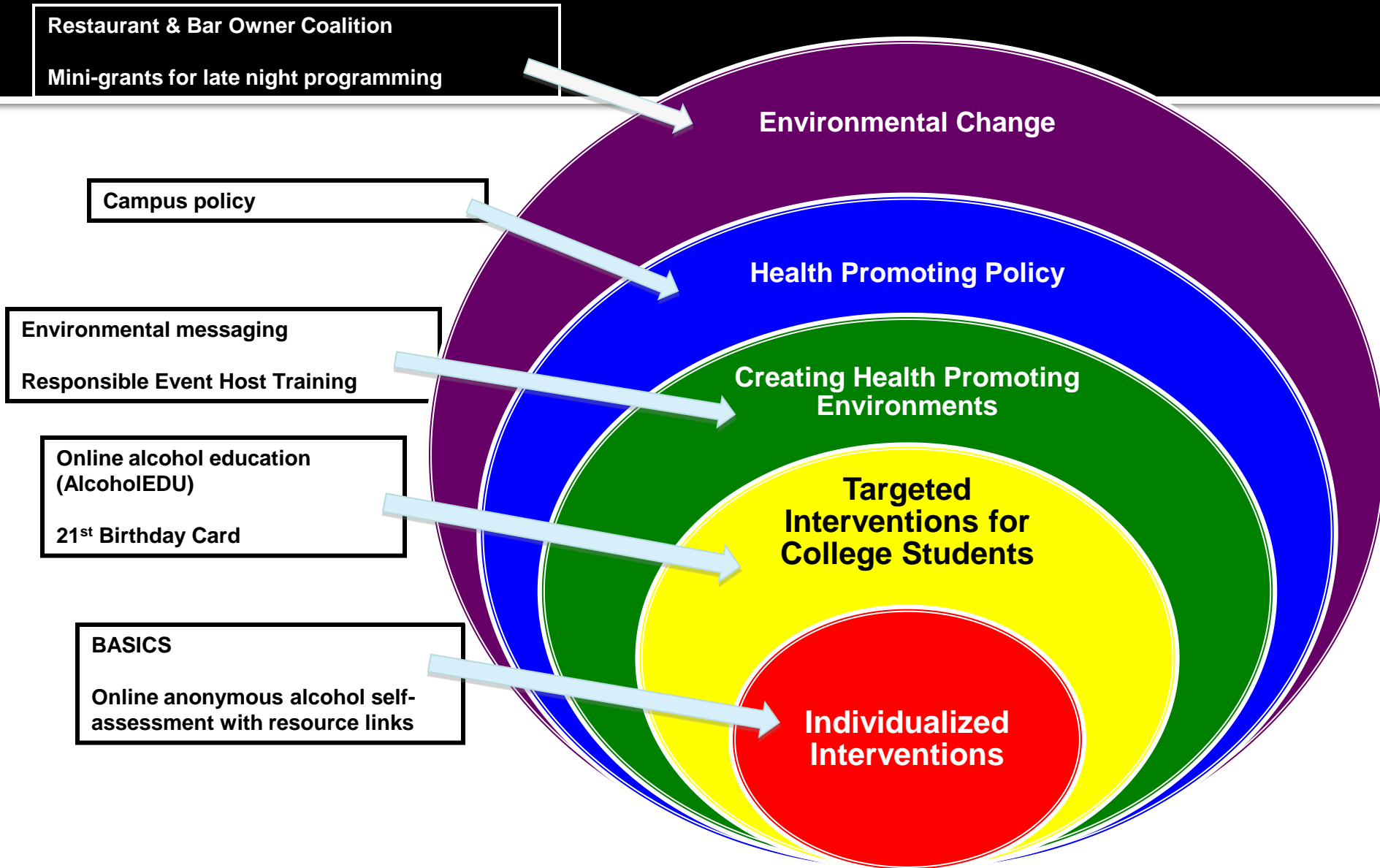# The Importance of Data Driven Decision-Making

Why this matters!

- AOD programs in higher education are historically seen as auxiliary to the purpose of the institution
- Health in higher education has historically focused measures of success on <u>process</u> instead of <u>outcome</u>
- We have not always seized the opportunity to engage key stakeholders
- Improve our self-advocacy with regard to a mission-driven purpose
- Be sure to recognize that classroom learning is only part of the institutional missions
- We've not fully embraced student development and human development theories that complement the work of addressing AOD issues in higher education
- Many people come to this work from a health-related academic preparation or student development/affairs approach, potentially missing exposure to the concepts, theories, and practices of the other
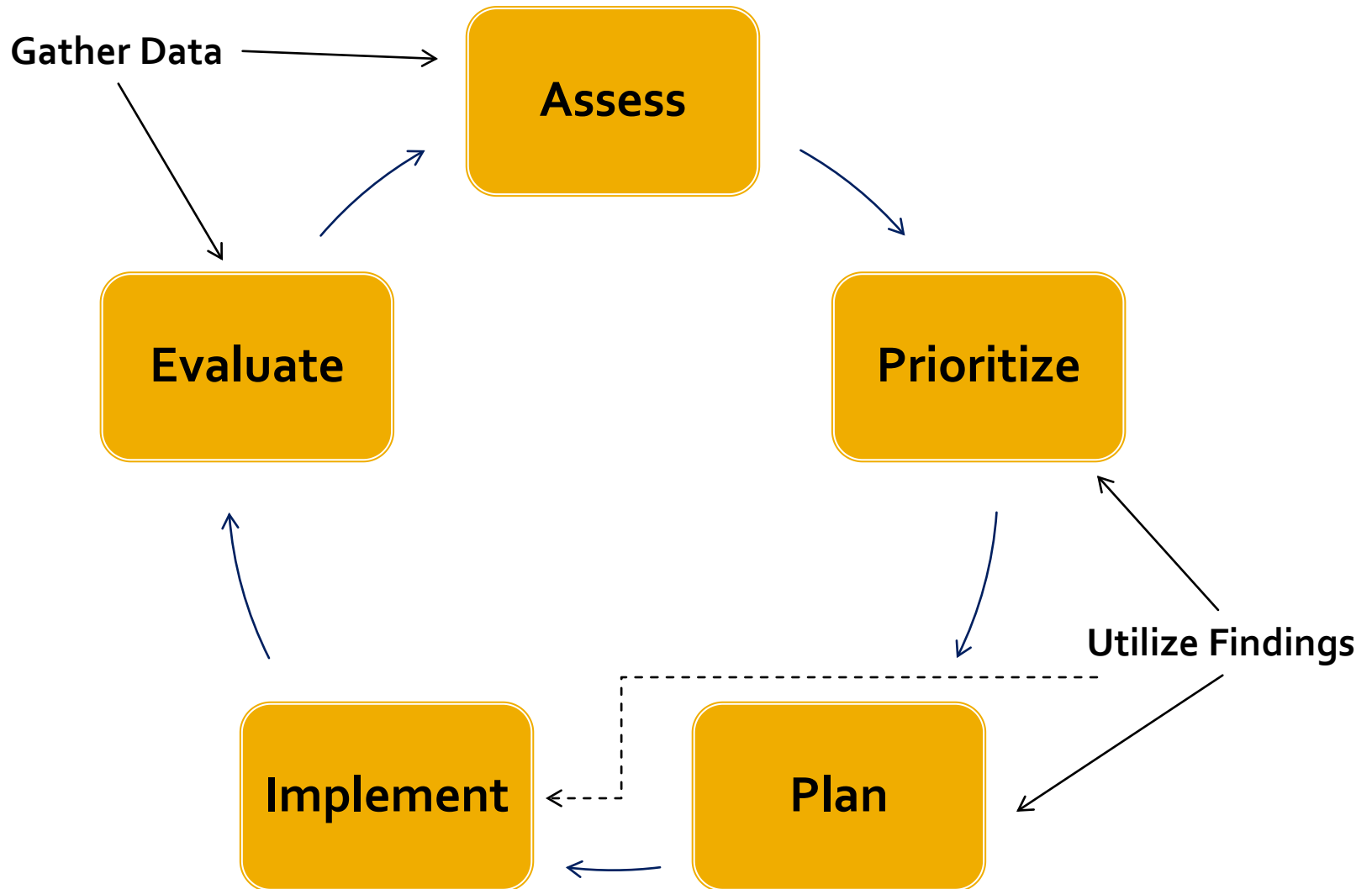
Influencing Factors

Characteristics of the:

Individual

Community

Place

Organization

People

Examples of Prevention

Restaurant & Bar Owner Coalition

Mini-grants for late night programming

Campus policy

Environmental messaging

Responsible Event Host Training

Online alcohol education (AlcoholEDU)

21st Birthday Card

BASICS

Online anonymous alcohol self-assessment with resource links

Environmental Change

Health Promoting Policy

Creating Health Promoting Environments

Targeted Interventions for College Students

Individualized Interventions

Planning Cycle

Gather Data → **Assess**

Assess → **Prioritize**

Evaluate

Prioritize

Utilize Findings

Implement

Plan

Planning Example

- **Comparison of campus data to national data, targets, guidelines, and objectives**
- **Identification of focus issues and goals**
- **Creation of a strategic plan based on best practices in the field**
  - **Creation of programs targeting identified behaviors/practices by students**
- **Implementation of plan**
- **Continued biennial reassessment of progress towards goals**

Identifying Data Sources

- **What are the sources of data available to you?**

- **Examples may include:**
  - **Clinical data (ICD codes, Dx numbers)**
  - **Fiscal expenditure data**
  - **Population-based assessments (ACHA-NCHA, CORE)**
  - **Learning & development surveys (NSSE, ESS)**
  - **Process, impact, and outcome evaluations**
  - **Community-based data (Hospitals, Retail Sales)**

Common Data Findings

Data Source	Key Finding
Clinical Visits	Upper Respiratory Infection (URI)
Fiscal Expenditure	Alcohol
Population-Based Assessments	Allergies
Learning & Development Assessments	Stress
Evaluations	Sexual & Reproductive Health
Community Data	OTC & RX Drug Sales increasing

So how do we find a balance among competing topics?

Examples of Using the Data

The next set of slides presents examples of how institutions have utilized the data in a variety of settings including:

- Priority setting
- Budget allocations
- Administrative reporting
- Target audience identification
- Supplemental question development
- Program development & evaluation

Health Information

93.3% of undergraduate students and 74.5% of graduate students reported *receiving information on one or more health topics* from the University.

- Alcohol and other drug use
- AIDS or HIV infection prevention
- Nutrition
- Injury prevention and safety
- Sleep Difficulties
- Physical activity and fitness
- Pregnancy prevention
- Sexual assault/relationship violence prevention
- Sexually transmitted disease (STD) prevention
- Suicide prevention
- Tobacco use prevention
- Violence prevention

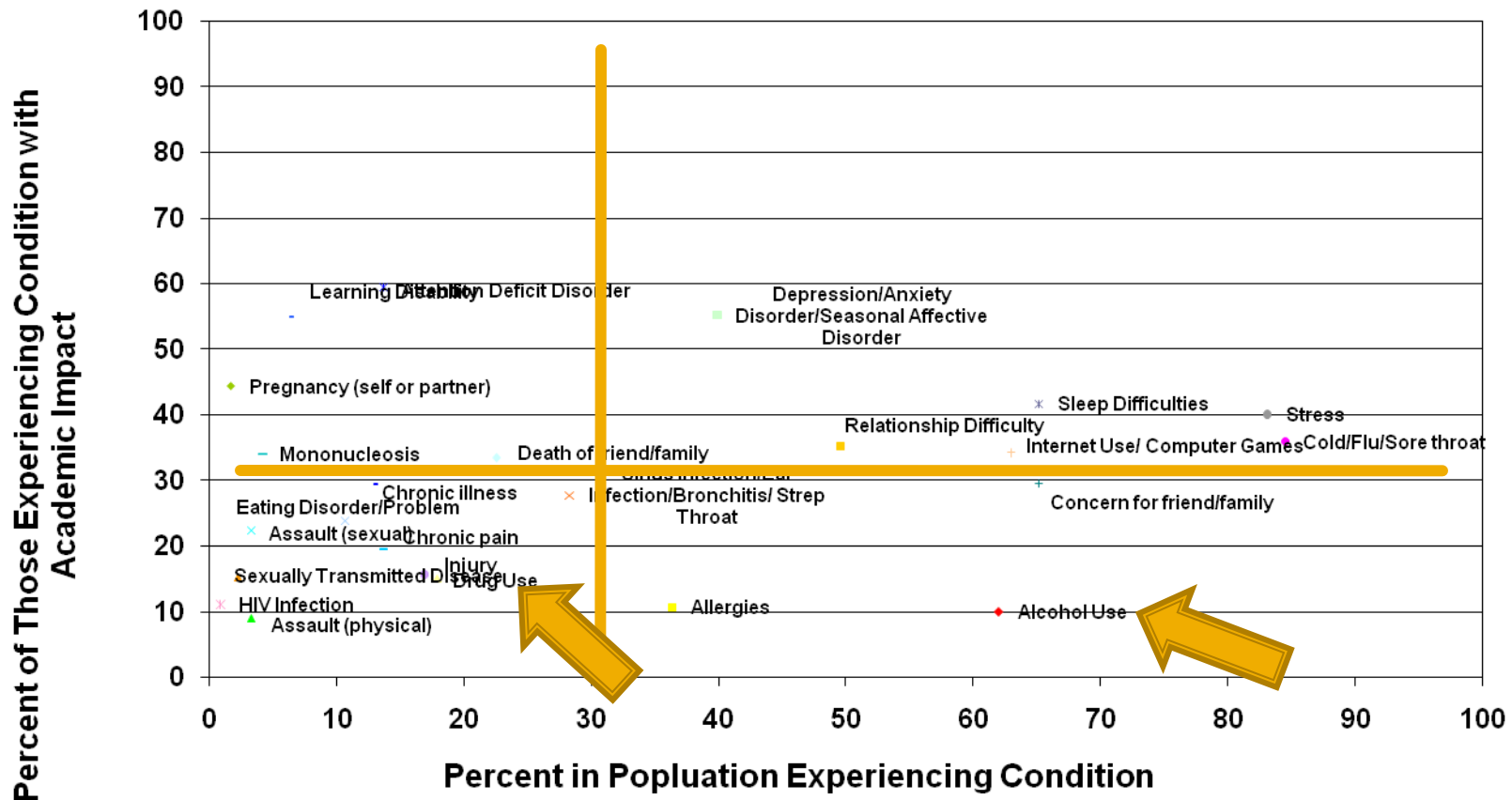# Experienced/Academic Impact

EXPERIENCED

- Cold/flu/sore throat
- Stress
- Alcohol use
- Concern for a troubled friend or family member
- Relationship difficulty

NEGATIVE IMPACT

- HIV infection
- Learning disability
- ADD
- Depression/anxiety/ seasonal affective disorder
- Mononucleosis

Negative Academic Impacts

Undergraduate Students

Negative Academic Impacts

- **Some health conditions effect a smaller proportion of the population, yet result in a noted negative academic impact (e.g. Learning Disability)**

- **Some health conditions effect a larger proportion of the population and have a smaller reported negative academic impact (e.g. alcohol use)**

- **Some health conditions effect a larger proportion of the population and have a larger reported negative academic impact (e.g. sleep difficulties)**

Reported Consequences of Drinking Alcohol

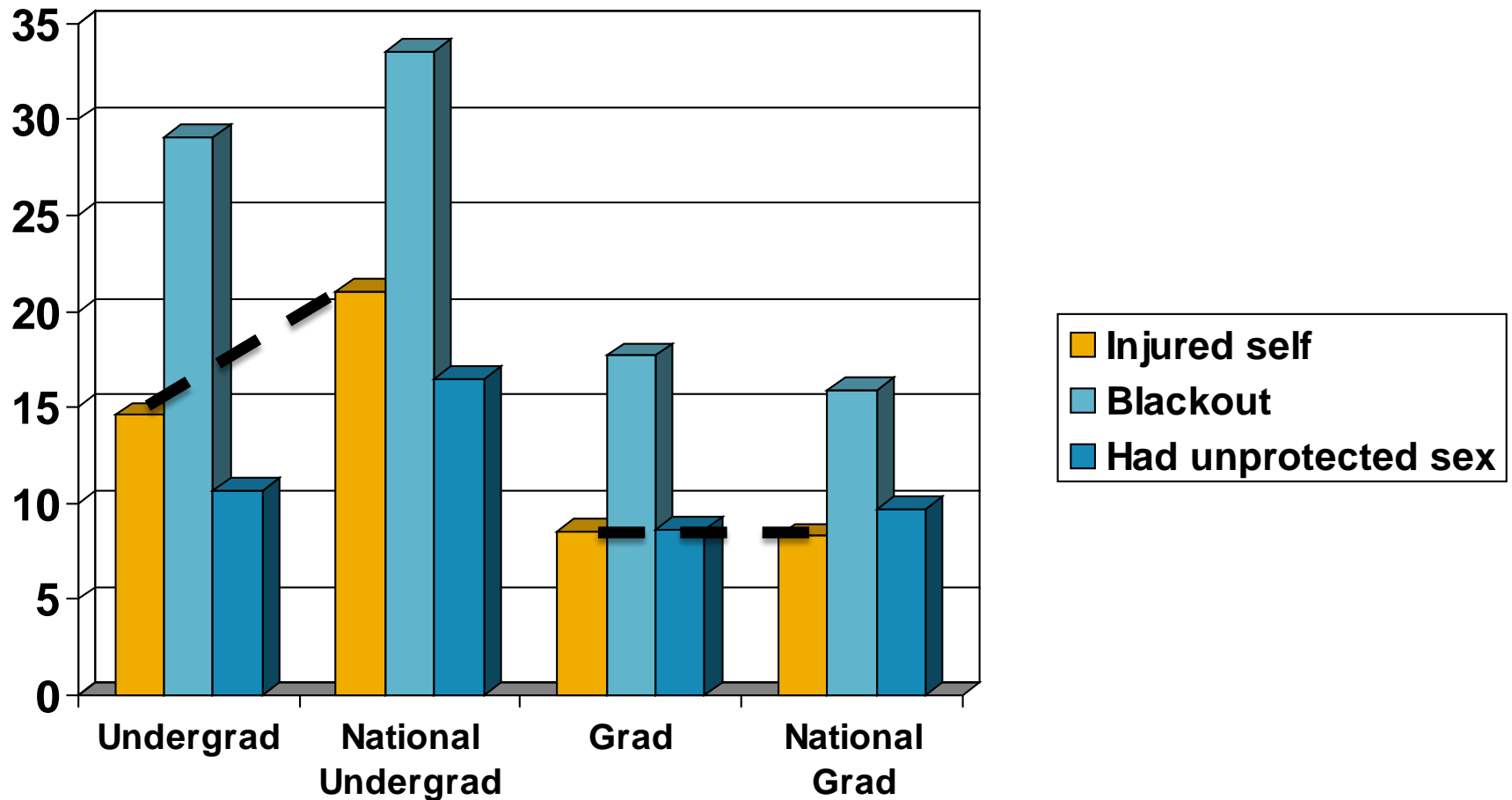| Percent of… reporting… as a result of drinking alcohol	Physically injured	Injured another person	Involved in a fight	Did something they regretted	Forgot where they were or what they did	Force or threat of force to have sex
Athlete	21.1%	6.4%	8.2%	50.9%	44.1%	2.3%
Other Undergrads	15.4%	2.6%	4.1%	37.5%	29.6%	1.2%

Summary:
Because a relationship between alcohol and violence is well established and athletes are perceived to engage in both higher levels of alcohol consumption and risky behavior, an analysis was conducted to compare athletes with non-athlete undergraduates.

Athletes reported experiencing violence-related consequences of alcohol at higher rates than non-athlete undergraduates. Suggests that additional work related to preventing consequences of alcohol consumption are indicated with athletes on this campus.

The extent to which your experience at [SCHOOL] has contributed to your development

	Percent responding "quite a bit" or "very much"
Thinking critically or analytically	77%
Learning effectively on your own	68%
Acquiring a broad general education	63%
Communicating effectively	59%
Understanding yourself	58%
Working effectively with others	55%
Solving complex real-world problems	53%
Understanding people of other racial and ethnic backgrounds	52%
A personal code of values and ethics	40%
Contributing to the welfare of your community	36%
Practicing healthy behaviors	21%
A deepened sense of spirituality	15%

Consequences of Substance Use

Data Caveats

- **Correlation is not causality**

- **There is always much more analysis to be done**

- **Final reports, including program and policy implications, will be completed in an ongoing basis (refer to planning cycle)**

Your data?

- **What data is currently available on campus?**

- **What data might you need to make a more effective case for your AOD efforts?**

- **What strategies are needed to collect AOD data?**

- **How can you make the case for gathering new (or additional) data?**

Value of using data & standards

- **Building support for your efforts**

- **Removing confusing & uncertainty**

- **Developing institutional commitment**

Building Support

- **Necessary Tools & Infrastructure**
  - **Program format that includes data-driven decision-making**
  - **Administrative support**
  - **Ongoing funding**
  - **Models & theories rely on data**

"If the only tool you have is a hammer, you will see every problem as a nail."
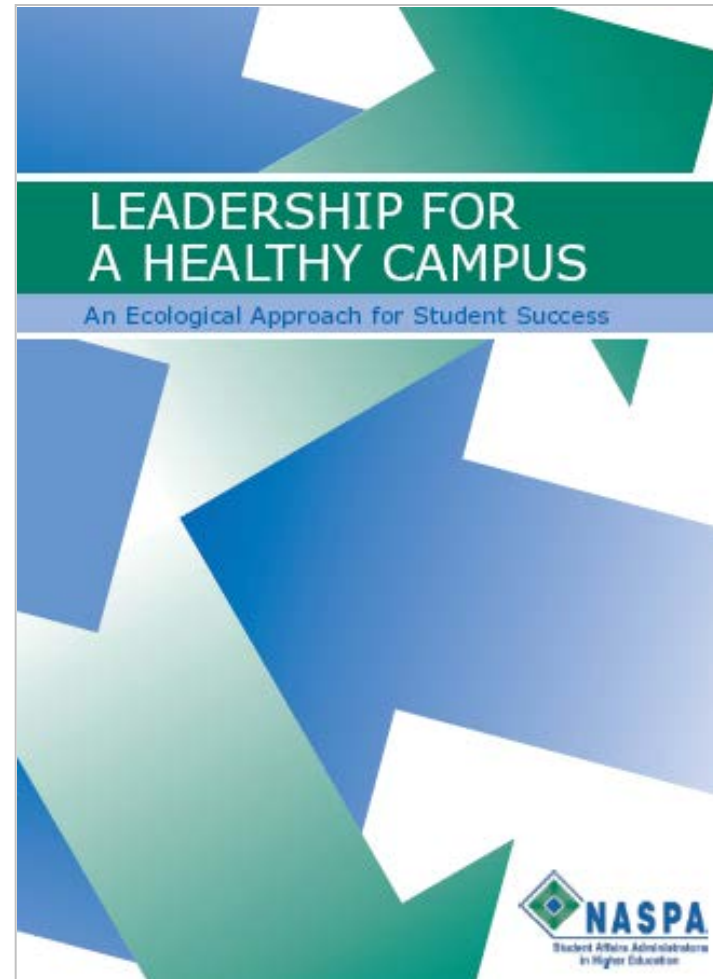*- A. Maslow*

Administrative Support

- **What's In It For Them?**

- **Supporting the Institutional Missions**

- **National Standards & Guidelines**

- **Your Language or Theirs?**

- **Everybody's Doing It…**

Keys to Effective Use of the Ecological Perspective

- Expand the focus beyond health information and programming
- Integrate responsibility for health across student affairs and academic units
- Provide supportive environments and reduce barriers to optimal outcomes
- Promote leadership and involvement by multiple partners

LEADERSHIP FOR A HEALTHY CAMPUS

An Ecological Approach for Student Success

NASPA
Student Affairs Administrators in Higher Education

Infrastructure

- **Mission & Vision Statements**

- **Measurable Learning Outcomes**

- **Assessment & Evaluation**

Everyone Can Help

- **Collaboration Is Key**

- **Partners**
  - **Faculty**
  - **Other Staff**
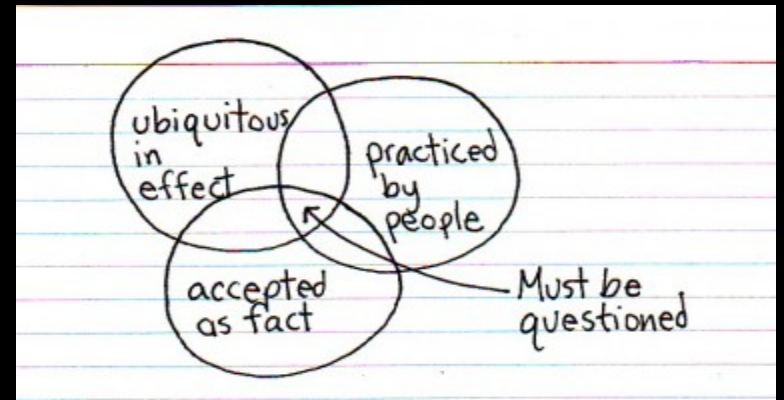 - **Administrators**
  - **Community Support**

A Helping Hand
Can Change the World

Working in a tight budget

- **Sharing costs for administration**

- **Using cost/benefit ratios in priority setting**

- **Planning for effective practice & accountability**

- **Using institutional expertise & benefit**
  - **Faculty support**
  - **Student researcher**
  - **Administrative benefit & bragging**

Evaluation

Understanding our efforts through multi-level evaluation helps to support our mission.

Efficacy is an important tool to ensure we are providing the best support to the populations we serve and ensure we are using or limited resources in the most appropriate manner.

Likeable Versus Effective

What is your purpose/goal?

How does this support the mission?

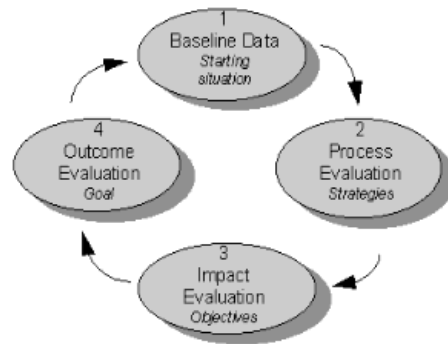How have you involved key stakeholders?

How will you measure success?

How will you ensure continued support?

Measuring Success

- Why do we evaluate our efforts?

- How do we evaluate our efforts?

- Process

- Impact

- Outcome

- Short-term

- Intermediate

- Long-term

Outcome Evaluation

- **Use to determine priorities**

- **Individual & campus level change**

- **Population change over time**

- **Provides evidence that programs are worth the investment**

Goal	Outcome	Strategy	Activity
How would it look if the outcome were achieved?	What change needs to happen, and how will it be measured?	What major factors have shown demonstrable success in achieving the desired outcome?	What tasks will be completed to implement the strategy, and who will do them?
Decrease negative consequences from alcohol use.	Reduce by 10% the number of students who are transported for intoxication.	Create and enforce policy to limit the amount of alcohol consumed at university events.	Implement a system to monitor student drinking at university events.
What do you want to achieve?	Did it work?	Did we do the right thing?	Did we do something?

Key components	Resources, Tools
DATA What data do we need, and how will we gather it?	ACHA-NCHA, CORE, NCHRBS, Single-issue survey, Local survey, Environmental scan, Interviews, Focus groups
STANDARDS How do we know what we're doing will work?	SPHPHE, CAS, CHES, Literature reviews, Best practices
PRIORITIES How do we decide what to do?	Mission, vision, values, learning outcomes HC 2020 Biggest or smallest problem Easiest or most difficult strategies
COLLABORATION With whom will we work?	Formal and informal coalitions, committees, work groups
CULTURAL COMPETENCE Who are the populations whose health and learning we are supporting?	Demographics Cultural, social, economic, political characteristics Best practices
PROFESSIONAL DEVELOPMENT What skills and talents are needed to achieve the goals?	Ongoing performance planning and review Training Assessing fit Talents/strengths/personality inventories

Strategic planning & implementation

Implications

- There are social and political pressures from inside the higher education community and externally in governmental systems to push for new measures of student learning and accountability in higher education (Guskin & Marcy, 2002).

- We are the current and future leaders. As such, we have a responsibility to create the highest level systems to support students in the achievement of their personal and academic goals.

Reflective Questions

- **Who are your existing allies that support AOD programs on campus?**

- **Who may be a barrier to improving your AOD efforts on campus?**

- **How can you build the support needed to develop a well integrated and evidence- and theory-informed AOD program on campus?**

Let's Chat!

What questions, comments, cares, & concerns would you like to discuss?

Select Resources

Accreditation Association of Ambulatory Health Care. (2004). *Accreditation handbook for ambulatory health care.* Wilmette, IL: Author.

American College Health Association (2012). *Standards of practice for health promotion in higher education, 3rd Edition.* Baltimore, MD: Author.

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NIAAA. (n.d.). *College Drinking – Changing the Culture.* Retrieved from http://collegedrinkingprevention.gov/

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