

CAS Self-Assessment Guide

HEALTH PROMOTION SERVICES
2016

Council for the Advancement of Standards in Higher Education. (2016). *CAS self-assessment guide for health promotion services*. Washington, DC: Author.

Table of Contents

Contextual Statement

Gives a functional and historical perspective to the area

Instructions

Instructions for conducting self-assessment using the SAG

Self-Assessment Instrument

Instrument comprised of criterion statements, rating scales, and evaluation forms to be used in self-assessment

Work Forms

Offer direction for developing an action plan (e.g. identify strengths, weaknesses, recommendations, benchmarks for achievement, resources, timeframe, and responsible individuals)

Appendix A: CAS Standards for Health Promotion Services

HEALTH PROMOTION SERVICES

CAS Standards Contextual Statement

Health Promotion Services (HPS) enhances the learning and development of students and the quality of the academic and living environment. The specific purpose of HPS is to support student success and, at its core, HPS enhances campus health and safety (ACHA, 2012). Colleges and universities engage students, faculty, and staff in developing personal skills, establishing supportive communities, and building environments where health advances the capacity to learn, work, play and contribute. Numerous variables (e.g., physical facilities, campus master plans, policies, traditions, enrollment demographics, the geography of the surrounding communities, and the employees as faculty or staff) contribute to an institution of higher education's environment. Introducing, modifying, and/or enhancing these variables are essential efforts to bring about health among all members of a college community.

While data from the ACHA-National College Health Assessment (ACHA-NCHA, Fall 2015) indicate that 15% to over 30% of student's academics are adversely affected by stress, anxiety, sleep difficulties, cold/flu/sore throat, and depression; research also indicates that it is more cost-effective to strengthen community health rather than to recruit individual students in place of those who are not successful (Grizzell & McNeil, 2007). It is much more effective to create an environment in which students can flourish or thrive (Okanagan Charter, 2015; Schreiner, 2010; Schreiner et al, 2009; Lopez, 2009; Keyes, 2003). This means that improving health requires a broad approach to promote a health-in-all-policies approach that creates environments where the healthy choice is the easy choice (CDC, 2011; ACHA).

The most commonly quoted definition of health was formalized in 1948 by the World Health Organization (WHO); "Health is a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity."

WHO defined health promotion in the 1986 Ottawa Charter for Health Promotion as:

"the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being" (p. 2).

Further, the 2015 "Okanagan Charter: An International Charter for Health Promoting Universities and Colleges" refers to the WHO 2015 definition of health promotion as requiring a "positive, proactive approach, moving 'beyond a focus on individual behavior towards a wide range of social and environmental interventions' that create and enhance health in settings, organizations and systems." Useful definitions of related terms can be found in the WHO "Health Promotion Glossary, New Terms" (Smith, Tang, & Nutbeam, 2006).

On any given campus, HPS has three essential goals: (a) the realization of the fullest potential of an individual; (b) the achievement of more desirable health outcomes for a group or population; and (c) the support and creation of health-supporting environments for whole populations regardless of individual variables. These key goals emphasize individual, social and personal resources as well as the capacities of groups, communities, populations, and environments.

Prevention grounds the integration of these three essential goals and leads the process that is state-of-the-art HPS. In order to improve and enhance health, reduce risk and prevent negative outcomes, robust health promotion practice is essential. Prevention deters the development of health problems before they occur and therefore reduces risk factors and enhances protective factors. Using the Institute of Medicine Model there are three subsets of prevention: universal, selective, and indicated:

- Universal prevention is health enhancing or risk reducing for broad populations without consideration of individual differences in risk.
- Selective prevention targets sub-populations of individuals identified on the basis of their membership in a group that has elevated risk.
- Indicated prevention focuses on individuals who are members of a group that exhibit high-risk behaviors (Springer & Phillips, 2006).

At times, the focus of HPS efforts has been developing individuals' skills and/or health knowledge. Today's practice of health promotion expands on this approach and embraces the Socio-ecological Model that emphasizes the necessity for action at the following five contextual levels surrounding the individual: intrapersonal, interpersonal, institutional, community, and public policy. In fact, environmental management using policy and the built environment (e.g., sidewalks, bicycle storage, hydration stations) can reduce risk and enhance health without requiring individuals to develop a skill or gain specific knowledge. Each of the five key action areas in Call to Action 1 of the Okanagan Charter are reinforced with the Socio-ecological Prevention Planning Model (McLeroy, 1988) in that they set individual-level skills and risk factors within complex layers of systems that can add population-level protection and enhancement to shape healthier behaviors. These key action areas and overall principles are essential:

- Embed health in all campus policies
- Create supportive campus environments
- Generate thriving communities and a culture of well-being
- Support personal development
- Create or re-orient campus services

It is important to articulate these definitions, key actions, and principles in institutional mission and purpose statements, strategic plans, physical locations, and resource allocations. It is also important to describe the health promotion discipline to campus colleagues and to advocate for and support campus-wide initiatives. Today, mature HPS place a great emphasis on gathering population-level surveillance data, universal prevention leadership, theory-based and evidence-informed practice to create the environments in which health is the foundation for student success. State-of-the-art HPS implement initiatives that develop personal skills, support built environments, establish and/or enforce health-enhancing public policies, and empower communities. For HPS to flourish it requires moving beyond the healthcare sector to coalition building, networking, leadership, policy change, and community organizing.

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INTRODUCTION AND INSTRUCTIONS

CAS Self-Assessment Guide

The *Self-Assessment Guides* (SAG) translate functional area CAS standards and guidelines into tools for conducting self-study. Educators can use this SAG to gain informed perspectives on the strengths and deficiencies of their programs and services as well as to plan for improvements. Grounded in the reflective, self-regulation approach to quality assurance in higher education endorsed by CAS, this SAG provides institutional, divisional, departmental, and unit leaders with a tool to assess programs and services using currently accepted standards of practice.

The *Introduction* outlines the self-assessment process, describes how to complete a programmatic self-study, and is organized into three sections:

- I. Self-Assessment Guide Organization and Process
- II. Rating Examples
- III. Formulating an Action Plan, Preparing a Report, and Closing the Loop

The introduction is followed by the *Self-Assessment Worksheet*, which presents the CAS standards for the functional area and incorporates a series of criterion measures for rating purposes.

I. Self-Assessment Guide and Process

CAS developed and has incorporated a number of common criteria that have relevance for each and every functional area, no matter what its primary focus. These common criteria are referred to as “General Standards,” which form the core of all functional area standards. CAS standards and guidelines are organized into 12 components, and the SAG workbook corresponds with the same sections:

- | | |
|-------------------------------------|---|
| Part 1. Mission | Part 7. Diversity, Equity, and Access |
| Part 2. Program | Part 8. Internal and External Relations |
| Part 3. Organization and Leadership | Part 9. Financial Resources |
| Part 4. Human Resources | Part 10. Technology |
| Part 5. Ethics | Part 11. Facilities and Equipment |
| Part 6. Law, Policy, and Governance | Part 12. Assessment |

For each set of standards and guidelines, CAS provides a Self-Assessment Guide (SAG) that includes a recommended comprehensive self-study process for program evaluation. Seven basic steps to using a SAG are suggested for implementing a functional area self-study. The following self-study process is recommended.

<p style="text-align: center;">1. Plan the Process</p> <p style="text-align: center;">Map out steps for process, develop timeline, build buy-in with all stakeholders, and explicitly identify desired outcomes of the self-study</p>	<p style="text-align: center;">5. Develop an Action Plan</p> <p style="text-align: center;">Identify discrepancies, corrective action, and recommended steps (e.g., identify strengths, weaknesses, recommendations, benchmarks for achievement, resources, timeframe, and responsible individuals)</p>
<p style="text-align: center;">2. Assemble and Educate the Self-Assessment Team</p> <p style="text-align: center;">Determine who should be on the team and how to educate the team about the self-study process</p>	<p style="text-align: center;">6. Prepare a Report</p> <p style="text-align: center;">Identify audience for report(s); describe the self-study process, evidence gathering, rating process, and evaluations; summarize strengths and weaknesses; describe the action plan; and draft an executive summary</p>
<p style="text-align: center;">3. Identify, Collect, and Review Evidence</p>	<p style="text-align: center;">7. Close the Loop</p>

Define what constitutes evidence; then gather, collect, manage, and review evidence	Put action plans into practice; work to navigate politics and secure resources; identify barriers to overcome; and build buy-in to the program review results
<p>4. Conduct and Interpret Ratings Using Evaluative Evidence</p> <p>Clarify team’s rating criteria; employ a process for rating [small group, individual, staff]; negotiate rating differences; and manage group ratings</p>	

The first four steps in conducting self-assessment will lead you through planning your process, preparing your team, gathering evidence, and assigning ratings to the criterion measures.

- A. Plan the self-study process
- B. Assemble and educate self-study team(s)
- C. Identify, collect, and review documentary evidence
- D. Conduct ratings using evaluative evidence

Step A: Plan the Self-Study Process

Prior to beginning a program review, division and functional area leaders need to determine the area (or areas) to be evaluated and the reasons for the project. This may be dictated by institutional program review cycles or planning for accreditation processes, or it may result from internal divisional goals and needs. Explicitly identifying desired outcomes and key audiences for a self-study will help leaders facilitate a process that makes the most sense for the project.

Critical first phases of a program review include mapping out the planned steps for a program review and developing timelines. Leaders will also want to build buy-in with stakeholders of the functional area. In the initial planning stage of the self-study process it is desirable to involve the full functional area staff, including support staff members, knowledgeable students, and faculty members when feasible. This approach provides opportunity for shared ownership in the evaluation.

Step B: Assemble and Educate the Self-Assessment Review Team

The second step is to identify an individual to coordinate the self-assessment process. CAS recommends that the coordinator be someone other than the leader of the unit under review; this facilitates honest critique by the review team and enhances credibility of the final report. Once a leader is designated, members of the institutional community [e.g., professional staff members, faculty members, students] need to be identified and invited to participate. Whether a sole functional area or a full division is to be reviewed, the self-study team will be strengthened by the inclusion of members from outside the area(s) undergoing review.

In preparing the team for the self-study, it is imperative to train the team on the CAS standards, as well as self-assessment concepts and principles. CAS standards and guidelines are formulated by representatives of 41 higher education professional associations concerned with student learning and development. The CAS standards represent essential practices; the CAS guidelines, on the other hand, are suggestions for practice and serve to elaborate and amplify standards through the use of suggestions, descriptions, and examples. Guidelines can often be employed to enhance program practice. Following a long-standing CAS precedent, the functional area standards and guidelines—presented as an appendix to the self-assessment instrument—are formatted so that standards (i.e., essentials of quality practice) are printed in bold type. Guidelines, which complement the standards, are printed in light-face type. Standards use the auxiliary verbs “must” and “shall” while guidelines use “should” and “may.”

In this self-assessment instrument, the CAS standards have been translated into criterion measures and grouped into subcategories for rating purposes. The criterion measures are not designed to focus on discrete ideas; rather, the measures are designed to capture the major ideas and elements reflected in the standards. For each of the 12 component parts, team members will rate clusters of criterion measures. If the assessment team decides to incorporate one or more of the guidelines into the review process, each guideline can be similarly translated into a measurable statement to facilitate rating.

As a group, the review team should examine the standards carefully and read through the entire self-assessment guide before beginning to assign ratings. It may be desirable for the team, in collaboration with the full staff, to discuss the meaning of each standard. Through this method, differing interpretations can be examined and agreement generally reached about how the standard will be interpreted for purposes of the self-assessment.

Step C: Identify, Collect, and Review Documentary Evidence

Collecting and documenting evidence of program effectiveness is an important step in the assessment process. No self-assessment is complete without relevant data and related documentation being used. It is good practice for programs to collect and file relevant data routinely, which can then be used to document program effectiveness over time. Available documentation should be assembled by the unit under review and provided to the review team at the outset of the study. The team may request additional information as needed as the review is conducted.

Documentary evidence often used to support evaluative judgments includes:

- *Student Recruitment and Marketing Materials*: brochures and other sources of information about the program, participation policies and procedures, and reports about program results and participant evaluations
- *Program Documents*: mission statements, catalogs, brochures and other related materials, staff and student manuals, policy and procedure statements, evaluation and periodic reports, contracts, and staff memos
- *Institutional Administrative Documents*: statements about program purpose and philosophy relative to other educational programs, organizational charts, financial resource statements, student and staff profiles, and assessment reports
- *Research, Assessment, and Evaluation Data*: needs assessments, follow-up studies, program evaluations, outcome measures and methodologies, and previous self-study reports
- *Staff Activity Reports*: annual reports; staff member vitae; service to departments, colleges, university, and other agencies; evidence of effectiveness; scholarship activities, and contributions to the profession
- *Student Activity Reports*: developmental transcripts, portfolios, and other evidence of student contributions to the institution, community, and professional organizations; reports of special student accomplishments; and employer reports on student employment experiences

In the SAG, each section provides recommended evidence and documentation that should be collected and compiled prior to conducting ratings. The evidence collected is likely applicable across numerous sections.

Raters can best make judgments about the program expectations articulated in the standards when they have a variety of evidence available. Multiple forms of evidence should be reviewed and reported in the narrative section of

the SAG worksheets. Through the rating process, a self-study team may identify a need to obtain additional information or documentation before proceeding, in order to lend substance to judgments about a given assessment criterion. Evidence and documentation should be appended and referenced in the final self-assessment report.

Step D: Conduct and Interpret Ratings Using Evaluative Evidence

When the program review team has gathered and reviewed necessary evidence, they will be able to assign and interpret ratings to individual criterion measures, following three steps.

- 1) Rate Criterion Measures
 - a) Team members individually rate criterion measures based on their understanding of the evidence.
 - b) Team discusses and assigns collective ratings for criterion measures.

- 2) Provide Narrative Rationale
 - a) Document the reasoning and evidence for the rating assigned to each subsection, in the space provided for *Rationale*.
 - b) Explain what evidence has been collected and reviewed to support individual and/or team ratings and judgments.
 - c) Provide information for follow-up and relevant details about ratings (e.g., if *Partly Meets* is assigned as a rating, what aspects of the program or service do and do not meet which standards statements).

- 3) Answer Overview Questions (In the Instrument)
 - a) Respond, in writing in the space provided, to the *Overview Questions* that immediately follow the rating section of each of the 12 components.
 - b) Use answers to the *Overview Questions*, which are designed to stimulate summary thinking about overarching issues, to facilitate interpretation of the ratings and development of the self-study report.

Assessment criterion measures are used to judge how well areas under review meet CAS standards. These criterion measures are designed to be evaluated using a 4-point rating scale. In addition to the numerical rating options, *Does Not Apply* (DNA) and *Insufficient Evidence/Unable to Rate* (IE) ratings are provided. This rating scale is designed to estimate broadly the extent to which a given practice has been performed.

CAS CRITERION MEASURE RATING SCALE

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

Under rare circumstances, it may be determined that a criterion measure used to judge the standard is not applicable for the particular program (e.g., a single sex or other unique institution that cannot meet a criterion measure for that reason). In such instances, raters may use a DNA rating and, in the self-study report, describe their rationale for excluding the practice in the criterion measure. The IE response can be used when relevant data are unavailable to support a judgment. When either the DNA or the IE ratings are used, an explanatory note should be provided in the report. Items rated with 0 should generate careful group consideration and appropriate follow-up action.

Program leaders may wish to incorporate additional criterion measures, such as selected CAS guidelines or other rating scales, into the procedures before the self-assessment process begins. Such practice is encouraged, and the

SAG instrument can be amended to incorporate additional criterion measures for judging the program. In such instances, additional pages to accommodate the additional criterion measures may be required.

Whatever procedures are used to arrive at judgments, deliberate discussions should occur about how to initiate the rating process and select the optimal rating strategy. In such discussions, it is expected that disagreements among team members will occur and that resulting clarifications will inform all participants. It is important that the team achieve consensual resolution of such differences before proceeding with individual ratings.

CAS suggests a two-tiered (individual and group) judgment approach for determining the extent to which the program meets the CAS standard. First, the self-assessment team members (and functional area staff members, if desired) individually should rate the clusters of criterion measures using separate copies of the CAS Self-Assessment Guide. In addition, they will need to document their reasoning and evidence for the rating assigned to each subsection in the space provided for *Rationale*. This individualized rating procedure is then followed by a collective review and analysis of the individual ratings.

The individual ratings should be reviewed, discussed, and translated into a collective rating by the team; then the team is ready to move to the interpretation phase of the self-assessment. Interpretation typically incorporates discussion among team members to assure that all aspects of the program were given fair and impartial consideration prior to a final collective judgment. At this point, persistent disagreements over performance ratings may call for additional data collection.

After the team review is completed, a meeting with relevant administrators, staff members, and student leaders should be scheduled for a general review of the self-assessment results. The next step, including discussion of alternative approaches that might be used to strengthen and enhance the program, is to generate steps and activities to be incorporated into an action plan. This step is best done by the unit staff, informed by the results of the review and, when feasible, in consultation with the review team. The Work Forms will guide this process.

II. Rating Examples

Rating Standard Criterion Measures

All CAS standards, printed in bold type, are viewed as being essential to a sound and relevant program or service that contributes to student learning and development. Many of the statements contained in CAS standards incorporate multiple criteria that have been grouped for rating purposes. Consequently, raters may need to judge several standards statements through a single criterion measure. Using the “Ethics” standards as an example, the following illustrates how criterion measures are grouped into subcategories for rating.

Part 5. ETHICS

Suggested Evidence and Documentation:

1. Program code or statement of ethics
2. Ethics statements from relevant functional area professional associations
3. Personnel policies, procedures and/or handbook
4. Student code of conduct
5. Operating policies and procedures related to human subjects research (Institutional Review Board, IRB)
6. Minutes from meetings during which staff reviewed and discussed ethics

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

5.1 Ethical Standards

- Programs and services review applicable professional ethical standards and adopt or develop and implement appropriate statements of ethical practice.
- Programs and services publish and adhere to statements of ethical practice, ensure their periodic review, and orient new personnel to relevant statements of ethical practice and related institutional policies.

Rationale:

5.2 Statement of Ethical Standards

- Statements of ethical standards specify that programs and services personnel respect privacy and maintain confidentiality in communications and records as delineated by privacy laws.

Using Guidelines to Make Judgments about the Program

As discussed above, program leaders may wish to include selected *CAS Guidelines* to be rated along with the standards. To accomplish this, criterion measure statements must be written for the guidelines selected. The self-study team can readily create statements to be judged as part of the rating process. Programs generally considered in compliance with the standards especially can benefit by using guidelines because guidelines typically call for enhanced program quality.

Not all programs under review will incorporate guidelines to be rated as part of their self-studies. Even though the guidelines are optional for rating purposes, raters are strongly encouraged to read and review them as part of the training process. When *CAS Guidelines* or other criterion measures are rated, they should be treated as if they were standards.



III. Formulating an Action Plan, Preparing a Report, and Closing the Loop

The final three steps in the self-assessment process help a review team and unit plan for and take action using the information garnered through the review of documentary evidence and rating process.

Step E: Formulating an Action Plan

Typically, the assessment process will identify areas where the program is not in compliance with the standards. Action planning designed to overcome program shortcomings and provide program enhancements must then occur. Following is an outline of recommended steps for establishing a comprehensive plan of action using the CAS self-assessment work forms. Space is provided in the SAG for recording relevant information.

- 1) Resolve Rating Discrepancies (Work Form A)
 - a) Identify criterion statements for which there is a substantial rating discrepancy.
 - b) Discuss these items and come to a resolution or final decision. Note any measures where consensus could not be reached.
- 2) Identify Areas of Program Strength (Work Form B)
 - a) Identify criterion measure ratings where *strength* in performance or accomplishment was noted (i.e., program exceeds criterion with a rating of 4).
- 3) Identify Areas for Improvement (Work Form B)
 - a) Identify criterion measures where program weaknesses (i.e., program shortcomings that fail to meet criterion measures, and received a rating of 0 or 1) were noted.
- 4) Recommend Areas for Unit Action (Work Form C)
 - a) Note items that need follow-up action for improvement and indicate what requires action.
 - b) This is the last form to be completed by the review team.
- 5) Prepare the Action Plan (Work Form D)
 - a) This step should be completed by the unit being reviewed.
 - b) Use the items requiring attention listed in Work Form C to formulate a brief action plan. The focus and intended outcomes of the next steps to be taken should be identified.
- 6) Write Program Action Plan (Work Form E)
 - a) List each specific action identified in the self-study that would enhance and strengthen services.
 - b) Determine the actions needed to improve for each practice.
 - c) Identify responsible parties to complete the action steps.
 - d) Set dates by which specific actions are to be completed.
- 7) Prepare Report
 - a) Prepare a comprehensive action plan for implementing program changes.
 - b) Identify resources (i.e., human, fiscal, physical) that are essential to program enhancement.
 - c) Set tentative start-up date for initiating a subsequent self-study.

Step F: Preparing a Report

To complete the process, a summary document should be produced that (a) explains the mission, purpose, and philosophy of the program; (b) reviews the outcome of the assessment; and (c) recommends specific plans for action.

In addition, depending on the report's audience, describe the process, evidence gathering, ratings, and evaluations, and summarize strengths and weaknesses.

Step G: Closing the Loop

Finally, to close the loop on a program's self-study process, functional area staff members must implement the recommended changes to enhance the quality of their program. In this final step, the staff endeavors to put action plans into practice. In some cases, there will be institutional politics to be navigated; continued support from functional area leaders remains essential. Staff members will want to work collectively to secure resources, identify barriers to implementation, and build stakeholder buy-in to the results. CAS recommends that closing the loop on a self-study process be integrated into regular staff meetings, individual supervision, trainings, and annual reports. A key to successfully using program review in post-secondary student services is weaving the entire process, from planning through taking action, into the fabric of the functional area, departmental, and divisional culture.

HEALTH PROMOTION SERVICES

CAS Self-Assessment Guide

Part 1: MISSION

Suggested Evidence and Documentation:

1. Current mission statement, brief description of how it was developed, and date of last review
2. Additional goals, values, and statements of purpose
3. Description and copies (if applicable) of where mission statement is disseminated (e.g., included in operating and personnel policies, procedures and/or handbook, hanging in office common space, on website, in strategic plan, and other promotional materials)
4. Institutional/divisional mission statements (e.g., map program mission to broader mission statements)
5. Any additional professional standards aligned with program/service (e.g., standards promoted by functional area organizations)
6. Institutional demographics, description of student population served, and information about community setting

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

1.1 Program Mission and Goals

- The mission of Health Promotion Services (HPS) is to enable people to live, study, work, and play in health-promoting environments, and when feasible, increase control over, and to improve, their health. Personal development, including learning, in relation to the practice of healthier behaviors, is one of the essential health promotion action areas as outlined in the Okanagan Charter. Personal development, including learning, is one aspect of a comprehensive approach to embedding health into all aspects of campus culture. HPS is the campus unit most prepared to bring informed and effective leadership to this effort in partnership with diverse campus stakeholders who equally value and work to foster student success.
- To accomplish its mission, HPS reflects the following assumptions:
 - Health promotion in higher education supports student success through the provision of services that reduce personal, institution, and community health risks
 - Health is defined as the capacity of individuals and communities to reach their potential and is more than the absence of disease measured by clinical indicators
 - Health promotion practice advocates for institution-wide understanding of the intersections among learning, social justice, health equity, and health.
 - Health promotion practice aims to expand protective factors and institution and community strengths
 - Health promotion practice examines and addresses health at multiple levels: intrapersonal, interpersonal, institutional, community, and public policy
 - Health promotion professionals practice prevention with a primary focus on universal strategies
 - Health promotion practice is evidence-informed and theory-based, implemented with fidelity to maximize effectiveness, and evaluated for achievement of desired outcomes

Rationale:

- 1.2 Mission Implementation and Review
- HPS develops, disseminates, implements, and regularly reviews its mission.

Rationale:

- 1.3 Mission Statement
- The mission statement is consistent with that of the institution and with professional standards; is appropriate for student populations and community settings; and references learning and development.

Rationale:

Overview Questions:

1. How does the mission embrace student learning and development?
2. In what ways does the HPS mission complement the mission of the institution?
3. To what extent is the mission used to guide practice?

Part 2: PROGRAM

Suggested Evidence and Documentation:

1. Program student learning and development outcomes, and brief description of how they were developed
2. List of current collaborations across the institution that facilitate student learning and development
3. Map of program activities and ways they connect to student learning and development outcomes
4. Map or report of outcome assessment activities, including results
5. Strategic plans program design and enhancement
6. Specifications or requirements (if applicable)

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

- 2.1 Program Information and Services
- Health Promotion Services (HPS) professionals strive to reduce the risk of individual illness and injury, build individual capacity for engaging in health-promoting behaviors, and address university practices, priority health issues, community factors, and institutional and public policies that affect the health of students.
 - HPS professionals strive to identify and address the complex social, cultural, economic, and political factors that may contribute to or compromise the health of individuals or communities; advocate for inclusive and equal access to resources and services; and eliminate health disparities and achieve health equity.
 - HPS advocates for health as a core value of the institution.

Rationale:

2.2 Program Contribution to Student Learning and Development

- HPS contributes to students' formal education (the curriculum and co-curriculum), learning, and development.
- HPS professionals advance the connection between the academic mission of the institution and the health of students.
- HPS contributes to students' progression toward and timely completion of educational goals and preparation for their careers, citizenship, and lives.
- HPS contributes to the creation of an institutional and community climate of health and social justice.
- HPS disseminates research that demonstrates the effect of individual health behaviors and environmental factors on student success
- HPS identifies relevant and desirable student learning and development outcomes that align with the CAS Learning and Development Outcomes and related domains and dimensions.

Rationale:

2.3 Assessment of Learning and Development

- HPS engages in outcomes assessment, documents evidence of its impact, and articulates the role it plays in student learning and success.
- HPS uses evidence to create strategies for improvement of programs.

Rationale:

2.4 Program Design

- HPS bases its work on intentional student learning and development outcomes.
- HPS reflects developmental and demographic profiles of the student population and responds to needs of individuals, populations with distinct needs, and relevant constituencies.
- HPS is delivered using multiple formats, strategies, and contexts and is designed to provide universal access.
- HPS designs health promotion initiatives that support student success as defined by the institution.
- HPS develops and communicates a strategic plan for health promotion that supports the unique missions and values of the institution.
- HPS includes health promotion strategies that influence individual and population-based health behavior and outcomes.

Rationale:

2.5 Collaboration

- HPS collaborates with others across the institution in ways that benefit students.
- HPS involves students, faculty members, staff members, and community constituents to advance the health of students and to create institutional and community environments that support students' health.

Rationale:

- 2.6 Grounding in Research, Theory, and Evidence-Based Practice
- HPS articulates the theoretical frameworks used in determining priorities to the institutional community.
 - HPS reviews research and theories from interdisciplinary sources to inform health promotion efforts.
 - HPS applies tested theories and evidence-informed strategies to the development of initiatives designed to improve the health of individuals and the institutional environment.

Rationale:

Overview Questions:

1. What are the most significant student learning and development outcomes of HPS?
2. What difference does HPS make for students who engage with it?
3. What is the demonstrated impact of HPS on student learning, development, and success?
4. How has collaboration in program development and delivery affected its impact or outcomes?
5. What changes or adjustments have been made as a result of assessment activities?

Part 3: ORGANIZATION AND LEADERSHIP

Suggested Evidence and Documentation:

1. Program goals and outcomes
2. Operating policies, procedures and/or handbook
3. Personnel and student handbook(s), policies and procedures, and organizational chart(s)
4. Personnel position descriptions, expectations, and performance review templates
5. Periodic reports, contracts, and personnel memos
6. Annual reports by program leaders
7. Program leader resumes, including additional professional involvement
8. Strategic and operating plans
9. Needs assessment of program constituents
10. Report of professional development activities

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

- 3.1 Organization Documents
- Health Promotion Services (HPS) has clearly stated and current goals and outcomes, policies and procedures, descriptions of personnel responsibilities and expectations, and clear organizational charts.

Rationale:

- 3.2 Organizational Structure
- The placement of HPS within the organizational structure signifies the value of advancing student health through the practice of health promotion as essential to the overall mission of the institution.
 - The HPS director is placed within the institution’s organizational structure to be able to promote cooperative and significant interaction with appropriate institution and community entities, including academic and student affairs executive leadership, and consequently develop the support

of high-level staff for the creation of safe and healthy institutional environments.

Rationale:

3.3 Actions of Leaders

- Leaders model ethical behavior and institutional citizenship.
- Leaders with organizational authority provide strategic planning, management and supervision, and program advancement.

Rationale:

3.4 Strategic Planning

- HPS leaders articulate a vision and mission, as well as set goals and objectives based on the needs of populations served, intended student learning and development outcomes, and program outcomes.
- HPS leaders facilitate continuous development, implementation, and assessment of effectiveness and goal attainment congruent with institutional mission and strategic plans.
- HPS leaders promote environments that provide meaningful opportunities for student learning, development, and engagement.
- HPS leaders develop, adapt, and improve programs and services for populations served and institutional priorities.
- HPS leaders include diverse perspectives to inform decision-making.

Rationale:

3.5 Management

- HPS leaders plan, allocate, and monitor the use of fiscal, physical, human, intellectual, and technological resources.
- HPS leaders manage human resource processes including recruitment, selection, performance planning, and succession planning.
- HPS leaders use evidence to inform decisions, incorporate sustainability practices, understand and integrate appropriate technologies, and are knowledgeable about relevant codes and laws.
- HPS leaders assess and take action to mitigate potential risks.
- HPS leaders develop health-related programs and policies that support student health; gather relevant data and utilize evidence-informed and theory base practices; and develop strategic, operational, and resource utilization plans and policies.

Rationale:

3.6 Supervision

- HPS leaders manage human resource processes including professional development, supervision, evaluation, recognition, and reward.
- HPS leaders empower personnel to become effective leaders and to contribute to the effectiveness and success of the unit.
- HPS leaders encourage and support collaboration across the institution and scholarly contributions to the profession.
- HPS leaders identify and address individual, organizational, and environmental conditions that

foster or inhibit mission achievement.

Rationale:

3.7 Program Advancement

- HPS leaders advocate for and actively promote the mission and goals of the programs and services.
- HPS leaders inform stakeholders about issues affecting practice.
- HPS leaders facilitate processes to reach consensus where wide support is needed.
- HPS leaders advocate for representation in strategic planning initiatives at divisional and institutional levels.

Rationale:

Overview Questions:

1. Explain the extent to which HPS leader(s) are viewed as and held responsible for advancing the departmental mission.
2. Explain the opportunities and limitations present for HPS leader(s) as they seek to fulfill the program mission.
3. How do HPS leaders advance the organization?
4. How do HPS leaders encourage collaboration across the institution?
5. How are HPS leaders accountable for their performance?
6. How have HPS leaders empowered personnel and engaged stakeholders?

Part 4: HUMAN RESOURCES

Suggested Evidence and Documentation:

1. Program mission, goals, and outcomes
2. Operating policy and procedure manuals/statements for program and institution
3. Organizational chart(s)
4. Personnel handbook, position descriptions (including student employees, volunteers, and graduate students), expectations, and performance review templates
5. Annual reports, including data on student utilization and staff-to-student ratios
6. Association or benchmark reports on operations and staffing
7. Student and staff personnel profiles or resumes, including demographic characteristics, educational background, and previous experience
8. Reports on personnel, including student employees and volunteers, employment experiences
9. Training agendas and schedules
10. Statement of staffing philosophy
11. Professional development activities
12. Minutes from staff meetings at which human resources related standards were discussed and addressed

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

4.1 Adequate Staffing and Support

- Health Promotion Services (HPS) is staffed adequately to accomplish mission and goals.
- HPS has access to technical and support personnel adequate to accomplish the mission.
- Health promotion practice is led by appropriately credentialed, trained, and qualified individuals and, by design, a collaborative and collective institution effort.

Rationale:

4.2 Recruitment, Supervision, and Professional Development

- HPS establishes procedures and expectations for personnel recruitment and selection, training, supervision, performance, and evaluation.
- HPS provides personnel access to education and professional development opportunities to improve their competence, skills, and leadership capacity.
- HPS considers work/life options available to personnel to promote recruitment and retention.

Rationale:

4.3 Employment Practices

- Administrators of HPS maintain personnel position descriptions, implement recruitment and hiring strategies that produce an inclusive workforce, and develop promotion practices that are fair, inclusive, proactive, and non-discriminatory.
- Personnel responsible for delivery of programs and services have written performance goals, objectives, and outcomes for each year's performance cycle to be used to plan, review, and evaluate work and performance and update them regularly.
- Results of individual personnel evaluations are used to recognize personnel performance, address performance issues, implement individual and/or collective personnel development and training programs, and inform the assessment of programs and services.

Rationale:

4.4 Personnel Training

- Personnel, including student employees and volunteers, receive appropriate and thorough training when hired and throughout their employment.
- Personnel have access to resources or receive specific training on institutional and governmental policies; procedures and laws pertaining to functions or activities they support; privacy and confidentiality; access to student records; sensitive institutional information; ethical and legal uses of technology; and technology used to store or access student records and institutional data.
- Personnel are trained on how and when to refer those in need of additional assistance to qualified personnel.
- Personnel are trained on systems and technologies necessary to perform their assigned responsibilities.
- Personnel engage in continuing professional development activities to keep abreast of research, theories, legislation, policies, and developments that affect programs and services.
- Administrators ensure that personnel are knowledgeable about and trained in safety, emergency procedures, and crisis prevention and response, including identification of threatening conduct or

behavior, and incorporate a system for responding to and reporting such behaviors.

- Personnel are knowledgeable of and trained in safety and emergency procedures for securing and vacating facilities.

Rationale:

4.5 Professional Personnel

- Professional personnel either hold an earned graduate or professional degree in a field relevant to their position or possess an appropriate confirmation of educational credentials and related work experience.

Rationale:

4.6 Interns and Graduate Assistants

- Degree- or credential-seeking interns or graduate assistants are qualified by enrollment in an appropriate field of study and by relevant experience.
- Degree- or credential-seeking interns or graduate assistants are trained and supervised by professional personnel who possess applicable educational credentials and work experience, have supervisory experience and are cognizant of the dual roles of interns and graduate assistants as students and employees.
- Supervisors of interns or graduate assistants adhere to parameters of students' job descriptions, articulate intended learning outcomes in student job descriptions, adhere to agreed-upon work hours and schedules, and offer flexible scheduling when circumstances necessitate.
- Supervisors and students both agree to suitable compensation if circumstances necessitate additional hours.

Rationale:

4.7 Student Employees and Volunteers

- Student employees and volunteers are carefully selected, trained, supervised, and evaluated; have access to a supervisor; and are provided clear job descriptions, pre-service training based on assessed needs, and continuing development.

Rationale:

Overview Questions:

1. In what ways are personnel qualifications examined, performance evaluated, and personnel recognized for exemplary performance?
2. How are professional development efforts designed, how do they support achievement of the HPS mission, and how do they prepare and educate staff on relevant information?
3. How has the staffing model been developed to ensure successful program operations?
4. Describe the HPS philosophy toward engaging graduate interns and assistants, and student employees and volunteers in the program human resource pool.

Part 5: ETHICS

Suggested Evidence and Documentation:

1. Program code or statement of ethics
2. Ethics statements from relevant functional area professional associations
3. Personnel policies, procedures and/or handbook
4. Student code of conduct
5. Operating policies and procedures related to human subjects research (Institutional Review Board, IRB)
6. Minutes from meetings during which staff reviewed and discussed ethics

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

5.1 Ethical Standards

- Health Promotion Services (HPS) reviews applicable professional ethical standards and adopts or develops and implements appropriate statements of ethical practice.
- HPS publishes and adheres to statements of ethical practice, ensure their periodic review, and orient new personnel to relevant statements of ethical practice and related institutional policies.

Rationale:

5.2 Statement of Ethical Standards

- Statements of ethical standards specify that HPS personnel respect privacy and maintain confidentiality in communications and records as delineated by privacy laws.
- Statements of ethical standards specify limits on disclosure of information contained in students' records as well as requirements to disclose to appropriate authorities.
- Statements of ethical standards address conflicts of interest, or appearance thereof, by personnel in the performance of their work and reflect the responsibility of personnel to be fair, objective, and impartial in their interactions with others.
- Statements of ethical standards reference management of institutional funds, appropriate behavior regarding research and assessment with human participants, confidentiality of research and assessment data, students' rights and responsibilities, and issues surrounding scholarly integrity.
- Statements of ethical standards include the expectation that personnel confront and hold accountable other personnel who exhibit unethical behavior.

Rationale:

5.3 Ethical Obligations

- HPS personnel employ ethical decision making in the performance of their duties.
- HPS personnel inform users of programs and services of ethical obligations and limitations emanating from codes and laws or from licensure requirements.
- HPS personnel recognize and avoid conflicts of interest that could adversely influence their judgment or objectivity and, when unavoidable, recuse themselves from the situation.
- HPS personnel perform their duties within the scope of their position, training, expertise, and competence and make referrals when issues presented exceed the scope of the position.

Rationale:

Overview Questions:

1. What is the HPS strategy for managing student and personnel confidentiality and privacy issues?
2. How are ethical dilemmas and conflicts of interest identified and addressed?
3. How are ethics incorporated into the daily management and decision-making processes of HPS?

Part 6: LAW, POLICY, AND GOVERNANCE

Suggested Evidence and Documentation:

1. Emergency procedures
2. Operating policies and procedures
3. Personnel policies, procedures and/or handbook
4. Institutional codes of conduct
5. Contracts
6. Copies of related laws and legal obligations
7. Resources of professional liability insurance

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

6.1 Legal Obligations and Responsibilities

- Health Promotion Services (HPS) is in compliance with laws, regulations, and policies that relate to their respective responsibilities and that pose legal obligations, limitations, risks, and liabilities for the institution as a whole.
- HPS has access to legal advice needed for personnel to carry out their assigned responsibilities.
- HPS informs personnel, appropriate officials, and users of programs and services about existing and changing legal obligations, risks and liabilities, and limitations.
- HPS informs personnel about professional liability insurance options and refers them to external sources if the institution does not provide coverage.

Rationale:

6.2 Policies and Procedures

- HPS has written policies and procedures on operations, transactions, or tasks that have legal implications.
- HPS regularly reviews policies that are informed by best practices, available evidence, and policy issues in higher education.
- HPS has procedures, systems and guidelines consistent with institutional policy for responding to threats, emergencies, and crisis situations and disseminates timely and accurate information to students, other members of the institutional community, and appropriate external organizations during emergency situations.

Rationale:

6.3 Harassment and Hostile Environments

- HPS personnel neither participate in nor condone any form of harassment or activity that demeans persons or creates an intimidating, hostile, or offensive environment.

Rationale:

6.4 Copyright Compliance

- HPS purchases or obtains permission to use copyrighted materials and instruments and includes appropriate citations on materials and instruments.

Rationale:

6.5 Governance

- HPS informs personnel about internal and external governance organizations that affect programs and services.

Rationale:

Overview Questions:

1. What are the crucial legal, policy and, governance issues faced by HPS, and how are they addressed?
2. How are personnel instructed, advised, or assisted with legal, policy, and governance concerns?
3. How are personnel informed about internal and external governance systems?

Part 7: DIVERSITY, EQUITY, AND ACCESS

Suggested Evidence and Documentation:

1. Diversity statements
2. Goals and objectives related to diversity, equity, and access
3. Training plans and agendas for personnel
4. Lists of programs and curriculums related to diversity, equity, and access
5. Personnel policies, procedures, and/or handbook (specifically statements against harassment or discrimination)
6. Facilities audit
7. Assessment results such as participation rates, demographics, campus climate, and student needs

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

7.1 Inclusive Work Environments

- Health Promotion Services (HPS) creates and maintains educational work environments that are welcoming, accessible, inclusive, equitable, and free from harassment.
- HPS does not discriminate on the basis of ability; age; cultural identity; ethnicity; family educational history; gender identity and expression; nationality; political affiliation; race; religious affiliation; sex; sexual orientation; economic, marital, social, or veteran status; or any other basis included in institutional policies and codes and laws.

Rationale:

7.2 Structural Aspects of Equity, Access, and Inclusion

- HPS ensures physical, program, and resource access for all constituents; modifies or removes policies, practices, systems, technologies, facilities, and structures that create barriers or produce inequities; and ensures that when facilities and structures cannot be modified, they do not impede access.
- HPS responds to the needs of all constituents served when establishing hours of operation and developing methods of delivering programs, services, and resources.
- HPS recognizes the needs of distance and online learning students by directly providing or assisting them to gain access to comparable services and resources.

Rationale:

7.3 Ensuring Diversity, Equity, and Access

- HPS advocates for sensitivity to multicultural and social justice concerns by the institution and its personnel.
- Health promotion acknowledges that differing beliefs, values, rules, and customs affect health, and advocates for environments that are characterized by cultural inclusion, respect, equality, and equity.
- HPS establishes goals for diversity, equity, and access; fosters communication and practices that enhance understanding of identity, culture, self-expression, and heritage; and promotes respect for commonalities and differences among people within their historical and cultural contexts.
- HPS addresses the characteristics and needs of diverse constituents when establishing and implementing culturally relevant and inclusive programs, services, policies, procedures, and practices.
- HPS provides personnel with diversity, equity, and access training and holds personnel accountable for applying the training to their work.
- HPS personnel demonstrate cultural competence and inclusiveness in advancing the health of individuals and communities.

Rationale:

Overview Questions:

1. How does HPS ensure constituents experience a welcoming, accessible, and inclusive environment that is equitable and free from harassment?
2. How does HPS address imbalance in participation among selected populations of students?
3. How does HPS address imbalance in staffing patterns among selected populations of program personnel?
4. How does HPS ensure cultural competence of its personnel to ensure inclusion in the program?
5. How does HPS encourage and provide opportunities for ongoing professional development for its personnel?

Part 8: INTERNAL AND EXTERNAL RELATIONS

Suggested Evidence and Documentation:

1. Promotional material (brochures/sources of information about the program, catalogs, brochures, staff and student handbooks)

2. Media procedures and guidelines
3. List and description of relationships with internal and external partners
4. Minutes from meetings/interactions with key stakeholders

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

8.1 Internal and External Populations

- Health Promotion Services (HPS) reaches out to internal and external populations to establish, maintain, and promote understanding and effective relations with those that have a significant interest in or potential effect on the students or other constituents served by the programs and services.
- HPS reaches out to internal and external populations to garner support and resources for programs and services, collaborate in offering or improving programs and services to meet the needs of students and other constituents and to achieve program and student outcomes, and engage diverse individuals, groups, communities, and organizations to enrich the educational environment and experiences of students and other constituents.
- HPS reaches out to internal and external populations to disseminate information about the programs and services.
- To ensure success, HPS maintains productive relations with students, faculty members, staff members, alumni, the community at large, contractors, and support agencies.

Rationale:

8.2 Marketing

- Promotional and descriptive information is accurate and free of deception and misrepresentation.

Rationale:

8.3 Procedures and Guidelines

- HPS has procedures and guidelines consistent with institutional policy to communicate with the media; distribute information through print, broadcast, and online sources; contract with external organizations for delivery of programs and services; cultivate, solicit, and manage gifts; and apply to and manage funds from grants.

Rationale:

Overview Questions:

1. With which relevant individuals, campus offices, and external agencies must HPS maintain effective relations? Why are these relationships important, and how are they mutually beneficial?
2. How does HPS maintain effective relationships with program constituents?
3. How does HPS assess the effectiveness of its relations with individuals, campus offices and external agencies?

Part 9: FINANCIAL RESOURCES

Suggested Evidence and Documentation:

1. Budgets and the budget process
2. Financial statements and audit reports
3. Student fee process and allocation (if applicable)
4. Financial statements for grants, gifts, and other external resources

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

9.1 Adequate Funding

- Health Promotion Services (HPS) has funding to accomplish its mission and goals.

Rationale:

9.2 Financial Planning and Implementation

- HPS conducts a comprehensive analysis to determine unmet needs, relevant expenditures, external and internal resources, and impact on students and the institution.
- HPS uses the budget as a planning tool to reflect commitment to the mission and goals of the programs and services and of the institution.
- Financial reports provide an accurate financial overview of the organization and provide clear, understandable, and timely data upon which personnel can plan and make informed decisions.

Rationale:

9.3 Policies, Procedures, and Protocols

- HPS administers funds in accordance with established institutional accounting procedures.
- HPS demonstrates efficient and effective use and responsible stewardship of fiscal resources consistent with institutional protocols.
- Procurement procedures are consistent with institutional policies, ensure purchases comply with laws and codes for usability and access, ensure the institution receives value for the funds spent, and consider information available for comparing the ethical and environmental impact of products and services purchased.

Rationale:

Overview Questions:

1. What is the funding strategy for HPS, and why is this the most appropriate approach?
2. How does HPS ensure fiscal responsibility, responsible stewardship, and cost-effectiveness?
3. If applicable, how does HPS go about increasing financial resources?

Part 10: TECHNOLOGY

Suggested Evidence and Documentation:

1. Technology policies and procedures
2. Equipment inventory

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

- 10.1 Current and Adequate Technology
- Health Promotion Services (HPS) has adequate technology to support achievement of its mission and goals.
 - Use of technology complies with institutional policies and procedures and relevant codes and laws.

Rationale:

- 10.2 Use of Technology
- HPS uses current technology to provide updated information regarding mission, location, staffing, programs, services, and official contacts to students and other constituents in accessible formats.
 - HPS uses current technology to provide an avenue for students and other constituents to communicate sensitive information in a secure format, and enhance the delivery of programs and services for all students.

Rationale:

- 10.3 Data Protection and Upgrades
- HPS backs up data on a regular basis.
 - HPS articulates and adheres to policies and procedures regarding ethical and legal use of technology, as well as for protecting the confidentiality and security of information.
 - HPS implements a replacement plan and cycle for all technology with attention to sustainability and incorporates accessibility features into technology-based programs and services.

Rationale:

- 10.4 Student Technology Access
- HPS has policies on student use of technology that are clear, easy to understand, and available to all students.
 - HPS provides information or referral to support services for those needing assistance in accessing or using technology, provides instruction or training on how to use the technology, and informs students of implications of misuse of technologies.

Rationale:

Overview Questions:

1. How is technology inventoried, maintained, and updated?
2. How is information security maintained?
3. How does HPS ensure that relevant technology is available for all who are served by the program?

4. How does HPS use technology to enhance the delivery of programs, resources, services and overall operations?
5. How does HPS utilize technology to foster its learning outcomes?

Part 11: FACILITIES AND EQUIPMENT

Suggested Evidence and Documentation:

1. Equipment inventory
2. Facilities audit and plans for renovations, additions, and enhancements
3. Capital projects, if applicable
4. Structural design or maps to show space allocation
5. Images of the space

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

11.1 Design of Facilities

- Health Promotion Services (HPS) facilities are intentionally designed and located in suitable, accessible, and safe spaces that demonstrate universal design and support the HPS mission and goals.
- Facilities are designed to engage various constituents and promote learning.
- The design of the facilities guarantees the security and privacy of records and ensures the confidentiality of sensitive information and conversations.

Rationale:

11.2 Work Space

- Personnel have workspaces that are suitably located and accessible, well equipped, adequate in size, and designed to support their work and responsibilities.
- Personnel are able to secure their work.

Rationale:

11.3 Equipment Acquisition and Facilities Use

- HPS incorporates sustainable practices in use of facilities and purchase of equipment.
- Facilities and equipment are evaluated on an established cycle and are in compliance with codes, laws, and accepted practices for access, health, safety, and security.
- When acquiring capital equipment, HPS takes into account expenses related to regular maintenance and life-cycle costs.

Rationale:

Overview Questions:

1. How are facilities inventoried and maintained?
2. How does HPS integrate sustainable practices?

3. How does HPS ensure that facilities, workspaces, and equipment are considered in decision-making?
4. How is HPS intentional about space allocation and usage?

Part 12: ASSESSMENT

Suggested Evidence and Documentation:

1. Program goals, key indicators, outcomes, and related assessment data
2. Program student learning and development outcomes and related assessment data
3. Description of assessment cycle
4. Assessment plans and annual assessment reports
5. Minutes of meetings at which assessment activities and results discussed
6. Professional development activities to improve assessment competence

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

12.1 Assessment Plan and Practice

- Health Promotion Services (HPS) develops an ongoing cycle of assessment plans, processes, and activities.
- HPS assesses the institutional environment for assets, strengths, resources, factors that influence health, and needs/gaps that exist.
- HPS identifies programmatic goals and intended program outcomes as well as outcomes for student learning and development.
- HPS determines indicators of performance to know if the program is successfully supporting community health, well-being, and quality of life.
- HPS documents progress toward achievement of goals and outcomes.
- HPS employs multiple measures, methods, and manageable processes for gathering, interpreting, and evaluating data.
- HPS employs ethical practices in the assessment process.
- HPS has access to adequate fiscal, human, professional development, and technological resources to develop and implement assessment plans.

Rationale:

12.2 Reporting and Implementing Results

- HPS interprets and uses assessment results to demonstrate accountability and inform planning and decision-making.
- HPS reports aggregated results to respondent groups and stakeholders.
- HPS assesses effectiveness of implemented changes and provides evidence of improvement of programs and services.
- HPS presents data in a manner that can be easily understood by a broad group of stakeholders including students, faculty members, staff members, and the institutional community.

Rationale:

Overview Questions:

1. What is the comprehensive assessment strategy for HPS?
2. What are priorities of the assessment program, and how are those developed?
3. How does HPS integrate assessment and evaluation into all aspects of daily operations (e.g., advising, event planning)?
4. How are tangible, measurable learning and program outcomes determined to ensure the achievement of HPS mission and goals?
5. How effective is the assessment strategy in demonstrating goal achievement and student learning?
6. How does HPS use assessment results to inform program improvement?
7. How does HPS share assessment results with relevant constituencies?
8. How does HPS support ongoing development of assessment competencies for personnel?

General Standards revised in 2014;

HPS content developed/revised in 2006 & 2016

Work Form A – Rating Discrepancies

INSTRUCTIONS:

This work form should be completed following a review of the individual ratings of the team members. Item numbers for which there is a substantial rating discrepancy should be discussed before completing the remaining work forms. Discrepancies among ratings should be identified, discussed, and reconciled for consensus.

Part	Discrepancies	Resolution/Final Decision
1. Mission		
2. Program		
3. Organization and Leadership		
4. Human Resources		
5. Ethics		
6. Law, Policy, and Governance		
7. Diversity, Equity, and Access		
8. Internal and External Relations		
9. Financial Resources		
10. Technology		
11. Facilities and Equipment		
12. Assessment		

Work Form B – Strengths and Areas for Improvement

INSTRUCTIONS:

This work form should be completed following a review of the individual ratings of the team members. Examine the ratings of each criterion measure by the team members, and record the following in the form below:

- Strengths: Item number(s) for which all participants have given a rating of 3, indicating agreement that the criterion *exceeds* the standard.
- Areas for Improvement: Item number(s) for which all participants have given a rating of 0 or 1, indicating agreement that the criterion *does not meet* or *partly meets* the standard. Items rated IE for *insufficient evidence/unable to rate* should be listed here as well.

Note – Items not listed in one of these categories represent consensus among the raters that practice in that area is satisfactory, having been rated a 2, which indicates agreement that the criterion *meets* the standard.

Part	Strengths: Items that exceed the standard (consensus ratings = 3)	Areas for Improvement: Items that do not meet or partly meet the standard (consensus ratings = 0, 1)
1. Mission		
2. Program		
3. Organization and Leadership		
4. Human Resources		
5. Ethics		
6. Law, Policy, and Governance		
7. Diversity, Equity, and Access		
8. Internal and External Relations		
9. Financial Resources		

10. Technology		
11. Facilities and Equipment		
12. Assessment		

Work Form C – Recommendations for Unit Action

INSTRUCTIONS:

This is the last form to be completed by the review team. List the items needing follow-up action for improvement and indicate what requires attention. The team or coordinator should consider including any criterion measure rated as being not met by the reviewers, as well as those with significant discrepancies that are not resolved by team discussion.

Part	Item Requiring Attention
1. Mission	
2. Program	
3. Organization and Leadership	
4. Human Resources	
5. Ethics	
6. Law, Policy, and Governance	
7. Diversity, Equity, and Access	
8. Internal and External Relations	
9. Financial Resources	
10. Technology	
11. Facilities and Equipment	
12. Assessment	

Work Form D – Beginning the Action Plan

INSTRUCTIONS:

This work form is for use by the staff of the unit being reviewed and is the first step in identifying the actions to be taken as a consequence of study results. Using the Items Requiring Attention listed in Work Form C, write a brief action plan that identifies the focus and intended outcomes of the next steps in to be taken in each area.

Part 1. Mission

Part 2. Program

Part 3. Organization and Leadership

Part 4. Human Resources

Part 5. Ethics

Part 6. Law, Policy, and Governance

Part 7. Diversity, Equity, and Access

Part 8. Internal and External Relations

Part 9. Financial Resources

Part 10. Technology

Part 11. Facilities and Equipment

Part 12. Assessment

HEALTH PROMOTION SERVICES

CAS Standards and Guidelines

Part 1. MISSION

The mission of Health Promotion Services (HPS) is to enable people to live, study, work, and play in health-promoting environments, and when feasible, increase control over, and to improve, their health. Personal development, including learning, in relation to the practice of healthier behaviors, is one of the essential health promotion action areas as outlined in the Okanagan Charter. Personal development, including learning, is one aspect of a comprehensive approach to embedding health into all aspects of campus culture. HPS is the campus unit most prepared to bring informed and effective leadership to this effort in partnership with diverse campus stakeholders who equally value and work to foster student success.

To accomplish its mission, HPS must reflect the following assumptions:

- Health promotion in higher education must support student success through the provision of services that reduce personal, institution, and community health risks
- Health must be defined as the capacity of individuals and communities to reach their potential and is more than the absence of disease measured by clinical indicators
- Health promotion practice must advocate for institution-wide understanding of the intersections among learning, social justice, health equity, and health.
- Health promotion practice must aim to expand protective factors and institution and community strengths
- Health promotion practice must examine and address health at multiple levels: intrapersonal, interpersonal, institutional, community, and public policy
- Health promotion professionals must practice prevention with a primary focus on universal strategies
- Health promotion practice must be evidence-informed and theory-based, implemented with fidelity to maximize effectiveness, and evaluated for achievement of desired outcomes

HPS must develop, disseminate, implement, and regularly review their mission, which must be consistent with the mission of the institution and with applicable professional standards. The mission must be appropriate for the institution's students and other constituents. Mission statements must reference student learning and development.

Part 2. PROGRAM

To achieve their mission, Health Promotion Services (HPS) must contribute to

- students' formal education, which includes both the curriculum and the co-curriculum
- student progression and timely completion of educational goals
- preparation of students for their careers, citizenship, and lives
- student learning and development

To contribute to student learning and development, HPS must

- identify relevant and desirable student learning and development outcomes
- articulate how the student learning and development outcomes align with the six CAS student learning and development domains and related dimensions
- assess relevant and desirable student learning and development
- provide evidence of impact on outcomes
- articulate contributions to or support of student learning and development in the domains not specifically assessed
- use evidence gathered to create strategies for improvement of programs and services

STUDENT LEARNING AND DEVELOPMENT DOMAINS AND DIMENSIONS

Domain: knowledge acquisition, integration, construction, and application

- Dimensions: understanding knowledge from a range of disciplines; connecting knowledge to other knowledge, ideas, and experiences; constructing knowledge; and relating knowledge to daily life

Domain: cognitive complexity

- Dimensions: critical thinking, reflective thinking, effective reasoning, and creativity

Domain: intrapersonal development

- Dimensions: realistic self-appraisal, self-understanding, and self-respect; identity development; commitment to ethics and integrity; and spiritual awareness

Domain: interpersonal competence

- Dimensions: meaningful relationships, interdependence, collaboration, and effective leadership

Domain: humanitarianism and civic engagement

- Dimensions: understanding and appreciation of cultural and human differences, social responsibility, global perspective, and sense of civic responsibility

Domain: practical competence

- Dimensions: pursuing goals, communicating effectively, technical competence, managing personal affairs, managing career development, demonstrating professionalism, maintaining health and wellness, and living a purposeful and satisfying life

[LD Outcomes: See *The Council for the Advancement of Standards Learning and Development Outcomes* statement for examples of outcomes related to these domains and dimensions.]

HPS must be

- intentionally designed

- guided by theories and knowledge of learning and development
- integrated into the life of the institution
- reflective of developmental and demographic profiles of the student population
- responsive to needs of individuals, populations with distinct needs, and relevant constituencies
- delivered using multiple formats, strategies, and contexts
- designed to provide universal access

HPS must collaborate with colleagues and departments across the institution to promote student success learning and development, persistence and success.

Health Promotion Services (HPS) must

- develop and communicate a strategic plan for health promotion that supports the unique missions and values of the institution
- design health promotion initiatives that support student success as defined by the institution
- disseminate research that demonstrates the effect of individual health behaviors and environmental factors on student success
- advocate for health as a core value of the institution

HPS must review research and theories from interdisciplinary sources to inform health promotion efforts.

HPS must articulate the theoretical frameworks used in determining priorities to the institutional community.

HPS must apply tested theories and evidence-informed strategies to the development of initiatives designed to improve the health of individuals and the institutional environment.

HPS must involve students, faculty members, staff members, and community constituents to advance the **health of students and to create institutional and community environments that support students' health.**

HPS professionals should strive to reduce risk, incidence, and severity for individual mental and physical distress, illness and injury; enhance health as a strategy to support student learning; and advocate for safety, social justice, health equity, and human dignity.

HPS must contribute to the creation of an institutional and community climate of health and social justice.

HPS professionals must strive to identify and address the complex social, cultural, economic, and political factors that may contribute to or compromise the health of individuals or communities; advocate for inclusive and equal access to resources and services; and eliminate health disparities and achieve health equity.

HPS must include health promotion strategies that influence individual and population-based health behavior and outcomes.

HPS professionals must strive to reduce the risk of individual illness and injury, build individual capacity for engaging in health-promoting behaviors, and address university practices, priority health issues, community factors, and institutional and public policies that affect the health of students.

HPS professionals must advance the connection between the academic mission of the institution and the health of students.

Part 3. ORGANIZATION AND LEADERSHIP

To achieve program and student learning and development outcomes, Health Promotion Services (HPS) must be purposefully structured for effectiveness. HPS must have clearly stated and current

- goals and outcomes
- policies and procedures
- responsibilities and performance expectations for personnel
- organizational charts demonstrating clear channels of authority

Leaders must model ethical behavior and institutional citizenship.

Leaders with organizational authority for HPS must provide strategic planning, management and supervision, and program advancement.

Strategic Planning

- articulate a vision and mission that drive short- and long-term planning
- set goals and objectives based on the needs of the populations served, intended student learning and development outcomes, and program outcomes
- facilitate continuous development, implementation, and assessment of program effectiveness and goal attainment congruent with institutional mission and strategic plans
- promote environments that provide opportunities for student learning, development, and engagement
- develop, adapt, and improve programs and services in response to the changing needs of populations served and evolving institutional priorities
- include diverse perspectives to inform decision making

Management and Supervision

- plan, allocate, and monitor the use of fiscal, physical, human, intellectual, and technological resources
- manage human resource processes including recruitment, selection, professional development, supervision, performance planning, succession planning, evaluation, recognition, and reward
- influence others to contribute to the effectiveness and success of the unit
- empower professional, support, and student personnel to become effective leaders
- encourage and support collaboration with colleagues and departments across the institution
- encourage and support scholarly contributions to the profession
- identify and address individual, organizational, and environmental conditions that foster or inhibit mission achievement

- use current and valid evidence to inform decisions
- incorporate sustainability practices in the management and design of programs, services, and facilities
- understand appropriate technologies and integrate them into programs and services
- be knowledgeable about codes and laws relevant to programs and services and ensure that programs and services meet those requirements
- assess and take action to mitigate potential risks

Program Advancement

- advocate for and actively promote the mission and goals of the programs and services
- inform stakeholders about issues affecting practice
- facilitate processes to reach consensus where wide support is needed
- advocate for representation in strategic planning initiatives at divisional and institutional levels

HPS leaders must develop health-related programs and policies that support student health, gather relevant data and utilize evidence-informed and theory base practices, and develop strategic, operational, and resource utilization plans and policies.

The HPS director must be placed within the institution's organizational structure to be able to promote cooperative and significant interaction with appropriate institution and community entities, including academic and student affairs executive leadership, and consequently develop the support of high-level staff for the creation of safe and healthy institutional environments.

The placement of HPS within the organizational structure must signify the value of advancing student health through the practice of health promotion as essential to the overall mission of the institution.

Leaders of HPS should educate others about using a public health approach to improving student health, support others in strengthening their health promotion efforts, and mobilize others to foster health-promoting communities.

Part 4. HUMAN RESOURCES

Health Promotion Services (HPS) must be staffed adequately by individuals qualified to accomplish its mission and goals.

Health promotion practice must be led by appropriately credentialed, trained, and qualified individuals and, by design, a collaborative and collective institution effort.

HPS staff should be competent to

- develop strategic plans for health promotion that support the unique missions and values of institutions of higher education
- examine and address institution and community health issues at all levels of the socio-ecological model – intrapersonal, interpersonal, institutional, community, and public policy
- apply accepted theoretical frameworks and planning models that address individual and community health

- develop measurable goals and objectives for health promotion initiatives
- implement evidence-informed health promotion initiatives with fidelity to maximizing effectiveness
- use accepted quantitative and qualitative methods for assessment and program evaluation
- conduct population-based assessments of health status, needs, and assets
- conduct environmental assessments of institution and community health needs and resources
- engage and collaborate with interdisciplinary partners
- demonstrate cultural competence and inclusivity

HPS must have access to technical and support personnel adequate to accomplish their mission.

Within institutional guidelines, HPS must

- establish procedures for personnel recruitment and selection, training, performance planning, and evaluation
- set expectations for supervision and performance
- provide personnel access to continuing and advanced education and appropriate professional development opportunities to improve their competence, skills, and leadership capacity
- consider work/life options available to personnel (e.g., compressed work schedules, flextime, job sharing, remote work, or telework) to promote recruitment and retention of personnel

Administrators of HPS must

- ensure that all personnel have updated position descriptions
- implement recruitment and selection/hiring strategies that produce a workforce inclusive of under-represented populations
- develop promotion practices that are fair, inclusive, proactive and non-discriminatory

Personnel responsible for delivery of HPS must have written performance goals, objectives, and outcomes, **for each year's performance cycle to be** used to plan, review, and evaluate work and performance. The performance plan must be updated regularly to reflect changes during the performance cycle.

Results of individual personnel evaluations must be used to recognize personnel performance, address performance issues, implement individual and/or collective personnel development and training programs, and inform the assessment of programs and services.

HPS personnel, when hired and throughout their employment, must receive appropriate and thorough supervision and training.

HPS personnel, including student employees and volunteers, must have access to resources or receive specific training on

- institutional policies pertaining to functions or activities they support
- privacy and confidentiality policies
- laws regarding access to student records
- policies and procedures for dealing with sensitive institutional information
- policies and procedures related to technology used to store or access student records and institutional data

- how and when to refer those in need of additional assistance to qualified personnel and have access to a supervisor for assistance in making these judgments
- systems and technologies necessary to perform their assigned responsibilities
- ethical and legal uses of technology

HPS personnel must engage in continuing professional development activities to keep abreast of the research, theories, legislation, policies, and developments that affect their programs and services.

Staff members should participate in appropriate professional organizations and should have the budgetary support to do so. Staff development is an essential activity and conferences, webinars, credit courses, seminars, and access to current research are examples of professional development activities that could be made available.

Staff members should be encouraged to participate in community activities related to the student population being served.

Within institutional guidelines, HPS should include written policies and procedures that encourage staff and partners to participate in professional development programs and activities that are consistent with the mission, goals, and objectives of the institution and HPS.

HPS should contribute to team and organizational learning in order to advance health promotion goals (e.g., mentor students and other staff; participate in research and quality improvement initiatives).

HPS Directors should demonstrate efforts to retain HPS staff in positions by providing opportunities for professional growth and development.

HPS Directors should, as appropriate, afford HPS staff opportunities for growth and development that may extend beyond parameters of their job description and provide experiences that enhance their professional portfolio. This may take the form of (but is not limited to) departmental, divisional, and institutional representation on committees, leadership roles on regional and national associations; research and assessment activities that enhance knowledge in the field and collaborative partnerships with other institutions.

Administrators of HPS must ensure that personnel are knowledgeable about and trained in safety, emergency procedures, and crisis prevention and response. Risk management efforts must address identification of threatening conduct or behavior and must incorporate a system for responding to and reporting such behaviors.

HPS personnel must be knowledgeable of and trained in safety and emergency procedures for securing and vacating facilities.

PROFESSIONAL PERSONNEL

HPS professional staff members must hold an earned graduate or professional degree in a field relevant to the position they hold or must possess an appropriate combination of educational credentials and related work experience.

The HPS director should have a minimum of an advanced degree in public health, health promotion, health education, or other related discipline from an accredited institution and hold Master Certified Health Education Specialist (MCHES) or Certified in Public Health (CPH) designations or be eligible and intend to become certified. In institutions where only one health promotion professional position exists, the director-level qualifications should be followed, regardless of title.

HPS staff should have a minimum of an advanced degree in public health, health promotion, health education, or other related discipline from an accredited institution and should hold Certified Health Education Specialist (CHES) or Certified in Public Health (CPH) designations or be eligible and intent to become certified.

INTERNS OR GRADUATE ASSISTANTS

Degree- or credential-seeking interns or graduate assistants must be qualified by enrollment in an appropriate field of study and relevant experience. These students must be trained and supervised by professional personnel who possess applicable educational credentials and work experience and have supervisory experience. Supervisors must be cognizant of the dual roles interns and graduate assistants have as both student and employee.

Supervisors must

- adhere to parameters of students' job descriptions
- articulate intended learning outcomes in student job descriptions
- adhere to agreed-upon work hours and schedules
- offer flexible scheduling when circumstances necessitate

Supervisors and students must both agree to suitable compensation if circumstances necessitate additional hours.

STUDENT EMPLOYEES AND VOLUNTEERS

Student employees and volunteers must be carefully selected, trained, supervised, and evaluated. Students must have access to a supervisor. Student employees and volunteers must be provided clear job descriptions, pre-service training based on assessed needs, and continuing development.

Part 5. ETHICS

Health Promotion Services (HPS) must

- review applicable professional ethical standards and must adopt or develop and implement appropriate statements of ethical practice
- publish and adhere to statements of ethical practice and ensure their periodic review
- orient new personnel to relevant ethical standards and statements of ethical practice and related institutional policies

Statements of ethical standards must

- specify that HPS personnel respect privacy and maintain confidentiality in communications and records as delineated by privacy laws
- specify limits on disclosure of information contained in students' records as well as requirements to disclose to appropriate authorities
- address conflicts of interest, or appearance thereof, by personnel in the performance of their work
- reflect the responsibility of personnel to be fair, objective, and impartial in their interactions with others
- reference management of institutional funds
- reference appropriate behavior regarding research and assessment with human participants, confidentiality of research **and assessment data, and students' rights and responsibilities**
- include the expectation that personnel confront and hold accountable other personnel who exhibit unethical behavior
- address issues surrounding scholarly integrity

HPS personnel must

- employ ethical decision making in the performance of their duties
- inform users of programs and services of ethical obligations and limitations emanating from codes and laws or from licensure requirements
- recognize and avoid conflicts of interest that could adversely influence their judgment or objectivity and, when unavoidable, recuse themselves from the situation
- perform their duties within the scope of their position, training, expertise, and competence
- make referrals when issues presented exceed the scope of the position

Part 6. LAW, POLICY, AND GOVERNANCE

Health Promotion Services (HPS) must be in compliance with laws, regulations, and policies that relate to their respective responsibilities and that pose legal obligations, limitations, risks, and liabilities for the institution as a whole. Examples include constitutional, statutory, regulatory, and case law; relevant law and orders emanating from codes and laws; and the institution's policies.

HPS must have access to legal advice needed for personnel to carry out their assigned responsibilities.

HPS must inform personnel, appropriate officials, and users of programs and services about existing and changing legal obligations, risks and liabilities, and limitations.

HPS must inform personnel about professional liability insurance options and refer them to external sources if the institution does not provide coverage.

HPS must have written policies and procedures on operations, transactions, or tasks that have legal implications.

HPS must regularly review policies. The revision and creation of policies must be informed by best practices, available evidence, and policy issues in higher education.

HPS must have procedures and guidelines consistent with institutional policy for responding to threats, emergencies, and crisis situations. Systems and procedures must be in place to disseminate timely and accurate information to students, other members of the institutional community, and appropriate external organizations during emergency situations.

Personnel must neither participate in nor condone any form of harassment or activity that demeans persons or creates an intimidating, hostile, or offensive environment.

HPS must purchase or obtain permission to use copyrighted materials and instruments. References to copyrighted materials and instruments must include appropriate citations.

HPS must inform personnel about internal and external governance organizations that affect programs and services.

Part 7. DIVERSITY, EQUITY, AND ACCESS

Within the context of each institution's mission and in accordance with institutional policies and applicable codes and laws, Health Promotion Services (HPS) must create and maintain educational and work environments that are welcoming, accessible, inclusive, equitable, and free from harassment.

HPS must not discriminate on the basis of disability; age; race; cultural identity; ethnicity; nationality; family educational history (e.g., first generation to attend college); political affiliation; religious affiliation; sex; sexual orientation; gender identity and expression; marital, social, economic, or veteran status; or any other basis included in institutional policies and codes and laws.

HPS must

- advocate for sensitivity to multicultural and social justice concerns by the institution and its personnel
- ensure physical, program, and resource access for all constituents
- modify or remove policies, practices, systems, technologies, facilities, and structures that create barriers or produce inequities
- ensure that when facilities and structures cannot be modified, they do not impede access to programs, services, and resources
- establish goals for diversity, equity, and access
- foster communication and practices that enhance understanding of identity, culture, self-expression, and heritage
- promote respect for commonalities and differences among people within their historical and cultural contexts
- address the characteristics and needs of diverse constituents when establishing and implementing culturally relevant and inclusive programs, services, policies, procedures, and practices
- provide personnel with diversity, equity, and access training and hold personnel accountable for applying the training to their work
- respond to the needs of all constituents served when establishing hours of operation and developing methods of delivering programs, services, and resources

- recognize the needs of distance and online learning students by directly providing or assisting them to gain access to comparable services and resources

HPS must acknowledge that differing beliefs, values, rules, and customs affect health and must advocate for environments that are characterized by cultural inclusion, respect, equality, and equity.

HPS should identify social, cultural, political, or economic disparities that influence the health of students so that disparities may be adequately addressed to improve equity and access to health-related initiatives.

HPS personnel must demonstrate cultural competence and inclusiveness in advancing the health of individuals and communities.

HPS should design health promotion initiatives that reflect the social, cultural, and economic diversity of students.

HPS should create health promotion mission statements, program policies, staff member recruitment and retention practices, and professional development goals that reflect the social, cultural, and economic diversity of the institution.

Part 8. INTERNAL AND EXTERNAL RELATIONS

Health Promotion Services (HPS) must reach out to individuals, groups, communities, and organizations internal and external to the institution to

- establish, maintain, and promote understanding and effective relations with those that have a significant interest in or potential effect on the students or other constituents served by the programs and services
- garner support and resources for programs and services as defined by the mission
- collaborate in offering or improving programs and services to meet the needs of students and other constituents and to achieve program and student outcomes
- engage diverse individuals, groups, communities, and organizations to enrich the educational environment and experiences of students and other constituents
- disseminate information about the programs and services

As a result of sustaining partnerships, HPS should

- advocate for a shared vision of health promotion as the responsibility of all institution and community members
- seek and cultivate institution and community partnerships that advance health promotion initiatives
- utilize institution and community resources that maximize the reach and effectiveness of health promotion initiatives
- mobilize stakeholders for collective action to create health promoting environments
- advocate for institutional, local, state/provincial, national, and international policies that address institution and community health issues
- institutionalize health promotion initiatives through inclusion in institutional strategic planning and resource allocation processes

To ensure success, HPS must maintain productive relations with students, faculty members, staff members, alumni, the community at large, contractors, and support agencies.

HPS should foster reciprocal relationships with clinical health services and counseling services to refer students as appropriate and to serve as colleagues and consultants.

HPS staff members should participate within their institutions to design policies and practices and develop resources and services that improve the health of the institution population.

HPS should work with the senior level staff to contribute to the attainment of institutional goals and objectives.

HPS should establish relationships with a wide range of constituencies, such as student affairs, academic affairs, and student groups, to promote collaboration and serve as a resource.

Promotional and descriptive information must be accurate and free of deception and misrepresentation.

HPS must have procedures and guidelines consistent with institutional policy for

- communicating with the media
- distributing information through print, broadcast, and online sources
- contracting with external organizations for delivery of programs and services
- cultivating, soliciting, and managing gifts
- applying to and managing funds from grants

Part 9. FINANCIAL RESOURCES

Health Promotion Services (HPS) must have funding to accomplish the mission and goals.

In establishing and prioritizing funding resources, HPS must conduct comprehensive analyses to determine

- unmet needs of the unit
- relevant expenditures
- external and internal resources
- impact on students and the institution

HPS must use the budget as a planning tool to reflect commitment to the mission and goals of the programs and services and of the institution.

HPS must administer funds in accordance with established institutional accounting procedures.

Funding for HPS should be provided and sustained by the institution's budget or through a designated health fee applied to all enrolled students.

HPS must demonstrate efficient and effective use and responsible stewardship of fiscal resources consistent with institutional protocols.

Financial reports must provide an accurate financial overview of the organization and provide clear, understandable, and timely data upon which personnel can plan and make informed decisions.

Procurement procedures must

- be consistent with institutional policies
- ensure that purchases comply with laws and codes for usability and access
- ensure that the institution receives value for the funds spent
- consider information available for comparing the ethical and environmental impact of products and services purchased

Part 10. TECHNOLOGY

Health Promotion Services (HPS) must have technology to support the achievement of their mission and goals. The technology and its use must comply with institutional policies and procedures and with relevant codes and laws.

HPS must use technologies to

- provide updated information regarding mission, location, staffing, programs, services, and official contacts to students and other constituents in accessible formats
- provide an avenue for students and other constituents to communicate sensitive information in a secure format
- enhance the delivery of programs and services for all students

HPS must

- back up data on a regular basis
- adhere to institutional policies regarding ethical and legal use of technology
- articulate policies and procedures for protecting the confidentiality and security of information
- implement a replacement plan and cycle for all technology with attention to sustainability
- incorporate accessibility features into technology-based programs and services

When providing student access to technology, HPS must

- have policies on the use of technology that are clear, easy to understand, and available to all students
- provide information or referral to support services for those needing assistance in accessing or using technology
- provide instruction or training on how to use the technology
- inform students of implications of misuse of technologies

Part 11. FACILITIES AND EQUIPMENT

Health Promotion Services' (HPS) facilities must be intentionally designed and located in suitable, **accessible, and safe spaces that demonstrate universal design and support the program's mission and goals.**

Facilities must be designed to engage various constituents and promote learning.

Personnel must have workspaces that are suitably located and accessible, well equipped, adequate in size, and designed to support their work and responsibilities.

The design of the facilities must guarantee the security and privacy of records and ensure the confidentiality of sensitive information and conversations. Personnel must be able to secure their work.

HPS must incorporate sustainable practices in use of facilities and purchase of equipment. Facilities and equipment must be evaluated on an established cycle and be in compliance with codes, laws, and accepted practices for access, health, safety, and security.

To promote collaboration and access, the facilities of HPS should include

- a functional, convenient, and safe environment for institution members and community
- quality space to ensure maximum effectiveness in providing health promotion resources for the institution community
- adequate meeting space for training student staff and volunteers supporting HPS work
- adequate physical facilities, equipment, and technology to monitor and report population health status data

When acquiring capital equipment, HPS must take into account expenses related to regular maintenance and life cycle costs.

Part 12. ASSESSMENT

Health Promotion Services (HPS) must develop assessment plans and processes.

Assessment plans must articulate an ongoing cycle of assessment activities.

HPS must

- specify programmatic goals and intended outcomes
- identify student learning and development outcomes
- employ multiple measures and methods
- develop manageable processes for gathering, interpreting, and evaluating data
- document progress toward achievement of goals and outcomes
- interpret and use assessment results to demonstrate accountability
- report aggregated results to respondent groups and stakeholders
- use assessment results to inform planning and decision-making
- assess effectiveness of implemented changes
- provide evidence of improvement of programs and services

HPS must employ ethical practices in the assessment process.

HPS must have access to adequate fiscal, human, professional development, and technological resources to develop and implement assessment plans.

HPS should use a process that significantly engages students, faculty members, staff members, and community constituents to systematically collect and analyze qualitative and quantitative health-related data from a variety of sources within the institutional community. The findings should inform decision-making, the prioritization of health issues, and the development and implementation of plans and strategies for improving student health outcomes.

HPS must assess the institutional environment for assets, strengths, resources, factors that influence health, and needs/gaps that exist.

HPS must determine indicators of performance to know if the program is successfully supporting community health, well-being, and quality of life.

HPS should use indicators, data collection methods, and data analysis techniques that allow for the identification and examination of health disparities.

HPS should monitor trends and population specific data when possible.

HPS must present data in a manner that can be easily understood by a broad group of stakeholders including students, faculty members, staff members, and the institutional community.

*General Standards revised in 2014;
HPS content developed/revised in 2006 & 2016*