

Applying Data & Research to Developing Campus Priorities



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Learning Objectives



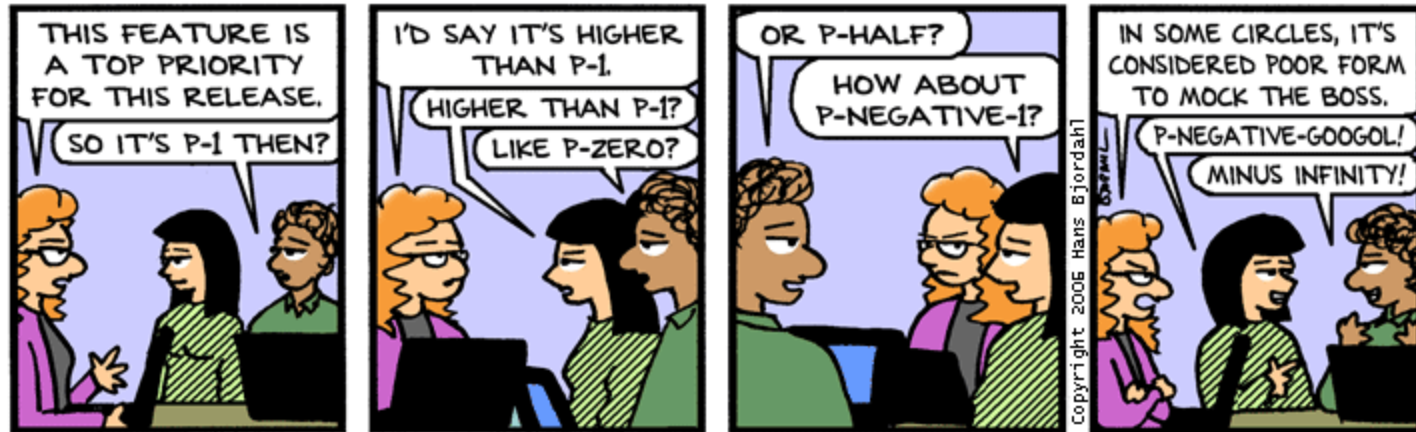
At the conclusion of the session the participant will be able to:

- List 4 different strategies for decision-making
- Identify 3 unique sources for health-related data that supports priority setting
- Describe campus specific application of research and data to develop priorities
- Discuss the evaluation of data and research-based priorities

An Exercise in Understanding



- Please take one of the note cards and list the single most important health-related priority on campus.
- In a moment we will make a list and discuss the justification for these items.



Bug Bash by Hans Bjordahl

<http://www.bugbash.net/>

Background & History



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

- Clinical data and experiences
- Past understanding of health issues on campus (historical records)
- Crisis response
- Broad-based data sources



Establishing Priorities on Campus



Priorities are determined by:

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

Identifying Data Sources



- What are the sources of data available to you?
- Examples may include:
 - Clinical data (ICD-9 codes, Dx numbers)
 - Fiscal expenditure data
 - Population-based assessments (ACHA-NCHA, CORE)
 - Learning & development surveys (NSSE, ESS)
 - Process, impact, and outcome evaluations
 - Community-based data (Hospitals, Retail Sales)

Common Data Findings



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

So how do we find a balance among competing topics?

Program Dominance Example



- Our most well known program
- Accurate, culturally competent, non-judgmental information a basis for supporting positive health decision-making
- Provides significant recognition and positive reputation for Health Services
- Accounted for more than 50% of the OTPS budget

Using Data For New Directions



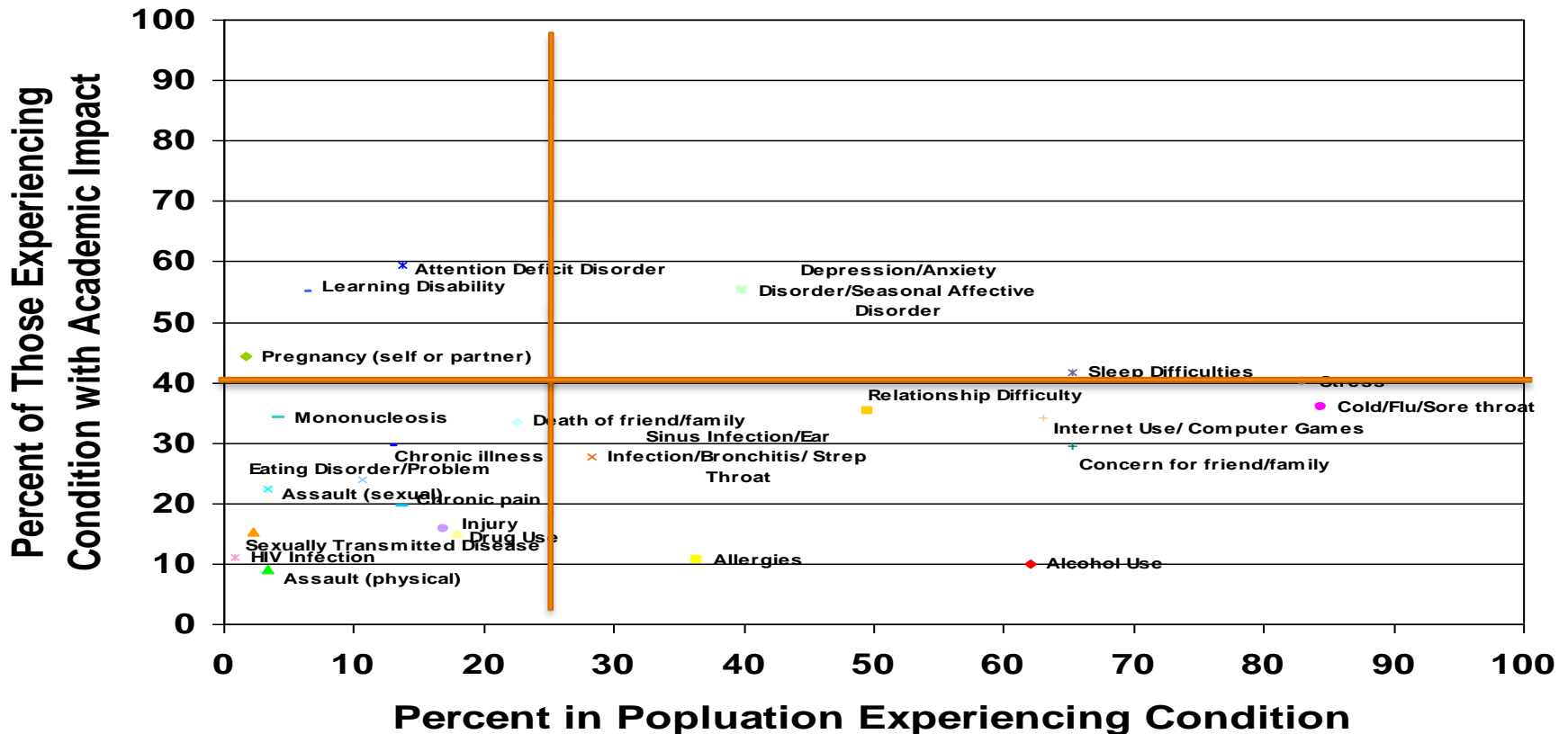
- ACHA-NCHA Data
 - Q45 – academic connections
- Sleep behavior
- Quantitative data led to more questions
- Qualitative data filled the gaps



Using Quantitative Data



Columbia Undergraduate Students



Multi-Stage Response



- **Stage One – Social Marketing**
 - Introduce the idea of healthier sleep behaviors
 - Promote positive approaches to sleep quantity and quality
 - Promote support for academic achievement
- **Stage Two – Individual Feedback**
 - Students evaluated sleep behaviors
 - High request, Low utilization
- **Stage Three – Electronic System**



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[Webmaster](#)

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Environmental Health Promotion Priorities

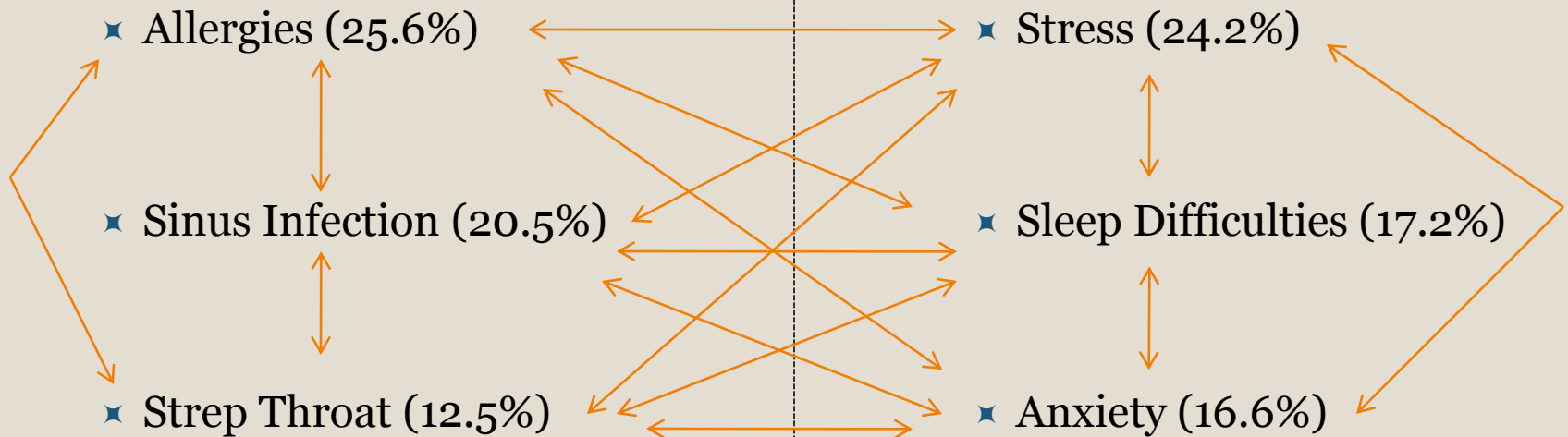


- **Baseline data points**
 - 94.3% of TCNJ students reported their health as good, very good, or excellent
 - Top 3 reported health conditions in the last 12 months
 - ✦ Allergies (25.6%)
 - ✦ Sinus Infection (20.5%)
 - ✦ Strep Throat (12.5%)
 - Top 3 reported health-related impediments to academic performance
 - ✦ Stress (24.2%)
 - ✦ Sleep Difficulties (17.2%)
 - ✦ Anxiety (16.6%)

Environmental Health Promotion Priorities

The two lists on the previous slide are not in conflict

Strategies engaged to address both lists can be mutually supportive

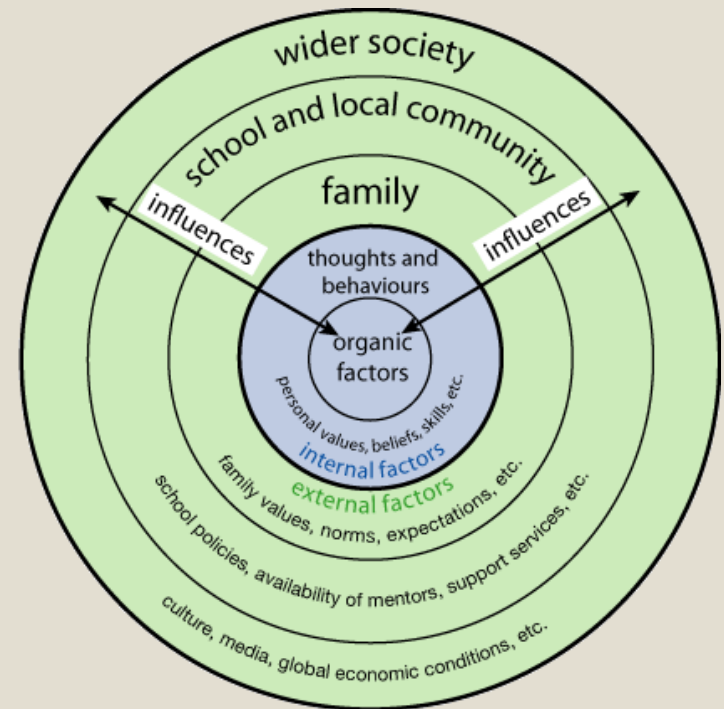


Environmental Health Promotion Priorities



Strategies

- Wash your hands
- Appropriate quantity and quality of sleep
 - Policy
- Positive stress coping strategies
 - Modeling
 - Faculty involvement
- Time management
- Clean living and learning environments



Environmental Health Promotion Priorities



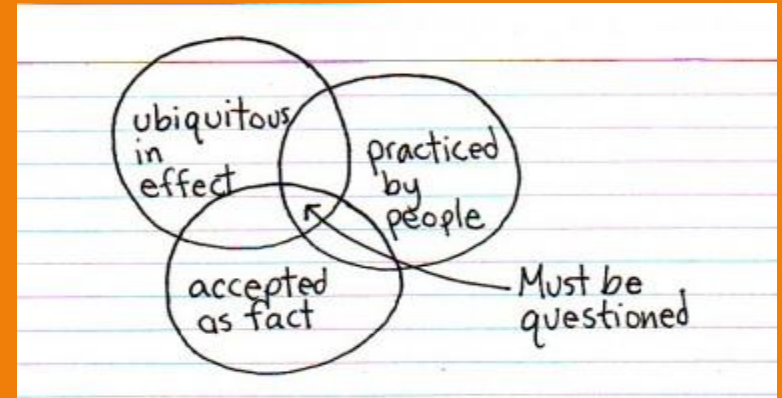
- Measuring the impact will be difficult on the individual level
 - Matched samples approach within select populations
- ACHA-NCHA data can help measure longitudinal shift, but can not attribute causality
- Program-specific evaluation strategies can get closer to understanding impacts and outcomes

Program Example



- Objective: Students exposed to the Washroom Weekly will report increases in health knowledge.
- Expected Findings: Double digit increases in knowledge reported.
- Unexpected Findings: More than 25% increase in hand washing behaviors.

Evaluation



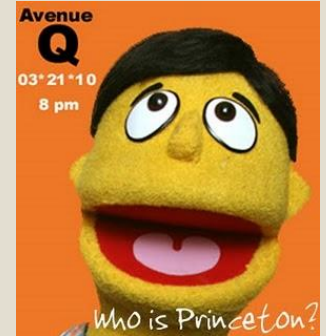
Understanding our efforts through multi-level evaluation helps to support our mission.

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

Likeable Versus Effective



- Step One – What is your purpose/goal?
- Step Two – Is this mission driven?
- Step Three – How have you involved key stakeholders?
- Step Four – How will you measure success?



Measuring Success



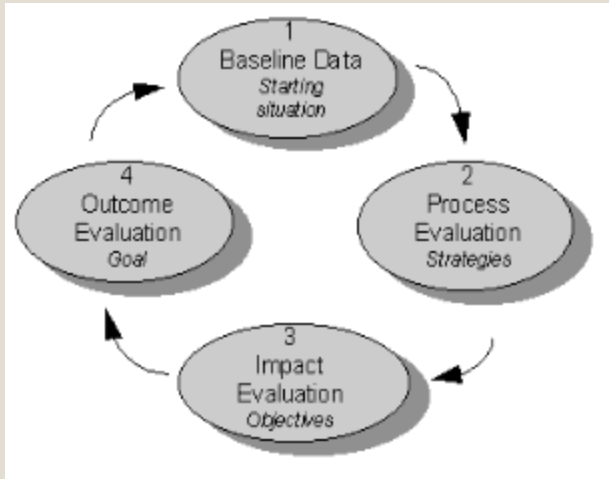
- Why do we evaluate our efforts?
- How do we evaluate our efforts?



Evaluation



- Process
- Impact
- Outcome



- Short-term



- Intermediate



- Long-term

Your Turn



Questions?

Comments?

Cares?

Concerns?

Contact Me



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