

Measuring Our Efforts: Goals, Objectives, and Student Learning Outcomes

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Learning Objectives

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

- 1. Describe the importance of student learning and development outcomes**
- 2. Identify two learning domains and tools for measurement**
- 3. Discuss the development and measurement of program-specific goals and objectives**
- 4. Review a campus-based application of program-specific measurement tools**

Introduction

Health

- Is more than the runny noses and sore throats seen in primary care settings**
- Embraces and supports the mission of the university**
- Supports students' health so they can work to achieve their personal and academic goals**
- Engages the whole campus**
 - Environmental context**
 - Improves the community in which faculty, staff and students live, work, and learn**

How are Student Affairs and Health Professionals alike?

Commitment to:

- student success**
- student learning**
- diversity and inclusion**
- understanding of self**
- assessment, evaluation, and research**
- student development**
- evidence- and theory-informed practice**
- student safety**

Standards of Practice (ACHA 2004)

Philosophical foundation includes:

- A broad definition of health**
- The connection between individual and community health**
- The connection between health and social justice**
- The need for individual and environmental approaches**
- The connection of between health and learning**

Why this matters!

- **Broad context of health services in higher education is historically seen as auxiliary to the purpose of the institution**
- **Health in higher education has historically focused measures of success on process instead of outcome**
- **We have not always seized the opportunity to engage key stakeholders**
- **Improve our self-advocacy with regard to a mission driven purpose**
- **Be sure to recognize that classroom learning is only part of the institutional mission**
- **We've not fully embraced student development and human development theories that complement the work of health in higher education**
- **Many people come to this work from a health-related academic preparation thus missing exposure to student development and higher education administration concepts theories and practices**

Basics on Evaluation

Why evaluate?

- Provide direction for staff and programs
- Identify training needs
- Improve programs
- Support long-range & annual planning
- Guide budgets & justify resource allocations
- Focus stakeholders' attention on programmatic issues
- Recruit talented staff and volunteers
- Promote the program to potential participants and referral sources
- Identify partners for collaboration
- Enhance the program's public image
- For College Health: Assess if your program is helping students achieve their personal and academic objectives

Learning Reconsidered

A Campus-Wide Focus on the Student Experience

American College Personnel Association

National Association of Student Personnel Administrators, 2004

Learning is a comprehensive, holistic, transformative activity that integrates academic learning and student development, processes that have often been considered separate, and even independent of each other.

Reconsidering Learning

Learning, as it has historically been understood, is, like health, included in a much larger context that requires consideration of:

- *what students know,*
- *who they are,*
- *what their values and behavior patterns are,*
- *how they see themselves contributing to and participating in the world in which they live, and*
- *how they affect, and are affected by, their social, cultural, and natural environments.*

Learning Reconsidered

A Campus-Wide Focus on the Student Experience

In order to achieve this goal, every aspect of student life must be examined and a new configuration of learning processes and outcomes created.

All of the resources of the campus must be brought to bear on the student's learning process and learning must be reconsidered.

Why do we do this work?

- **This is key to understanding the need to engage students in and out of the classroom.**
- **Focus self-learning in these same areas.**
- **Accountability to self and others is at the heart of this process.**

Council for the Advancement of Standards

- **Framework for Assessing Learning and Development Outcomes (FALDOs)**
- **Help to develop learning outcomes for health-related programs and services**
- **Link to the ACHA SPHPHE (Standard 1)**

Learning Domains

- **Cognitive complexity**
- **Knowledge acquisition, integration, application**
- **Humanitarianism/civic engagement**
- **Inter- and intra-personal competence**
- **Practical competence**
- **Persistence and academic achievement**

Standard 1 – Integration with the learning mission

FALDOs

(Frameworks for Assessing Learning and Development Outcomes)

Intellectual growth

Effective communication

Enhanced self-esteem

Realistic self-appraisal

Clarified values

Career choices

Leadership development

Healthy behavior

**Meaningful interpersonal
relationships**

Independence

Collaboration

Social responsibility

**Satisfying and productive
lifestyles**

Appreciating diversity

Spiritual awareness

Personal and educational goals

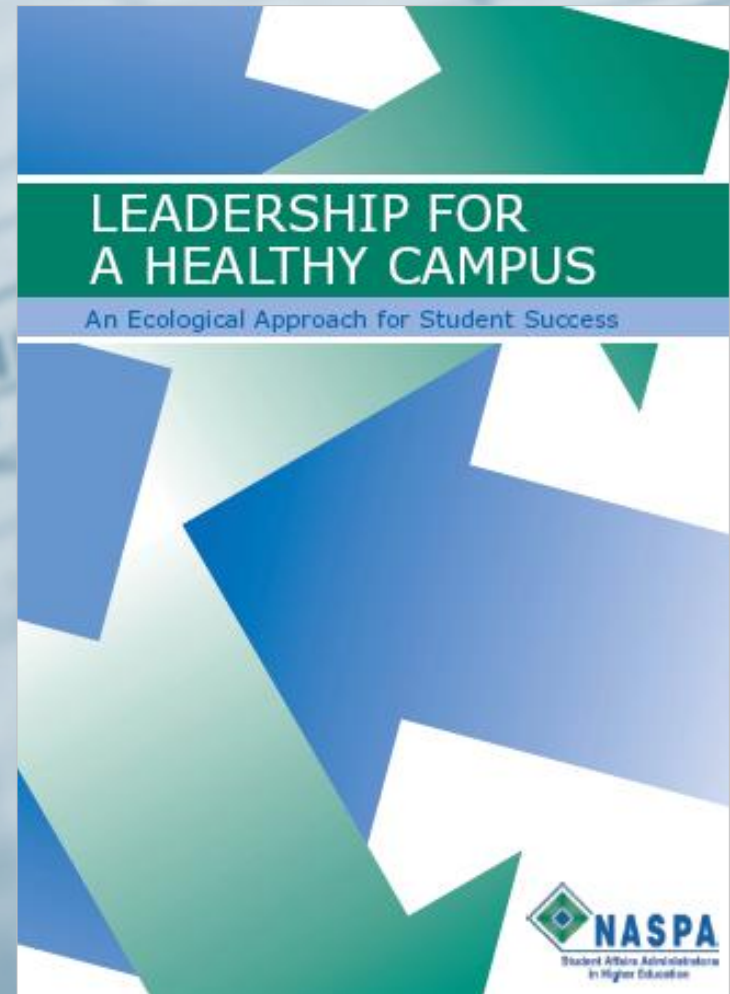
Learning Outcomes (a recap)

...particular levels of knowledge, skills, and abilities that a student has attained at the end (or as a result) of his/her engagement in a particular set of collegiate experiences (Ewell, 2001).

The Ecological Approach to Campus Health

Views the connections among health, learning, and the campus structure

Explores relationships between and among individuals and the learning communities that comprise the campus environment

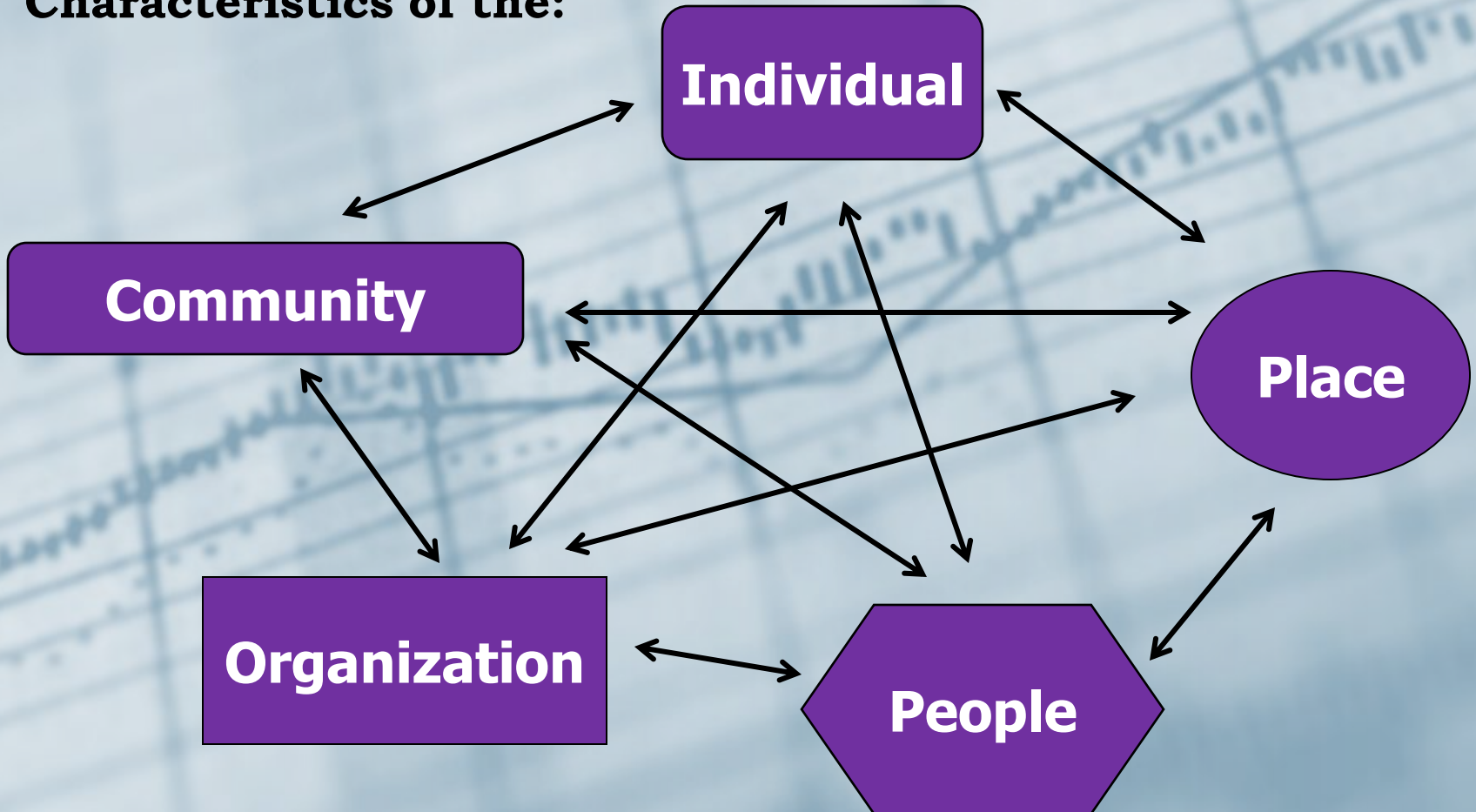


Using the Ecological Perspective on Campus

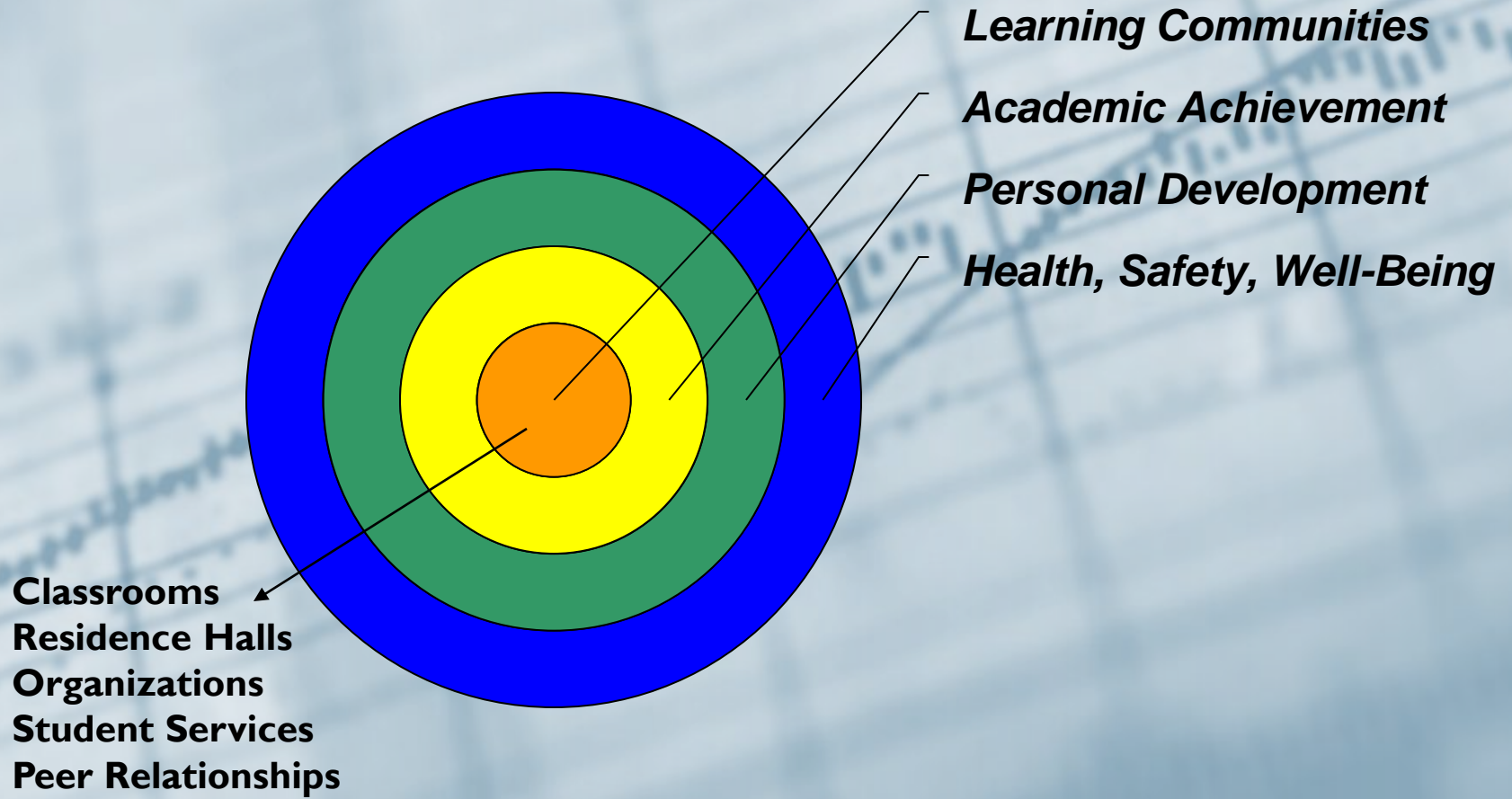
- **Establish a Working Group**
- **Identify Campus Values**
- **Assess Student Health Data**
- **Analyze Campus Health Concerns Through an Ecological Lens**
 - **Environmental influences**
 - **Individual influences**
- **Develop a Plan**

Influencing Factors

Characteristics of the:



Healthy Campus Community



Environmental Influences

Place	People
<p>The location of the campus The weather The constructed designs Landscapes</p>	<p>Behavior settings: Rituals, student organizations Cultural Influences: Customs, traditions, values Economic Forces: Student financial stability, budget Inhabitants: Diversity, Athletics, Greek, campus communities, etc.</p>
Organization	Community
<p>Organizational Structure Policies Organizational Climate</p>	<p>Political Climate Conservative/liberal Pro education? Reinforcement and Rewards For healthy org & indiv behaviors</p>

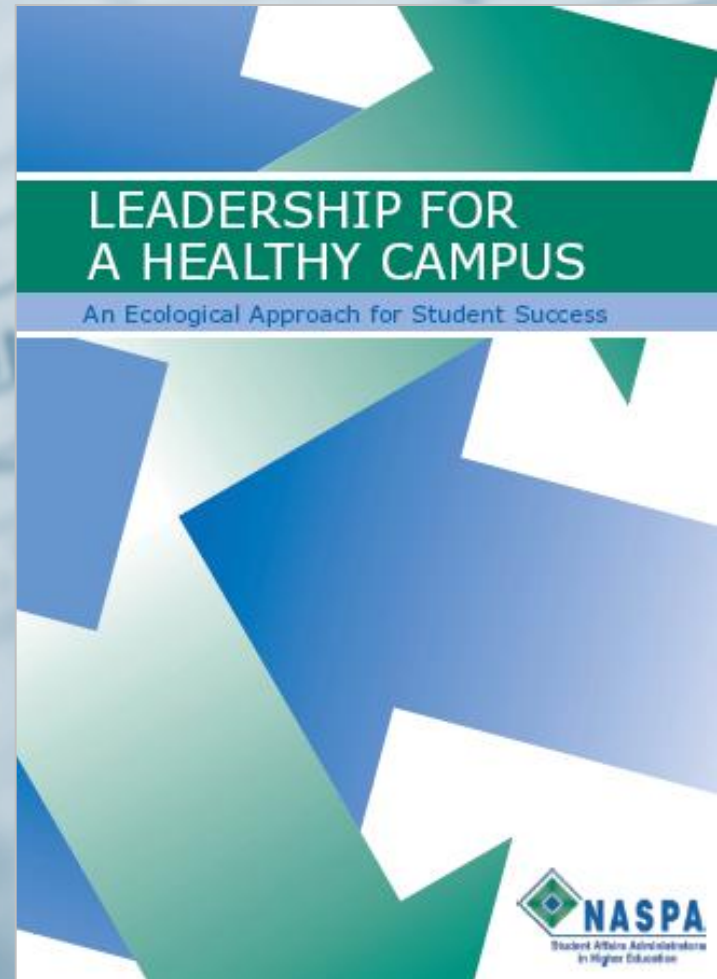
Stress:

Environmental Influences

Place	People
Warm climate Lack of parking High traffic Campus size—distances Crowding—long lines	Financial concerns Global troubles Relationships w/friends Lack of friends/commuters Irresponsible drinkers Uninvolved students
Institution	Community
Services--lack of info Depts disconnected Too many steps Weak policy enforcement Inconsistent messages	State budget crisis Increase in tuition/fees Rewards for over commitment Culture of stress

Keys to Effective Use of the Ecological Perspective

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



The Traditional Approach

- **Limits our understanding of health**
 - **Physical health is what counts most**
 - **Ignores role of environment/community on health and well being**
 - **Lacks prevention focus**
- **Financially costly**
- **Removes responsibility for health outcomes by non-health entities**
 - **Gives medical systems a lot of power**

Traditional Health Programs

- **Use the Medical Model**
 - **Health services has primary responsibility**
- **Focus is on the physical**
 - **Healing sickness/injury**
 - **Wellness for physical health**
- **Methods focus on the individual**
 - **Education, information, awareness**

The Ecological Perspective

The science and art of helping people change their lifestyle to move toward a state of optimal health....Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior, and **create environments** that support good health practices. Of the three, ***supportive environments will probably have the greatest impact in producing lasting changes.***

M. P. O'Donnell, American Journal of Health Promotion (1986)

Standards of Practice

ACHA 2004

ACHA Guidelines

Standards of Practice for Health Promotion in Higher Education

Second Edition, August 2004

Introduction and Guiding Principles

Student learning is at the core of the higher education academic mission. Health promotion serves this mission by supporting students and creating healthy learning environments. A wide range of professionals work to enhance health, both on the campus and individual level. It is common to find health educators, nurses, physicians, counselors, faculty, and staff from residence life, student activities, campus recreation and other Student Affairs departments leading or collaborating on health promotion initiatives that advance student learning and the mission of higher education. Programs and policies surrounding issues such as alcohol and other drug use, sexual misconduct, and mental health are increasingly viewed as campuswide concerns that affect student health and academic progress.

In 1996, the American College Health Association (ACHA) appointed the Task Force on Health Promotion in Higher Education to study the scope and practice of health promotion in colleges and universities (Zimmer, et al., 2003). The goal of this task force was to develop standards of practice to enhance the quality of health promotion in higher education, recognizing the multidisciplinary background of professionals who work to advance the health of students and campus communities. In 2001, ACHA published the culmination of that research as the first edition of *Standards of Practice for Health Promotion in Higher Education (Standards)* (ACHA, 2001).

Following three years of feedback from professionals who practice health promotion on college

campuses, ACHA's Committee on Standards of Practice for Health Promotion in Higher Education presents the second edition of the *Standards*. Like the first edition, the 2004 edition of the *Standards* provides measurable guidelines for enhancing the quality of health promotion programs in colleges and universities. For the individual practitioner, the *Standards* are designed to guide daily efforts, assess individual skills and capacities, and assist in decisions to improve practice through professional development. The *Standards* also delineate a set of indicators to evaluate comprehensive health promotion programs and guide recognition of these programs. The aims of this second edition are to articulate the *Standards* in simplified language with clear, measurable indicators and to disseminate them to the wide range of professionals who practice health promotion on college campuses.

The *Standards* are guided by several premises about the mission and scope of practice of health promotion in higher education as well as health itself. These assumptions include the following:

- In the broadest sense, health encompasses the capacity of individuals and communities to reach their potential.
- Health transcends individual factors and includes cultural, institutional, socioeconomic, and political influences.
- Health is not solely a biomedical quality measured through clinical indicators, a view that prevails in today's society.

2/ Standards of Practice for Health Promotion in Higher Education

The mission of health promotion in colleges and universities is to advance the health of students and to contribute to the creation of healthy and socially just campus communities. Thus, health promotion practitioners strive to:

- Reduce risk for individual illness and injury.
 - Enhance health as a strategy to support student learning.
 - Advocate for safety, social justice, economic opportunity, and human dignity.
- Health and social justice are inextricably connected. Therefore, health promotion practitioners 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.
 - Eliminate health disparities and increase the quality and years of healthy life for all.

The scope of practice of health promotion on college campuses includes both individual and environmental approaches. Thus, health promotion practitioners:

- Reduce the risk of individual illness and injury, as well as build individual capacity.
- Address larger institutional issues, community factors, and public policies that affect the health of students.

Health promotion and the academic mission of higher education are natural allies. Health promotion practitioners in colleges and universities:

- Support the academic mission of student learning by assisting students in leading healthier lives.
- Engage individuals who will become political, social and economic decision makers, thereby advancing the collective health of the community.

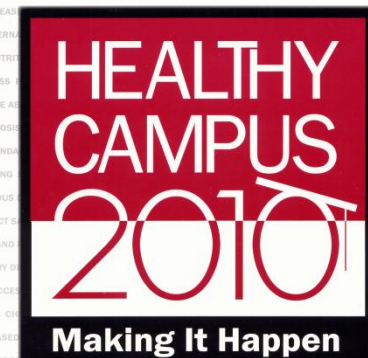
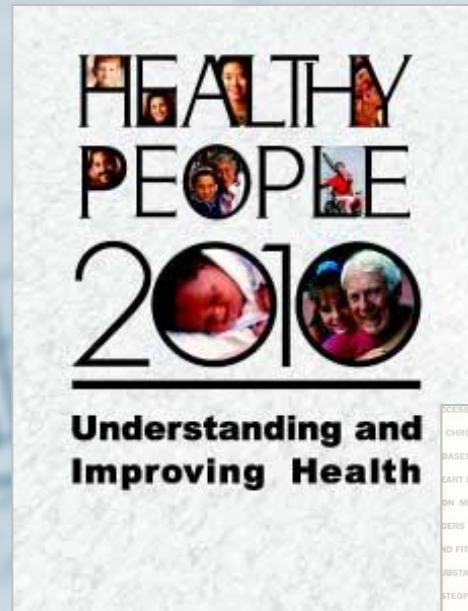
Introduction that welcomes multidisciplinary practitioners and delineates the premises that guide the *Standards*

Zimmer, G.G., Hill, M.H., Somard, S.R. (2003). A scope-of-practice survey leading to the development of *Standards of Practice for Health Promotion in Higher Education*. *Journal of American College Health*, 51(6), 247-254.

American College Health Association (ACHA) (2001). *Standards of practice for health promotion in higher education*. Baltimore, MD: American College Health Task Force on Health Promotion in Higher Education.

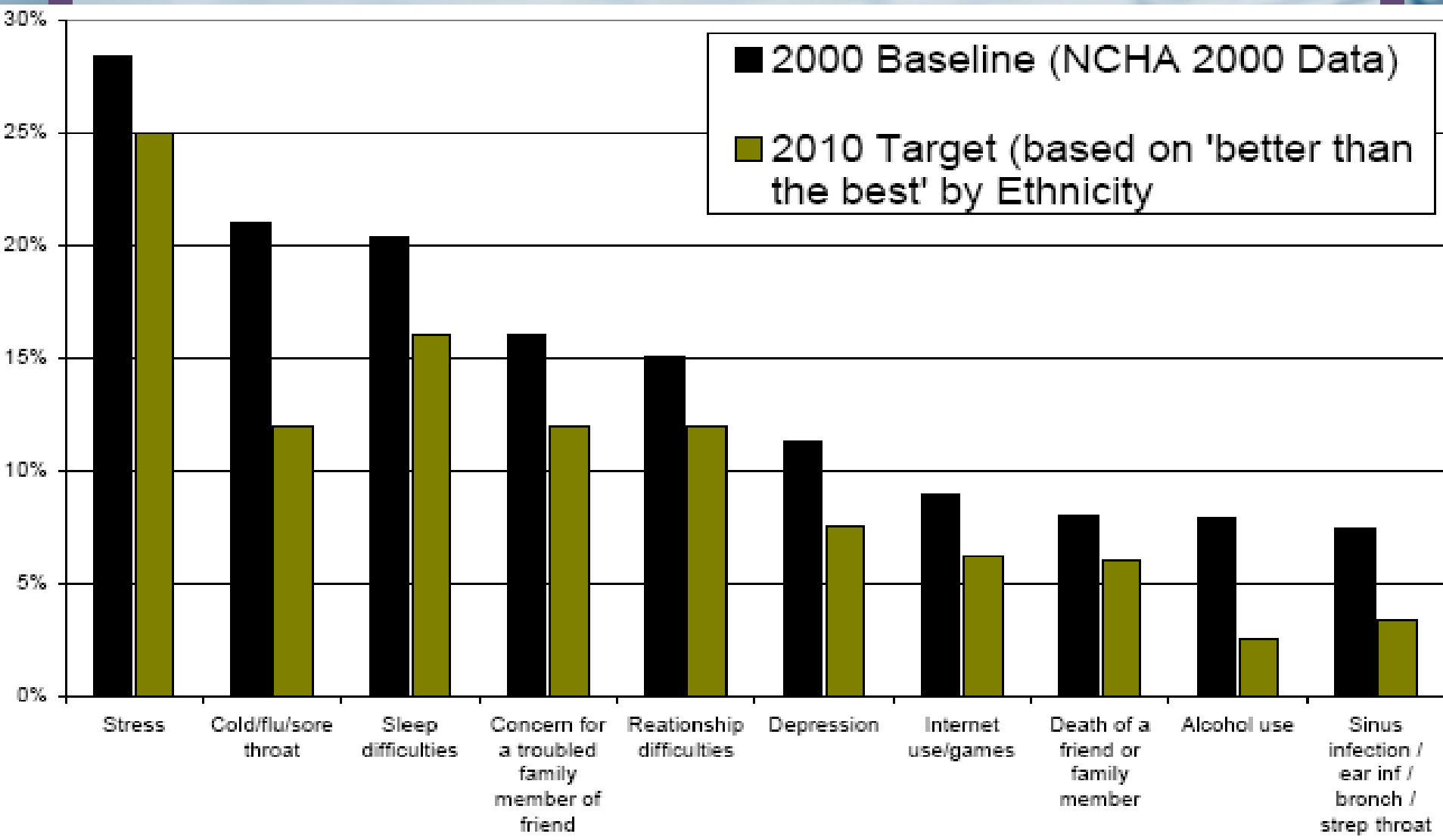
Healthy People 2010 & Healthy Campus 2010

- **Comprehensive sets of national health objectives for the decade**
- **Developed by a collaborative process**
- **Designed to measure progress over time**
- **Public and college health documents**
 - **part strategic plan**
 - **part textbook**
 - **on national and college health priorities**



 American College Health Association
Task Force on National Health Objectives for 2010

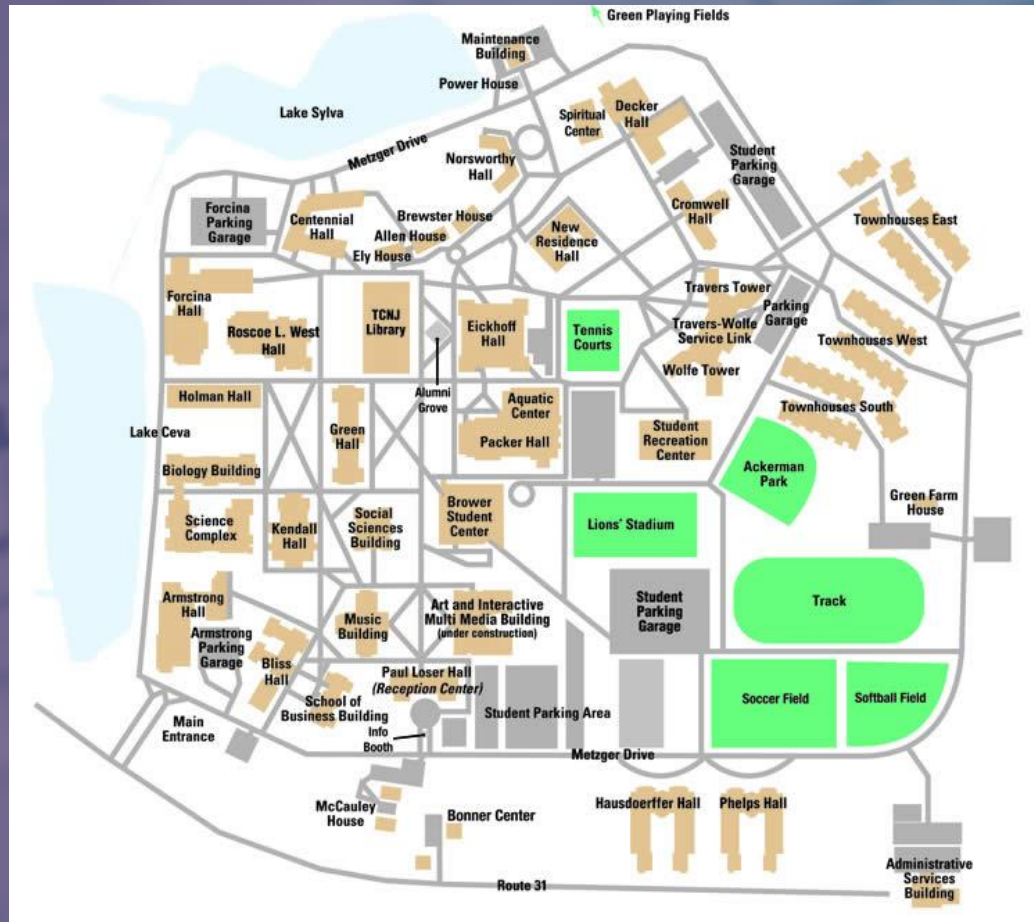
Top 10 Health Impediments to Learning from Healthy Campus 2010



Health as an Opportunity

- **Health is an opportunity for campus leadership**
- **Health supports and enhances academic achievement and student success**
- **Health sustains strong social and learning environments and supports retention**

Application on Campus

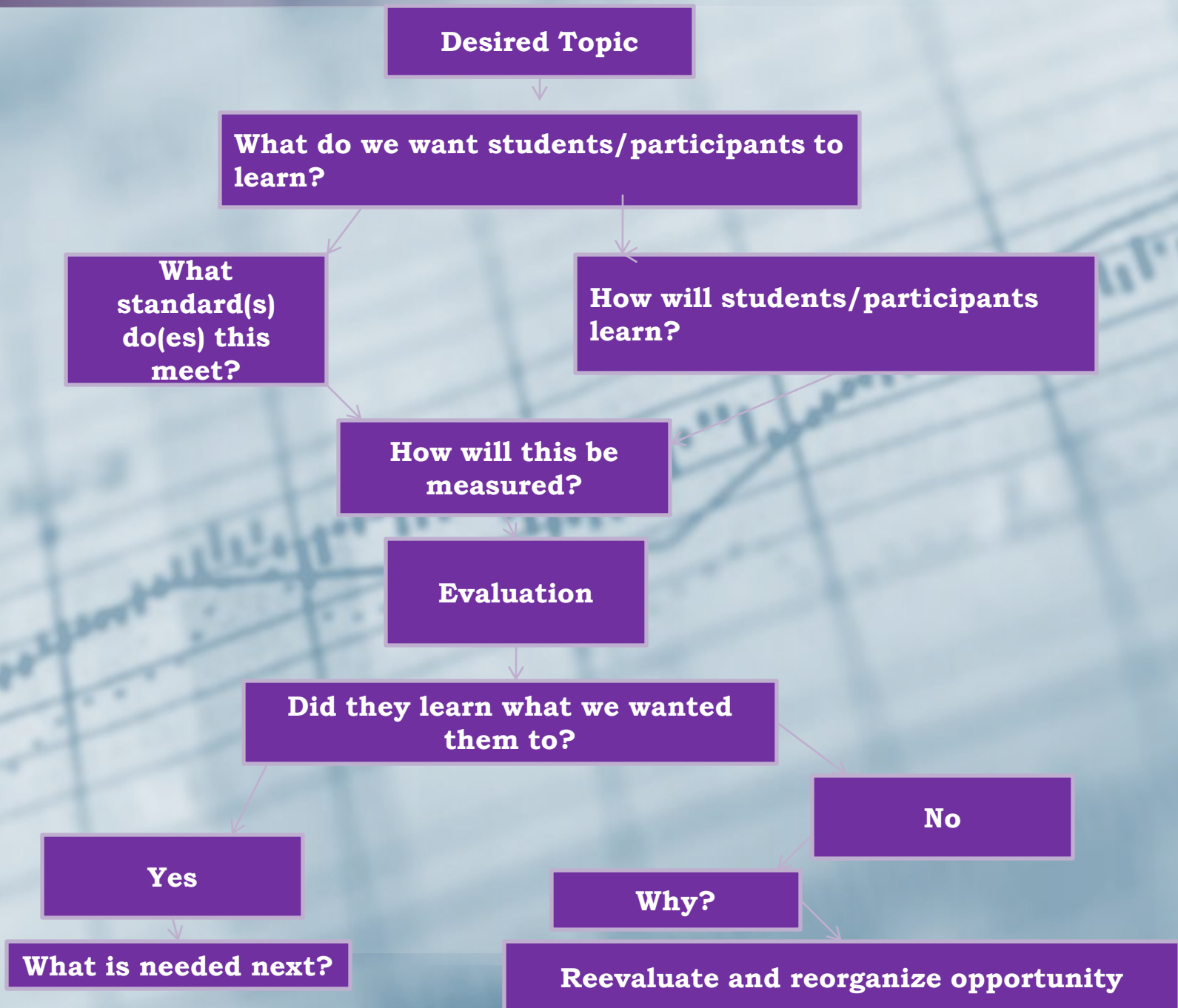


Strategic planning & implementation



Defining the problem(s)

- **Which health issues negatively impact academic performance?**
- **Which of those health issues are experienced most often, by the most students?**
- **Which health issues are contributors to the academic mission of the institution?**



Health Information

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

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

Negative Academic Impacts

- **Some health conditions effect a smaller proportion of the population, yet result in a noted negative academic impact (e.g. Learning Disability)**
- **Some health conditions effect a larger proportion of the population and have a smaller reported negative academic impact (e.g. alcohol use)**
- **Some health conditions effect a larger proportion of the population and have a larger reported negative academic impact (e.g. sleep difficulties)**

Learning Outcomes

To what extent has your experience at Columbia University contributed to your development in the following areas?

Acquiring a broad general education

Communicating effectively

Thinking critically or analytically

Working effectively with others

Solving complex real-world problems

Developing a personal code of values and ethics

Contributing to the welfare of your community

Developing a deepened sense of spirituality

Practicing healthy behaviors

Understanding people of other racial and ethnic backgrounds

Understanding yourself

Learning effectively on your own

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

Key components	Resources, Tools
DATA What data do we need, and how will we gather it?	ACHA-NCHA, CORE, NCHRBS, Single-issue survey, Local survey, Environmental scan, Interviews, Focus groups
STANDARDS How do we know what we're doing will work?	SPHPHE, CAS, CHES, Literature reviews, Best practices
PRIORITIES How do we decide what to do?	Mission, vision, values, learning outcomes HC 2010 Biggest or smallest problem Easiest or most difficult strategies
COLLABORATION With whom will we work?	Formal and informal coalitions, committees, work groups
CULTURAL COMPETENCE Who are the populations whose health and learning we are supporting?	Demographics Cultural, social, economic, political characteristics Best practices
PROFESSIONAL DEVELOPMENT What skills and talents are needed to achieve the goals?	Ongoing performance planning and review Training Assessing fit Talents/strengths/personality inventories

1 BASICS
 The Brief Alcohol Screening and Intervention for College Students (BASICS) is an intervention based on the principles of motivational interviewing. The BASICS program is designed to assist students in examining their own drinking behavior in a judgment-free environment. BASICS is not an abstinence-only program. Instead, the goals are selected by the student and aimed at reducing risky behaviors and potential harmful consequences. The primary goal of the program is to minimize harmful consequences of alcohol use in students who have been mandated to BASICS, in turn reducing the risk for the campus community. Though the majority of BASICS participants are undergraduate students who have been transported to the emergency room and/or who have violated the alcohol or drug policy, the program also serves graduate students and non-mandatory students (soft-referrals). Students are also able to self-refer into BASICS, after the completion of a brief online alcohol screening available through the Health Services website.

3 Program Objectives
 4 Administer BASICS to mandatory, soft, and self-referral participants.
 5 Train key university stakeholders to utilize the online soft referral system.
 6 Train two BASICS providers.

7 Behavioral Objectives	Baseline	Target	Outcome	Notes
8 Participants will decrease # of drinks consumed in one sitting.	4	3		
9 Participants will decrease mean # of drinking days per month.	9	5		
10 Participants will complete satisfaction survey.	63%	70%		
11 Participants will complete 6 week follow up survey	25%	30%		

12 Yearly Priorities 09/10	Achieved	Results
13 Launch self-referral process	Yes	9.29.09
14 Promote self-referral process		
15 Referrer training across schools with emphasis on graduate and international population	Ongoing	
16 Validation of BASICS instrument		

17 Process Measures	Outcome	Document Link
18 Number of mandatory referrals and percentage compliant		2009-10 BASICS Final Report
19 Number of soft referrals and percentage compliant		2009-10 BASICS Final Report
20 Number of self-referrals and percentage compliant		2009-10 BASICS Final Report
21 Number of initial assessments completed		2009-10 BASICS Final Report
22 Number of 6-week follow up assessments completed		2009-10 BASICS Final Report
23 Number of satisfaction surveys completed		2009-10 BASICS Final Report
24 Number of referrers trained		2009-10 BASICS Final Report
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SUMMARY

- **Health and learning are interdependent.**
- **Health includes both individual and environmental influences.**
- **Useful tools are available to lead change initiatives with our campuses.**

Implications

- **Learning, development, and identity formation can no longer be considered as separate from each other, but rather that they are interactive and shape each other as they evolve.**
- **It is realistic to consider the entire campus as a learning community in which student learning experiences can be mapped throughout the environment to deepen the quality of learning.**

Implications

- **There are social and political pressures from inside the higher education community and externally in governmental systems to push for new measures of student learning and accountability in higher education (Guskin & Marcy, 2002).**
- **We are the current and future leaders. As such, we have a responsibility to create the highest level systems to support students in the achievement of their personal and academic goals.**



Your Turn

Questions?

Comments?

Cares?

Concerns?

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