



OHIO
UNIVERSITY

External Review Team

Final Report

Ohio University

Office of Health Promotion

Division of Student Affairs

April 26 - May 14, 2021

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Timeline and Process

Review Process:

Phase 1 of the program review consisted of a self-study led by the staff and students from the Office of Health Promotion. In Phase 2 of the review, an external review team was identified, conducted listening sessions, and presented an external review report. In this phase, key campus stakeholders were provided the opportunity to attend the listening sessions and evaluate the department's programs and services. The external reviewers consisted of off-campus experts in the department's work, and two internal reviewers from the campus and community.

Below is the Ohio University external virtual review process for the Office of Health Promotion.

April 2020:

- Program Review Self-Study completed by staff.

March 2021:

- Dr. Elbert met with Mark Ferguson to discuss the review opportunity.

April 2021:

- Pre-visit communication with the program review committee: team introduces itself, discusses initial questions, and plans for site visit. Reviews overall goals, process and timeline for completion.
- Department provides self-study document to Reviewers
- April:
 - April 6th - Dr. Elbert, Joleen Nevers, Mark Ferguson and Cynthia Cogswell met to plan the virtual review.
 - April 26th -
 - Review team met to finalize stakeholder questions
 - Review team met with students
 - Review team met with Health Promotion Graduate Assistants
 - April 27th - Review team met with students
 - April 29th - Review team to meet with Peer Educators, none showed up

May 2021:

- May: Virtual visit for external reviewers; meetings with various stakeholders.
 - May 5th - Review team meeting with Terry Koons and Mathew Hall
 - May 10th -
 - Review team met to plan for the day
 - Program Review kick-off meeting
 - Review team met with Key Partners
 - May 11th -
 - Review team met with 1st Year students/CHOICES program partners
 - May 12th - Review team met with Key Stakeholders
 - May 14th - Program Review Wrap-Up Meeting with Review Team and OU Leadership
 - Preliminary findings & discussion with Well-being External Reviewers

June 2021:

- June 3rd: Review team met to discuss report, recommendations and themes.
- June 16th: Reviewers to discuss the final draft of the Committee Report.
- June 21st: Review team submits Final Draft of the Report to Ohio University.

Below is a copy of the Program Review Virtual Agenda:

HP Program Review Agenda				
Date	Time	Meeting	Participants	Review Team
10-May	11-11:30	Kick Off	Mark Ferguson Cindy Cogswell Wes Bonadio	Dr. Shawnte' Elbert, elbert.29@osu.edu Joi Alexander, joi.alexander@healthgatech.edu Joleen Nevers, joleennevers@gmail.com Dr. Duane Bruce, bruced1@ohio.edu Chris Knisely, cknisely@athenscitycouncil.com
	1-1:30	Evolution of Choices	Char Kopchick	
	1:30-2:00	University Wellbeing & Recreation	Mark Ferguson April Crabtree Larrissa Becker Wes Bonadio Judd Walker Tony Gregory Nathan Ferdinand Anna Casteel	
	4:00-5:00	Key Partners	Heather Harman- social and public health (harmonh@ohio.edu) Dave Nguyen – (nguyend4@ohio.edu) Kerri Griffin - Title IX (griffink@ohio.edu) Mary Nally - Campus/Comm Engagement (nallym@ohio.edu) Juli Miller & Caroline Kingori – CHSP (millerju@ohio.edu; kingori@ohio.edu) Kerry Soller (ODHE) – (KSoller@highered.ohio.gov) APD – Tom Pyle Chief – (tpyle@ci.athens.oh.us) OUPD- Andrew Powers, Chief –(powersa@ohio.edu) Geneva Murray- D&I (murraym2@ohio.edu) Micah McCarrey- D&I (mccarey@ohio.edu) Winsome Chunnu – D&I (chunnu@ohio.edu) Patti Stokes WGS – (stokesp@ohio.edu)	
11-May	11-11:30	1st Year Students CHOICES	Wendy Merb-Brown, Asst. Dean, Op. & 1st Yr. Student Transitions Kris Kumfer	
12-May	3:00-4:00		Vice Presidents Council (VPC) Deans Leadership Team (DLT)	
14-May	10:00-11:00		Jenny Hall Jones- VP, Student Affairs Megan Vogel- Chief of Staff Cindy Cogswell-Director, Strategic Planning & Assessment	
20-May	12:00-1:00	Wrap-Up Meeting	Wes, Mark, Patti (DoS) Megan (chief of staff), Jenny (VPSA), and Cynthia Cogswell	

Department Introduction

DEPARTMENT HISTORY

The Office of Health Promotion, previously (Health Education and Wellness) dates to the early 1980's with one Director and a Graduate Assistant. The Director reported to the Dean of Students while funding was appropriated by the Director of Student Medical Services. In 1991 a new Director was hired and a separate budget from Student Medical Service was created. The Director continued to report to the Dean of Students but maintained a close working relationship with the student medical staff. During that time Health Education and Wellness supervised the Gynecological Clinic and Sexual Health Seminar. Within the next three years two Assistant Directors were hired, one as a part of the Drug Free Schools Act to provide alcohol and other drug education and the other as a result of the Clery Act to prevent sexual assault. These two additional staff were made possible with teaching appointments in the College of Health Sciences and Professions, which covered 20% of those staff members salary. This agreement continued with one staff person until 2015 when funding was cut. In 2001 an additional Graduate Assistant was added to assist with alcohol harm-reduction education. In 2006 two additional graduate assistants were added to support sexual assault prevention and data collection. In 2008 the physical office was moved from Hudson Health Center to Baker University Center, making it easier to find and increasing campus visibility. During this move, the name changed to Health Promotion as a recommendation from Keeling and Associates review of the area. Staffing levels remained stable until a University budget crisis caused a reorganization that occurred in 2009 when the Office of Health Promotion was combined with Student Activities, Leadership, Greek Life and Performing Arts, where the staff of health promotion was reduced to one FTE with four graduate assistants.

Additional staff were hired between 2013 and 2016. In 2013, a professional was hired as an Assistant Director of Health Promotion for Recovery and Drug Education and in 2016 a professional was hired as an Assistant Director of Health Promotion for Power Based Personal Violence. The office had three professional staff: Associate Director and two Assistant directors, graduate students and undergraduate students who were student workers, volunteers and interns. At the time of the review, another reorganization had previously occurred where the Associate Director position was eliminated, one of the Assistant Directors was moved and the remaining Assistant Director had left the institution on their own. The office was reorganized under the direction of the Associate Dean of Well-Being and Executive Director of Campus Recreation while reporting directly to the Director of Well-Being and Recreation. At the time of the external review three graduate students were staffing the department being supported by the Director of Well-Being and Recreation and some of the responsibilities for well-being were also being managed by the Assistant Director of Well-Being and Fitness. At the time of the external review a search was launched for the Associate Director position and interviews were occurring during the review process.

ORGANIZATIONAL FRAMEWORK

According to the Health Promotion Self-Study conducted in March 2020 the office was composed of the Associate Director, who supervised the two Assistant Directors, and two of the Graduate Assistants and five work-study students. Each Assistant Director supervised one Graduate Assistant. Since the reorganization under the direction of the Associate Dean of Well-Being and Executive Director of Campus Recreation and Director of Well-Being and Recreation are hiring an Associate Director. At the time of the external review three graduate students were also going to be hired for the upcoming year 2021-2022. The peer education group (GAMMA) is also slated to remain in place.

Roles and Responsibilities of Staff from the Self-Report

The three past professional staff positions in Health Promotion were master's degrees required with three to five-years of experience. Their backgrounds were in public health, counseling, social work and student affairs.

Associate Director of Health Promotion

Key Job Duties:

- Directs the two professional staff and four graduate students in the area of Health Promotion
- Coordinates day to day operation, supervision and budget management of Health Promotion
- Supervises Health Promotion interns and five work-study students
- Oversight and management of the office budget
- Organizes staff trainings, professional development and appreciation celebrations within the area of Health Promotion
- Oversight of staff responsible for other drug education, power based personal violence, bystander interventions and the collegiate recovery programs
- Supervises all Health Promotion health and wellness awareness months addressing (Sexual Assault, Alcohol Education, Tobacco Use, Safer Sex/STI HIV testing and Other Drugs) throughout the year
- Supervision of Peer Health Educator Graduate Assistant and Advises 25 peer health educators, POWER/GAMMA
- Oversight of curriculum and instruction for the peer health educator training course
- Coordinates the collaboration with University College for the CHOICES risk reduction Alcohol and Active Bystander education program for first-year students
- Co-Chair for the Healthy Campus Coalition
- Management of all required online student education courses, Alcohol and Sexual Assault Education Undergraduates, Alcohol and Sexual Assault Education Ongoing and Sexual Assault Prevention for Graduate Students
- Supervision of the Graduate Assistant for Data Collection and Alcohol Programming
- Oversight of large data collection operations, Healthy Campus Survey, ScreenU for Alcohol, Prescription Drugs and Marijuana.
- Coordinates the use of data in the Healthy Campus Majority social norming campaigns
- Represents health promotion of campus and community committees as needed, i.e. (Reproductive and Sexual Health, Health Recovery Service Board of Directors and Drug Free Schools Biannual Review)
- Provides direction in department grant writing with awards being secured from the Ohio Department of Health, Great Plays, Avon, NCAA Choices and Drug-Free Action Alliance totaling 75,000

Graduate Student's Key Duties: Graduate Student I:

- Coordinate the Choices pre-post data collection for first year students
- Assist with the technical needs of the Healthy Campus Community Coalition
- Coordinate ScreenU campaigns for specific populations
- Analyze the pre-post data collection of Choices for first year students and prepare the summary for University College
- Assist with coordination of environmental health assessments for students in HLTH 2040
- Assist interns and peer health educators with data collection on and marketing of the latex league
- Present a minimum of 3 Choices programs to first-year students *Fall Semester*
- Assist with the data collection and analysis of the healthy campus survey
- Assist with development of 2 new Healthy Campus Majority social norms campaigns
- Oversee health promotion data collection for all health assessments
- Assist with other duties as assigned, HIV Testing, Peer Visuals, and the Safe n Sexy Social etc.

Graduate Student Key Duties: Graduate Student II

- Supervise POWER/GAMMA peer educators
- Lead weekly peer meetings
- Work with Better Bystander graduate assistant to plan and facilitate joint peer educator meetings one time per month to provide professional development opportunities to both POWER/GAMMA and Better Bystanders.
- Coordinate POWER/GAMMA peer to peer program operation, meetings, conference proposals and SAC/U-Fund requests
- Lead peer health educator major events, CHOICES, Safe and Sexy, Safe Spring Break, Testing and Power Hours.
- Coordinate use of the wellness tent to coincide with health topics *Once a month*
- Oversee office hours and direct the use of peer health educator time
- Train peer health educators on using the swipe system via orgsync for all peer programs *Fall/Spring Semester*
- Update all programs in the online portal and add any missing programs *Fall Semester*
- Maintain program records for all peer to peer programs
- Collaborate with campus partners to provide health programs to students living on and off campus
- Present a minimum of 3 Choices programs to first-year students *Fall Semester*
- Assist with other duties as assigned
- Identify one new population for peer to peer programming.

Assistant Director of Health Promotion for Recovery and Drug Education

Key Job Duties:

- Oversight and promotion of the Collegiate Recovery Community, including weekly meetings, individual consults and social activities
- Supervise one graduate assistant
- Management of Other Drug prevention budget
- Deliver drug prevention education to learning communities and classrooms
- Coordinate campus/community recovery events
- Increase CRC awareness through marketing materials/social media about the support services throughout the campus community
- Assist CRC members in developing yearly relapse prevention plans to support retention
- Track meeting attendance and contact hours for students in recovery
- Train faculty, staff and students to be recovery allies
- Coordinate the CRC/Rural Women's Recovery Journaling program

Graduate Student Key Duties: Graduate Student III

- Assist with the development of educational awareness campaigns for Cannabis and Rx drug misuse.
- Assist with the promotion of collegiate recovery services to 10% of UC 1000/1900 students.
- Work with the LGBT Center to host a Queer in Recovery Meetup.
- Assist with other duties as assigned, PG and BB events and activities.
- Advise the CRC student group.
- Facilitate weekly CRC meetings, social events and SAC/U-Fund requests.
- Coordinate social media and increase promotion of CRC activities.
- Develop personal recovery videos to highlight recipients of the recovery scholarships.
- Promote the CRC in social media. Rel, ongoing
- Assist with the promotion of collegiate recovery services and delivery of Generation Rx presentations to 10% of UC 1000/1900.
- Oversee the development of the visual for National Recovery Month.
- Assist with the CRC/ Women's Recovery Journaling program.

- Coordinate the regular CRC off-campus activities during triggering weekends to support sustained recovery.
- Co-advise Recovery Ally organization.

Assistant Director of Health Promotion for Power Based Personal Violence

Key Job Duties:

- Supervise 1 graduate assistant, advise peer education group, and supervise practicum students and student interns as needed
- Develop, coordinate, and assess violence prevention programming using best practices/bystander intervention techniques
- Supervise better bystander peer educators, interns, and practicum students
- Collaborate with campus stakeholders on programming, marketing, and assessment
- Develop social norming campaigns using best practices and data informed approaches
- Serve on key committees pertaining to violence prevention initiatives
- Co-Teach peer education training course

Graduate Student Key Duties: Graduate Student IV

- Assist with the development of educational awareness campaigns for Cannabis and Rx drug misuse.
- Assist with the promotion of collegiate recovery services to 10% of UC 1000/1900 students.
- Work with the LGBT Center to host a Queer in Recovery Meetup.
- Assist with other duties as assigned, PG and BB events and activities.
- Advise the CRC student group.
- Facilitate weekly CRC meetings, social events and SAC/U-Fund requests.
- Coordinate social media and increase promotion of CRC activities.
- Develop personal recovery videos to highlight recipients of the recovery scholarships.
- Promote the CRC in social media. Rel, ongoing
- Assist with the promotion of collegiate recovery services and delivery of Generation Rx presentations to 10% of UC 1000/1900.
- Oversee the development of the visual for National Recovery Month.
- Assist with the CRC/ Women's Recovery Journaling program.
- Coordinate the regular CRC off-campus activities during triggering weekends to support sustained recovery.
- Co-advise Recovery Ally organization.

CONSTITUENTS SERVED

At the time of the review, the following offices or departments reported working closely with the Office of Health Promotion:

- All incoming students
- Ohio University Police Department
- Office of Sorority & Fraternity Life
- Survivor Advocacy Program
- Learning Communities & First Year Seminars
- Women & Gender Studies
- LGBTQ Center
- Student Groups

DEPARTMENT STRATEGIC PLAN

From the Self-Study:

Statement of department mission, vision, values

Health Promotion is committed to the advancement of the total health and well-being of Ohio University's diverse population. Health Promotion will assess and respond to the health and wellness needs of all students through the development and implementation of proactive health and wellness programs and services. Health Promotion recognizes its responsibility to promote the wellness concept throughout the university community.

Statement of existing goals

- Provide educational programs and services with learning outcomes within the scope of the area.
- Engage students in meaningful educational programs and services to increase retention and graduation rates.
- Ensure that equity and social justice topics are embedded into educational programs and services of Health Promotion.

2020 - 2021 Health Promotion DOSA Focus Goals:

Jan20-Dec 20

1. *Provide educational programs and services with learning outcomes within the scope of the area*
2. *Engage student in meaningful educational programs and services to increase retention and graduation rates*
3. *Ensure that equity and social justice topics are embedded into educational programs and services of Health Promotion (Provided by DOSA Strategic Plan)*
4. *Well-being Goals, personal and departmental*
5. *Social Justice Goal-select for staff as professional development*

DOSA Mission We care, We educate and empower. We foster inclusive communities. We make OHIO strong.

DOSA Vision Every Bobcat discovers their potential and makes a meaningful impact.

Well-being Achieving personal growth and fulfillment through an active process of making positive choices, engaging in meaningful experiences, and connecting with others.

Health Promotion Department Goals:

- A. Work with Sorority and Fraternity Life to: Utilize data from the Healthy Campus Survey to assess health and wellness education needs within the SFL community (by April 2020). Develop learning outcomes for higher level dosing on the identified health and wellness education offerings (by June 2020). Establish measurable goals with SFL for learning outcomes, increase health protective factors, increase action for helping etc. by a specific percent from baseline data (by August 2020). Deliver educational programs and evaluate the learning outcomes from the select populations (by December 2020). Review data evaluate outcome findings and make updates to the health and wellness education offerings (by January 2021). Plan the expanded dosing of the education offering to a larger sample of the population to be implemented during spring semester 2021.
- B. Establish a new departmental referral protocol for campus partners that links students who are at-risk with addictive behaviors to the support services of the CRC (by July 2020). Share with current partners and Identify two new campus partners to participate (by August 2020).
- C. Complete external review and develop a multi-year strategic action plan for Health (by August 2020). Establish data presentation and online sharing of data to specific campus partners (CSSR, CPS, Campus Rec, Learning Communities, and CIC) that can assist with the prioritization and implementation of recommendation items from the External Review, Culture of Respect Initiative, EverFi diagnostic inventories and the OCTA report. (On-going)
- D. Equity & Social Justice Goal- Partner with the CIC on the Cities of Black Diamond Appalachian history of the coal industry. Reading two books, participating in a community service project and viewing a movie (by December 2020).

Strategic Plan Goals:

Associate Director of Health Promotion:

- Track learning outcomes and the peer experience via peer health survey, 1
- Coordinate demographic tracking of health education programs to, identify who we are serving, assess the reach of health promotion programs and develop a plan to increase education to underserved populations 1-2
- Update position descriptions to meet cultural competency requirement, 3
- Incorporate equity and social justice topics to health education discussions each semester in the peer health educator training course, 5
- Dedicate more time support the area of sexual health education for program development, 4
- Oversight of the overall peer health educator program 1-5
- Advise the general peer health educators, POWER/GAMMA to provide educational programs to the campus community 1-5
- Identify and provide educational programs and services that help students build community and feel connected, 2
- Participate in learning outcome audit, 2
- Update the CHOICES curriculum to increase bystander education as a result of last year's data review, 1
- Track retention support of peer health educators that stayed enrolled due to their peer experience, 1 & 5
- Management of all online education portals addressing alcohol/sexual assault prevention for new students, juniors and graduate students, 2 & 5

Assistant Director of Health Promotion for Power-Based Violence:

- Advise the peer health educators (Better Bystanders) and consult on program development on verbal, physical/emotional abuse, 4 D's of bystander intervention, and the expansion of bystander intervention skills into other wellbeing areas. 2, 4, & 5
- Complete the second year of the Culture of Respect Initiative at the end of the fiscal year (July 2019). 2, 4 & 5
- Develop higher level anti-hazing/bystander intervention programs for social Greek organizations by the end of Spring 2020. 2, 4, & 5
- Sit on the DOSA Equity and Social Justice Committee until the end of appointment in July 2020 (coordinate social justice in-service series). (3)
- Assist in assessing the learning outcomes and experiences of peer educators during the Spring 2020 academic year for purposes of assessment and retention. (1)
- Spring 2020: Read *White Fragility* (D'Angelo, 2018). Fall 2020: use this work as a lens for examining how prevention work may or may not uphold problematic attitudes about race, to interrogate personally held beliefs as a student affairs practitioner, and to create more expansive means through which white fragility and race can be discussed in prevention work. (5)

Assistant Director of Health Promotion for Recovery and Drug Education:

- Provide one on one support to those seeking recovery or struggling to maintain recovery 2, 4 & 5
- Deliver drug prevention education to learning communities, including Generation Rx (prescription drug misuse) and Stress-Less presentations to address stress and anxiety and reduce the misuse of alcohol and other drugs 2, 4 & 5
- Assist CRC members in developing yearly relapse prevention plans to support retention 2, 4 & 5
- Train UC academic advisors, CIC staff and Specific DOSA staff and students as recovery allies
- to increase awareness of support services and referrals to the CRC, 2, 3, 4, 5 Purpose,
- Relationships (Spring and Fall)
- Develop learning outcomes for the CRC experience, 1, 4
- Train Health Promotion graduate assistants and peer health educators to deliver the
- updated Generation Rx program, 1, 4
- Through the stress less website track the resource sites that get hit addressing
- stress and anxiety resources available to students, 1, 4

Executive Summary

INTRODUCTION

The program review represents a summary of the external review conducted by a committee to critically examine the Office of Health Promotion between April 2021-June 2021. This process began with a detailed unit self study that was conducted in March 2020 and utilized the creation of a self-study report. This report included such elements as goals and objectives, updated policy and procedures, job descriptions, the results of the SWOT analysis, etc. Due to the COVID-19 pandemic across the country, the External Review Committee was formed a year later in March 2021. The external review committee was composed of three persons external to Ohio University, one person within the institution and one person from the community. The external reviewers are experts in the field of health promotion and each have worked in college health for over a decade. The internal reviewer is a campus partner who has context of the department and provides institutional history. The community member has some relevance to the review but not a conflict of interest with participating in the review. The committee reviewed the work of the self-study and conducted further listening sessions into the unit performance in order to determine findings and make recommendations that are designed to assist the unit in improving its overall performance, ability to reach its mission, vision and objectives, and constituent services. The recommendations that have been shared are based upon initial observations, areas of growth and aspirations.

THEMES OF EXCELLENCE

While the department has not been staff for the past year, people interviewed had a lot to share about past successes and collaboration:

- Alcohol education was echoed as a point of excellence with a decrease in partying, at least anecdotally according to the police chief. Health Promotion assisted in the education of students on consequences to academic record and overall health. They felt strongly that the work was not done.
- Collaborations on sexual violence initiatives including working on intimate partner violence, domestic violence, by-stander programming; inclusive programming; worked with the women's center, Greek Life, campus police.
- CHOICES Program was mentioned by several campus partners as a positive program as it reached most of the first year class.
- The GAMMA Peer Education program was also highlighted by many
- Students mentioned several initiatives that they thought were successful including sexual health and emotional health programming.

THEMES OF OPPORTUNITY/ASPIRATIONS

1. Some students were aware of services while others were not, thus a need to re-brand is a huge opportunity. This can help level-set the high expectations stakeholders may have regarding on campus health and wellness resources.
2. Many campus partners including counseling were not aware of the work that the office did.
3. Work with the College of Health Sciences and Professions. Several Departments to collaborate with including the Department of Social and Public Health that has undergraduate minors in Community and Public Health, a Bachelor of Science in Health (Community and Public Health) and a Master of Public Health majors.
4. Re-think the Peer Education course, curriculum and where the program is housed.
 - *Course currently housed in the College of Education (HESA Program), but could be housed with the College of Health Sciences and Professions program based on the core curriculum.*
5. The program review committee found that the Office of Health Promotion has adapted to understaffing by scaling back on program and services. With the limited staff, their ability to be involved in activities outside their office and within Student Affairs-wide activities and committees will continue to be limited. But aspirational pursuits and the true fulfillment of the departmental mission, vision and values will be greatly aided through the addition of staff and/or graduate assistants.
6. Conducting a needs assessment to gather primary and collate secondary data sources. This can be

through web-based surveys, and various listening sessions (formal and informal).

- *The ability to create and partner with other campus departments on meeting International and Minoritized students. These students commonly experience a host of transitional, academic, social, and cultural stressors at a more significant level than majority students. Partnering with Dr. Duane Bruce, Interim Assistant Director of OU's Multicultural Programs and Multicultural Center, can help in getting a better understanding of the academic, career, personal, and social concerns of OU's minority students.*
- 7. New streamlined approach to conducting presentations for student organizations and Residence Life.
 - *Residence life programming has switched to a curriculum format that lessens requests for programming. Redevelop relationships based on their new curriculum.*
- 8. No clear definition of Well-being on campus; Student Affairs wants to "center" well-being as part of the new strategic plan.
- 9. Health promotion has not had a seat at the table, and this is not the first external review that has been conducted on this department. Yet senior leaders have never listened to previous recommendations and to effectively infuse health and well-being on campus a holistic approach should be utilized.

STEP 1:

Response to Self-Study, Virtual Visits & Questions

Initial Observations:

- It was unclear who was responsible for the self-study though it seemed it could have been completed by the previous staff
- The office seemed to have many accomplishments and yet not all of the stakeholders that we met with knew what they did
- There seemed to be some discrepancies in the data of the report particularly for high-risk drinking
- The self-study gave some context for what the undergraduate workers and graduate students job function though more details would have been beneficial especially since we were unable to meet with undergraduate student workers from the department
- One of the weaknesses noted is that the graduate student positions are to be eliminated after 2021 though this was not brought up during the review process
- It was also unclear in the report how many graduate students the Associate Director supervised. In the job description listed above it stated four, in other documents it stated two

Strengths:

- The self-study stated that staff were involved in NASPA and EverFi as well as on-campus committees
- Staff received both national and campus awards and staff presented at national conferences which is a part of best practices within the field
- There was a lot of data collection and programming that took place on campus
- Both AlcoholEdu and the CHOICES program seemed to be having an impact on lowering high-risk drinking behaviors according to what was documented
- Ohio University has seen a 58% decrease in high-risk drinking from 2003-2019. The Healthy Campus Survey is administered every year. In 2019 15% of Ohio University students when choosing to drink were doing so in a high-risk way. 82% of students at Ohio University fall into the Healthy Campus Majority of drinking, with 48% drinking in a low-risk way.

Areas of Growth:

- There seemed to be a lot of data collection; yet not all of the stakeholders we met with stated that they knew what the department did or what behavior change had occurred. In the future when data is collected by this office, it is recommended to review the outcomes and share them out with campus partners to determine needs, collaborations and strategies.
- There seemed to be a lot of strategies that this office implemented, yet it was still unclear to many stakeholders what they did. In the future, it would benefit the office to have a branding for the campus community and more importantly a voice and seat at the table so that campus stakeholders can hear what this office does. Additionally it is vital that the directors who oversee this office have a clear understanding of the initiatives and strategies so that they can communicate it to campus stakeholders as well.
- In the future, data collection should be prioritized to provide direction on what is needed to best meet students' needs in promoting health and well-being.
- Programming funds and funding from the course credit taught are not part of the department's budget which the reviewers found surprising. It is recommended that both of these be added to the budget.

RESPONSE TO VIRTUAL VISITS

Initial Observations:

- The review team was not aware of the full impact of the campus' layoffs initially.
- There was much hesitation and unease from a lot of the participants when asked to speak about the department. Many of the participants were unaware of the purpose of the meeting.
- It was evident that many of the participants were unaware of the Health Promotion department and the purpose of the virtual visit. It could be due to the staff being afraid of additional cuts which might have caused the hesitation in providing feedback to the external review team.
- A couple of the meetings, no one attended. For example, the meeting with the peer educators we were unable to meet with, in addition a survey was sent out to them to inquire on their experience and it was not filled out.
- A need for stronger communication from leadership on the external review process.
- There were some awkward moments when previous staff for the office were discussed, where names were not used, or only one previous staff member's name said out loud.
- Relationships are a huge component of a person and departments' ability to thrive at Ohio University. Building relationships are vital to the success of any staff member and the success of the office.
- The previous creator of the department, who is now in a different role, is still actively invested in the Office of Health Promotion, which can be great for historical context and helpful for connecting with community partners. This investment should not grant previous departmental staff full or even partial access to guide the department in their vision as this will limit the ability of any new professionals from growing the department. The departmental staff need full autonomy to reinvision and move the department in new directions.

Strengths:

- The stakeholder group that included faculty and staff were very open and honest about what they thought would be needed for the Health Promotion department to be successful.
- The stakeholders were interested and vested in supporting the Health Promotion department when applicable to promote health and well-being on campus.
- Previously there was a strong relationship with the Title IX office and the Health Promotion department.

Areas of Growth:

- The end of the semester is always challenging to conduct meetings and expect a good turn out due to students' final exam schedules.
- Timing is extremely important when conducting an external review to ensure inclusivity with feedback and recommendations.
- Many of the meetings and requests were sent last minute, which could have impacted individuals' ability to attend due to schedule conflicts.
- The external review was taking place during the same time of hiring staff for the health promotion department. It's important that these two processes do not happen at the same time as the information shared during the external review should be utilized to identify what is needed for the department.
- Conduct research to determine what the best practices are for collegiate recovery programs. This position could be housed outside of the counseling center and in the health promotion department based upon the scope of the work.
- The external consultants thought it would have been important to have the initial kickoff meeting with the Vice President at the beginning of the process, not the middle. The information shared would have helped shape our conversation and provide greater context that would have been extremely valuable in our process.
- For any new onboarding of staff for this department, it is important that the supervisor of the staff identify persons and departments that would be valuable to build relationships with that could assist them in promoting health and well-being on campus.
- Through the review process it was evident that the office did a lot of work specifically related to

alcohol and other drugs, sexual violence prevention and recovery. What was missing were other aspects of wellness such as sexual health, stress management, health advocacy, resilience, sleep, nutrition including food insecurity, body image and shape acceptance (at any size not from a fitness only lens), mindfulness, and community impact/collective impact. For the future, it is recommended that a well-being approach be a part of the office rather than three focus areas (while sexual health was mentioned, it was very narrow in scope from what was described).

ERT RESPONSE TO QUESTIONS POSED IN THE SELF-STUDY

1. Is there adequate prevention staffing and budget to address student health and well-being, meet institutional needs and to achieve identified goals?

- No, the current staffing model and budget to address student health and well-being will limit the ability for the institution to meet student needs, stakeholder needs and identified goals. Everfi's Spring 2019 recommendations from the review conducted on AOD is applicable to scale to overall student health and well-being.
- Funding should be offered to compensate peer health educators.
- The current productivity level is unsustainable, as there is no cross training and there is a need to build stronger partnerships with campus and community partners who are experts in prevention.

2. Evaluate the current structure, purpose and profile of the Health Promotion portfolio, addressing strengths, weaknesses and the scope of work. What new operations could or should be considered?

Strengths:

- The office has used data and recommendations included in previous external reviews from EverFi's alcohol and sexual assault diagnostic inventory, NASPA's Culture of Respect Initiative and the Optional College Town Assessment (OCTA), to direct their focus and continue to broaden the work. They started to implement many of the recommendations including, connecting alcohol harm-reduction with active bystander behavior, addressing a variety of health behaviors including the link between levels of sexual maturity and reducing sexual harm. They used social norm data for active bystander behavior, promoted low-risk or no alcohol use and supported students seeking recovery or those in recovery from an addictive behavior.
- The community partnerships are long standing and have been very effective for many years and need to be sustained.

Weaknesses:

- HP is being moved and housed under Recreation; it is not a good "fit" at OU. It further buries the department under so many functional areas, with no seat at the decision making table.
- If Health Promotion is to stay a direct report to Recreational Services, there is a need for mentorship and professional development for Mark and Wes to ensure they build their competence to properly coach/mentor staff within the Office of Health Promotion.
- Mark and Wes need to thoroughly review any and all transition documents provided by Terry Koons and Mathew Ward.
- There are a number of concerns about Health Promotion's move to Recreation, but there was no intentional marketing with students, faculty, staff, and parents/guardians/support persons that are critical. This will need to involve some "re-branding" from a multimedia approach involving posters, radio/newspaper ads, website notices, and social media feeds is recommended. Personal outreach to key referral partners and departments will help in the re-branding. A widely advertised open house for students/staff and community members would increase their comfort in health and wellness resources available.
- Elimination of funding for Graduate Assistants after 2021 was listed in the self-report though it was not brought up during the external review.

- Budgets for required online education courses are not part of the baseline budget.
- Health Promotion educational programming funds are not part of the baseline budget.
- The three credit Peer Educator course that is taught each semester does not have any of the fees filtered into the department budget.

Office Scope of Work:

- It is essential that leadership and staff discuss and understand the scope of practice prior to providing care/support/education. Scope of practice helps to identify procedures, actions and processes an individual/department is permitted to perform. Other departments involved in this conversation should include other clinical and prevention focused departments that support student health and well-being.
- In clarifying the department's scope of work, the following components should be reviewed with other clinical and prevention focused departments: identify overlap, who takes the lead and who supports?, how to avoid duplication of services, support/consolidate promotion/advertising of services and identify historically marginalized, data informed focus populations and/or high-risk populations.
- This will require further conversations with other departments to assess what is truly occurring on Ohio University's campus.

3. Evaluate the current distribution of work across professional, graduate and student staff/volunteers, identifying strengths, improvement areas, opportunities to increase efficiency and areas to cut.

Strengths:

- Due to no full-time staff being a part of the review process, it was challenging to see if the roles and duties are equitably distributed.
- The Graduate Assistants hired were competent and had strong work ethics.

Improvement Areas:

- Payment for Peer Educators; this impacts the recruitment of diverse students, who may have to choose between volunteering and working to support themselves.
- Graduate students need specific training and understanding and mentoring to understand their role and feel supported in the work. With absence of the staff from the Health Promotion Office, the graduate students were put in a place to uphold the infrastructure of three full-time staff positions. This is not feasible or recommended moving forward.
 - Based on the self-study, the Graduate Assistants have significantly more duties than full-time staff, and thus justify the need to have more full-time staff to support the duties that were required of them. This creates some ethical concerns with the quantity and topics that the GAs covered.
- Health Communications and Marketing can be much better once the department identifies it's new renewed purpose and outcomes.
 - Communications and Marketing Team
 - Student Affairs Marketing team

Opportunities to Increase Efficiency:

- An organizational structure that is built to support the student population. Understanding financial limitations, building an organizational structure based on current limitations and future budget growth.
- Hiring Health Education Specialists who are generalists and not topic specific hires.

Areas to Cut:

- With the budget limitations, cuts will be needed and scaled based on feasibility, ability and staff expertise.
- Be mindful of hiring of topic specific professionals such as sexual violence only. The reason for this is because when a person leaves there is a gap that needs to be filled on a topic. Hiring a generalist in health education will mean that they can span a variety of topics and skills.

4. How can Health Promotion leverage and/or scale its efforts to have broader impact, acknowledging the limitations on resources?

- With the rapid changes to the Office of Health Promotion within the past year, the transitions did not allow for good succession planning, restructuring, and ensuring new leadership understood Health Education and Promotion, best and informed practices and how to assist in maintaining programs and initiatives.
- In 2022, one of the focuses of the strategic work related to OHIO's Inclusive Excellence Strategic plan will be wellness and The Division of Student Affairs will be the area responsible for partnering with D&I to move initiatives forward. In the next 6 months, specific items for action will need to be identified and the partnership with Health Promotion in this process will be key to the university's effective identification and operationalization of these initiatives.
- Building/Creating a Culture of Health and Wellness
 - Finding intentional ways to show and educate about the intersectionality of student, staff and faculty health and well-being
 - Health and Wellness common language/Health and Wellness common learning outcomes, is truly needed!
 - Continuation of campus and community coalition work.
 - More support from senior leadership.
 - Current culture hinders health, safety, belonging, JEDI, time management
 - Ability to train campus partners and Student Affairs staff on health and wellness

5. What individuals or departments inside/outside of Student Affairs have a role to play in prevention and achieving the institution's prevention goals? What initiatives/relationships should be prioritized?

- The lack of resources and institutional support will continuously hinder the ability to expand efforts.
- The Division of Student Affairs is extremely siloed, and many within the division did not understand what the Office of Health Promotion did.
 - Rebuilding relationships with Community Standards, Survivor Advocacy Program and Student Responsibility, Greek Life, Res Life, LGBTQ Center and the Women's Center.
 - Start relationships with Career and Leadership Development Center, and Culinary.
 - continue partnerships with Chris Knisely and other community partnerships that were integral in changing Alcohol culture.
- The President's Advisory Council on Sexual Misconduct needs to be revived, but into a broader campus-wide Health and Wellness Committee/Taskforce. Using the new ACHA Healthy Campus Framework, could be a revamp opportunity for the Healthy Community Campus Coalition which was started in 2018, and is no longer active and functioning.
- A related suggestion is to consider building more working and collaborative initiatives with Health Promotion, Ohio Health , Counseling and Psychological Services and Campus Recreation on some collaborative group activities that all departments could use for referral for students with needs that are not specifically mental or physical health issues. Programs of this kind could act as preventative outlets for students who are experiencing distress but who have not yet sought clinical services.

Additional Foci Reviewed

AREAS OF EXCELLENCE

- Alcohol education was echoed as a point of excellence with a decrease in partying, at least anecdotally according to the police chief. Health Promotion assisted in the education of students on consequences to academic record and overall health.
- Collaborations on sexual violence initiatives including working on intimate partner violence, domestic violence, by-stander programming; inclusive programming; worked with the women's center, Greek Life, campus police.
- CHOICES Program was mentioned by several campus partners as a positive program as it reached most of the first year class.
- The GAMMA Peer Education program was also highlighted by many stakeholders we met during the review process.

AREAS FOR IMPROVEMENT

- Lack of Departmental Identity
 - Core topics/focus areas can be created as the strategic planning process for Student Affairs and this new unit Mark Ferguson, Associate Dean of Well-being and the Director of Campus Recreation leads.
 - Creating a Continuum of Care, Multimodal Approach with all departments in the unit.
 - Utilization of data to inform practice, programming and outreach.
 - Compile data and do something with it.
 - The need for utilization of a 6-9 Dimensions of Wellness framework could be very helpful due to the size of the campus and limited common language on what wellness, well-being is/will be at Ohio University.
 - The office had a strong focus on Outreach and Programming, and not necessarily on health literacy, and skill building.
 - There is a big need for the creation of shared learning outcomes, which will allow data to funnel up to a core database. This would allow health and wellness "work" to "live" outside of the Health Promotion office with campus partners, having a shared goal/outcome.
 - Recreation will need to have some education/continuing education on Core Theories/Models that ground prevention work in college health and wellness.
 - Socio-Ecological Model (SEM), Collective Impact, Motivational Interviewing, Behavior Change Theories, Social Norms and Harm Reduction to name a few.
- Marketing is needed to promote the department within the university. Based upon the students, faculty and staff that participated in the virtual focus groups, the majority of them were unaware of the health promotion department and the services and programs offered for campus.
- Professional development budget for staff and intentionality from senior health and well-being leaders to enhance their knowledge by attending conferences, webinars, etc. related to college health promotion. Professional staff thrive in environments where they are able to be successful. In order for professional staff to be successful, it is imperative that supervisors foster environments that accentuate the professional's strengths and provide opportunities to challenge them in areas of growth. Mentoring, both within the field and on campus, can have greater success with staff who are willing to mentor professionals.
- Provide individual services that students could utilize to promote health and well-being. For example, services could include wellness coaching, HIV testing, etc.
- Many of the well-being services are currently under Campus Recreation. This service would be a better fit under the Office of Health Promotion as the scope of work that Campus Recreation is implementing falls under the health promotion lens with topics including mindfulness, stress management, coaching and well-being talk series. Training should incorporate motivational interviewing and behavior change. Also, objectives and outcome evaluation should be implemented and reviewed by a health promotion practitioner.

- Ensure the peer educator course that is housed in the health promotion department is taught by professional staff. In addition, I think it's important to inquire on where the funding from students enrolled in the course is going towards to support students to be able to obtain the certification and instructors.
- Strengthen partnership with campus stakeholders. For example, the health promotion department could partner with the College of Health Sciences and Professions. Several Departments to collaborate with including the Department of Social and Public Health that has undergraduate minors in Community and Public Health, a Bachelor of Science in Health (Community and Public Health) and a Master of Public Health majors. In addition, there could be intentional collaboration with Campus Recreation, LGBTQIA Center, Multicultural Center, etc.
- Create an internship program for the health promotion department that recruits from social and public health departments. The ability to train upcoming students with first hand experience in college health will assist the department, considering they are short staffed and need more individuals to support programmatic efforts. In addition, students learn from their peers and will be able to resonate with the topic when they are a part of the community.
- Conduct a National College Health Assessment (NCHA) survey with your study body to identify the top priorities for your student population. Currently there is no current generalized data related to the health and well-being of students. This information is critical to ensure that the programs and services reflect the needs of the population.
- Revise the CHOICES curriculum to ensure it's updated and utilizing best practices related to alcohol education and prevention.

PROPOSED AREAS TO FOCUS FOR THE FUTURE

1. Maintain best and informed practices the office has done extremely well:
 - a. CHOICES
 - b. AlcoholEdu
 - c. By-Stander model
 - d. peer education model (GAMMA)
 - e. Town Gown: the relationship with the community and community members
2. Funding opportunities to grow staff, GAs and paid student workers.
 - a. Student Fees
 - b. Cost of BASICS/CASICS (Cannabis Screening and Intervention for College Student)
 - c. Grant Writing
 - d. True Partnerships with campus departments and community partners
3. Strategic planning for Health and wellness departments. This will allow for better marketing and communications.
4. Professional Development for staff, peers and stakeholders
5. Anti-racism connection to public health, health equity, and health disparities

RECOMMENDATIONS ON THE VIRTUAL/CAMPUS REVIEW PROCESS:

- Be mindful of the timing of the review, as there was a search in cue for the Associate Director position, which could have provided good feedback or been an active participant as they will have to "actionize" these recommendations.
- The need for more templates to ensure the review teams provide the information required and needed.
- The Self-Study format was not always clear, and some components were redundant and did not always have the same responses/questions.
- The external consultants thought it would have been important to have the initial kickoff meeting with the Vice President at the beginning of the process, not the middle. The information shared would have helped shape our conversation and provide greater context that would have been extremely valuable in our process.
- The overall process was not organized and often dates were not confirmed until the last minute. This caused major challenges with attendance, many of the participants were unaware of the purpose of the meeting as there was not a significant notice given to ensure adequate representation.

STEP 2: Evaluation of Significant Items

Report Chapter	Proposed areas for future focus	Strengths
Section I: Response to self-study	<p>There seemed to be a lot of data collection; yet not all of the stakeholders we met with stated that they knew what the department did or what behavior change had occurred. In the future when data is collected by this office, it is recommended to review the outcomes and share them out with campus partners to determine needs, collaborations and strategies.</p> <p>There seemed to be a lot of strategies that this office implemented, yet it was still unclear to many stakeholders what they did. In the future, it would benefit the office to have a branding for the campus community and more importantly a voice and seat at the table so that campus stakeholders can hear what this office does. Additionally it is vital that the directors who oversee this office have a clear understanding of the initiatives and strategies so that they can communicate it to campus stakeholders as well.</p> <p>In the future, data collection should be prioritized to provide direction on what is needed to best meet students' needs in promoting health and well-being.</p> <p>Programming funds and funding from the course credit taught are not part of the department's budget which the reviewers found surprising. It is recommended that both of these be added to the budget.</p>	<p>The self-study stated that staff were involved in NASPA and EverFi as well as on-campus committees</p> <p>Staff received both national and campus awards and staff presented at national conferences which is a part of best practices within the field</p> <p>There was a lot of data collection and programming that took place on campus</p> <p>Both AlcoholEdu and the CHOICES program seemed to be having an impact on lowering high-risk drinking behaviors according to what was documented</p> <p>Ohio University has seen a 58% decrease in high-risk drinking from 2003-2019. The Healthy Campus Survey is administered every year. In 2019 15% of Ohio University students when choosing to drink were doing so in a high-risk way. 82% of students at Ohio University fall into the Healthy Campus Majority of drinking, with 48% drinking in a low-risk way.</p>
Section II: Response to virtual visit	<p>The end of the semester is always challenging to conduct meetings and expect a good turn out due to students' final exam schedules.</p> <p>Timing is extremely important when conducting an external review to ensure inclusivity with feedback and recommendations.</p> <p>Many of the meetings and requests were sent last minute, which could have impacted individuals' ability to attend due to schedule conflicts.</p> <p>The external review was taking place during the same time of hiring staff for the health promotion department. It's important that these two processes do not happen at the same time as the information shared during the external review should be utilized to identify what is needed for the department.</p> <p>Conduct research to determine what the best practices are for collegiate recovery programs. This position could be housed outside of the counseling center and in the health promotion department based upon the scope of the work.</p> <p>The external consultants thought it would have been important to have the initial kickoff meeting with the Vice President at the beginning of the process, not the middle. The information shared would have helped shape our conversation and provide greater context that would have been extremely valuable in our process.</p> <p>For any new onboarding of staff for this department,</p>	<p>The stakeholder group that included faculty and staff were very open and honest about what they thought would be needed for the Health Promotion department to be successful.</p> <p>The stakeholders were interested and vested in supporting the Health Promotion department when applicable to promote health and well-being on campus.</p> <p>Previously there was a strong relationship with the Title IX office and the Health Promotion department.</p> <p>Community partner eluded to a strong campus/community coalitions that existed previously that no longer exist.</p>

	it is important that the supervisor of the staff identify persons and departments that would be valuable to build relationships with that could assist them in promoting health and well-being on campus.	
Section III: Response to departmental questions	Detailed responses to each question for Section 3 can be found on pages 14-16 of this report.	<ol style="list-style-type: none"> 1. Maintain best and informed practices the office has done extremely well: <ol style="list-style-type: none"> a. CHOICES b. AlcoholEdu c. By-Stander model d. peer education model (GAMMA) e. Town Gown: the relationship with the community and community members 2. Funding opportunities to grow staff, GAs and paid student workers. <ol style="list-style-type: none"> a. Student Fees b. Cost of BASICS/CASICS (Cannabis Screening and Intervention for College Student) c. Grant Writing d. True Partnerships with campus departments and community partners 3. Strategic planning for Health and wellness departments. This will allow for better marketing and communications. 4. Professional Development for staff, peers and stakeholders 5. Anti-racism's connection to public health, health equity and health disparities.
Section IV: Conclusion	<p>Health Promotion needs to utilize data to identify priorities and ensure they are able to best meet the needs of their student population.</p> <p>In order to meet the needs of the students and stakeholders at the institution, we recommend re-evaluating the staffing of the department. If staffing is not going to be increased, at the very least, we recommend that the Assistant Director of Well-Being & Fitness should report to the Associate Director for Health Promotion.</p> <p>The success of this department is going to depend on the support it receives. The backing from the administration needs to be from the top down. Also supporting the new staff to have mentors within the field of Health Promotion will allow for this person to grow and to move the department towards best practice within the field.</p> <p>Continuing to utilize best and informed practices that are already implemented which are CHOICES, AlcoholEdu, By-Stander model, peer education model, and the relationship with the community and community members, sometimes referred to as Town Gown.</p> <p>A recommendation for consideration is after the Associate Director is hired, that an external review be re-visited in a year to assist and support this new staff member. By offering an additional external review once they are hired, it will allow for the reviewers to understand the current gaps and needed support of the department.</p>	N/A

STEP 3: Recommended Follow-Up Actions

1. Provide direction for department (strategic plan) and mentorship from supervisor and within the field of college health
2. Establish a commitment to provide professional development to leaders in Health & Well-Being and staff to increase knowledge on health education and promotion
3. Create health and communication marketing plan to share and promote the Office of Health Promotion (<i>who they are, what they do, what they don't do, why are they important, prevention strategies, key partnerships, impact on student retention/belonging</i>)
4. Recruit students for internships, practicums, volunteering, job shadowing or paid work experience within the School of Public Health at the university. Partner with faculty for co-curricular infusions with Public Health initiatives (research, campaigns, program efforts, studies) on campus.
5. Provide a supportive environment for re-building relationships and trust. Allowing healing to take place.
6. Utilize best and informed practices to ensure programs and services meet the needs of your target population
7. Create innovative ways to increase needed resources: funds, person power, professional development.
8. Administer the National College Health Assessment (NCHA) survey with the current student body to identify baseline and priorities for the department.
9. Utilize stakeholders (faculty, staff, community partners, etc.) to create buy-in for the department and infuse health and well-being as a priority of the university
10. Continue to provide support efforts and initiatives that have changed behavior; remember that when public health is working, nothing happens. (AOD initiatives may have decreased risky alcohol behaviors though without continued support, could become a risk again)

Step 4: Conclusion

The Health Promotion department has a history that has experienced some success but also challenges. Therefore data collection will be imperative to ensure the department is able to identify priorities and plan accordingly. There are a number of methods that could be utilized to collect baseline data and to plan smart goals that could be measured accordingly. The data that has been collected previously is outdated and topic specific. Perhaps utilizing a comprehensive data survey such as the National College Health Assessment (NCHA) could be beneficial in the upcoming year. In addition, it will be imperative to share the results within the campus community with students, stakeholders, community partners, and senior leaders. This will allow Health Promotion to share their story on why they are important and what they plan to accomplish based upon the needs of the student body. Data collection should be continuous to identify trends and themes. Based upon what has been identified the department should identify key partners to accomplish these goals and ultimately infuse health and well-being in the culture on campus.

In order to meet the needs of the students and stakeholders at the institution, we recommend re-evaluating the staffing of the department. For a campus serving 16,000 students we recommend a minimum of three professional staff, knowing that this level was not sufficient in the past. If staffing is not going to be increased, at the very least, we recommend that the Assistant Director of Well-Being & Fitness should report to the Associate Director for Health Promotion. Since the Assistant of Director Well-Being & Fitness is already implementing well-being services, it is a natural fit within the area of health promotion rather than recreational services.

The success of this department is going to depend on the support it receives. The backing from the administration needs to be from the top down. Having the Vice President of Student Affairs, the Associate Dean of Well-Being and Executive Director of Campus Recreation and the Director of Well-Being and Recreation supervise and mentor the new Associate Director for Health Promotion will have a direct impact on the person's and the department's success. Also supporting the new staff to have mentors within the field of Health Promotion will allow for this person to grow and to move the department towards best practice within the field. Existing strategies that are best or informed practices are CHOICES, AlcoholEdu, By-Stander model, peer education model, and the relationship with the community and community members, sometimes referred to as Town Gown.

The new revisioning of the department moving forward should include informed and best practices within the field. While the department has been implementing some of these practices (listed above), there are many to consider. At the end of this document there are several evidence informed and best practices suggestions, though being able to implement them will also depend on the size and scope of the professionals within the department. Without knowing the size of the department, it is difficult for the external reviewers to provide a specific road map for success.

A recommendation for consideration is after the Associate Director is hired, that an external review be re-visited in a year to assist and support this new staff member. By offering an additional external review once they are hired, it will allow for the reviewers to understand the current gaps and needed support of the department.

Overall, senior leaders at the institution are headed in the right direction by requesting an external review to be conducted on the Health Promotion department to identify what is needed to ensure their success in the future. We understand that funding is challenging, due to budget cuts but hope these recommendations provide an opportunity to think outside the box and identify best practices and methods to promote collaboration and brand this department within the institution to show its value and need in promoting health and well-being on campus.

Organization Chart

*Proposed for a Successful and Sustainable Office of Health Promotion - **Short-Term Org Chart***



Step 1:

1. Hire the Associate Director
2. Assess where the Collegiate Recovery Coordinator and Survivor Advocacy should be relocated back to the Office of Health Promotion.

Step 2:

1. Move the Assistant Director, Well-Being and Fitness (Campus Rec) to Office of Health Promotion

Step 3: Depending on the Budget

1. Preference is to hire the two (2) Health Education Specialists first
2. If not, hire the one (1) Health Education Specialist and the four (4) Graduate Assistants
3. Pay at least two (2) lead student workers/Peer Educators

*Proposed for a Successful and Sustainable Office of Health Promotion - **Long-Term Org Chart***



Appendix

EXTERNAL REVIEW TEAM BIOS

Dr. Shawnté Elbert, EdD, MCHES, CHWP, CWHC, Associate VP of Health & Well-being, The Ohio State University, Lead External Reviewer

Dr. Shawnté Elbert is the Associate Vice President of Health & Well-being at The Ohio State University. She is an accomplished leader and student affairs administrator with a depth and breadth of experience in college student health and wellness, including harm reduction, prevention and risk management. Dr. Elbert has a strong background in policy review and development, health and wellness compliance and public health theory and practice. A strong advocate for historically marginalized and minoritized students, Dr. Elbert has vast expertise in the areas of public health administration and education, wellness, peer education and leadership development. She serves on the Board of Directors for American College Health Association and as a mentor. In NASPA she is the co-chair for the Wellness and Health Promotion Knowledge Community, Peer Education Advisory Board and the Fraternity & Sorority Life Health, Safety, and Well-being Working Group. As the Associate Vice President for Well-being and Health, Dr. Elbert supports Student Life's Counseling and Consultation Service, department of Recreational Sports, Student Health Services and Student Wellness Center. Dr. Elbert also serves as an Adjunct Assistant Professor for Tulane University's Online MPH program.



Shawnté earned her bachelor's degree in Health Education and Promotion from East Carolina University, her Master's degree in Wellness from Chatham University, and her doctorate in Educational Leadership and Management from St. Thomas University (Fla). She is a Master Certified Health Education Specialist, Certified Wellness & Health Coach, and a Certified Health and Wellness Professional through American College Health Association.

Joleen Nevers, MAEd, CHES, CSE, CSES, Assoc. Dir. for Wellness & Prevention Services, University of Connecticut

Joleen M. Nevers has worked in several roles at the University of Connecticut. She is currently the Program Director for Regional Wellness and works with campus leadership on each of the four campuses to determine wellness initiatives for the students. She partners and collaborates with campus stakeholders, student groups and students on campus strategies. She has also served as Associate Director for Wellness and Prevention Services where she was responsible for overseeing the department's wellness initiatives and provided leadership, direction, and support to the wellness staff team. Since being at UConn, she is credited with developing and implementing many campus-wide wellness initiatives. Some examples include supervision and oversight for implementing mandatory AlcoholEdu to all new students, weekly pet therapy visits, a relaxation area with weekly stress management events, and working with athletics and Greek organizations on group dynamics. Additionally, she created and implemented "The UConn Sexperts" peer education program and campus-wide programming on both sexual health and stress management. Joleen has a deep passion for peer education and advising peer educators. Prior to joining UConn, Joleen worked in Boston in a teen clinic where she coordinated sexual health education and spearheaded a peer education program.



Joleen earned a Bachelor's Degree in Psychology with a minor in Health Education from Framingham State University and a Master's degree of Education from East Carolina University in Health Education. She is a Certified Health Education Specialist, a Certified Sexuality Educator, and a Certified Sexuality Educator Supervisor. Joleen has provided numerous presentations at both national and regional conferences. She has served in many leadership roles, including BACCHUS Initiatives of NASPA, American College Health Association, and New England College Health Association.

Joi Alexander, MCHES, Director of Health Initiatives, Georgia Institute of Technology

Joi Alexander serves as the Director of Health Initiatives at Georgia Institute of Technology. She plays a key role in proactively leading the development and implementation of health well-being initiatives and programs aligned with evidence and best practices to create an innovative approach to Health and Well-Being. Collaborates with a variety of interdisciplinary on and off campus stakeholders to enable the development and implementation of key programs and initiatives, related to staff, faculty and student health and well-being. In addition, she serves as adjunct faculty in the college of public health for Southern New Hampshire University.

Joi received both her master's and bachelor's degree in Health Education and Promotion from East Carolina University. She is a Master Certified Health Education Specialist and has over a decade of progressive experience and a wealth of knowledge related to health, well-being, prevention, risk management as well as a commitment to health equity, diversity and inclusion. A true advocate for creating diverse and inclusive spaces that empower students to choose healthy lifestyles choices that facilitate academic success and lead to happy, healthy, and well communities.



INTERNAL REVIEW TEAM BIOS

Dr. Duane Bruce, EdD (campus partner)

Dr. Duane Bruce is currently the interim Assistant Director of the Multicultural Center at Ohio University. Over the course of his 20-year career, he has worked across several functional areas in higher education including residence life, student conduct programs, student activities/student life, multicultural affairs, and new student orientation at both public and private universities and served on the board of directors of the National Orientation Directors Association. Dr. Bruce is also the editor of the Journal for College Orientation, Transition, and Retention and served as an Adjunct Assistant Professor at Columbia University's Teachers College. Graduate-level courses he taught in the Higher and Postsecondary Education department include College Student Development Theories, Contemporary Student Issues and Policies, and Social Movements and Activism in Higher Education. His research interests include the experience of people of color in higher education and his dissertation explored the relationship between race/ethnicity and job satisfaction and the impact these variables have on the retention of pre-tenure faculty.

Dr. Bruce grew up in a small town outside of Kansas City, Missouri and earned a Bachelor of Science in Business Administration from Missouri Western State University, and masters and doctoral degrees in Higher Education Administration from the University of Kansas.



Chris Knisely, President of Athens City Council (community partner)

Christine Knisely has lived in Athens since 1996. She is President of Athens City Council (since January 2015), and has served on City Council since 2008. During her tenure as an At-Large Council member she served as Chair of the Finance and Personnel Committee, and as Chair of the Transportation Committee. In her role as Council President she also serves on the City/University Memorandum of Understanding work group.

University Town/Gown-related activities include: Co-Chair of the Campus/Community Health Coalition and the Ohio Town/Gown Association (annual meeting planning committee co-chair). She previously served on the OU President's Task Force on the Status of Women.

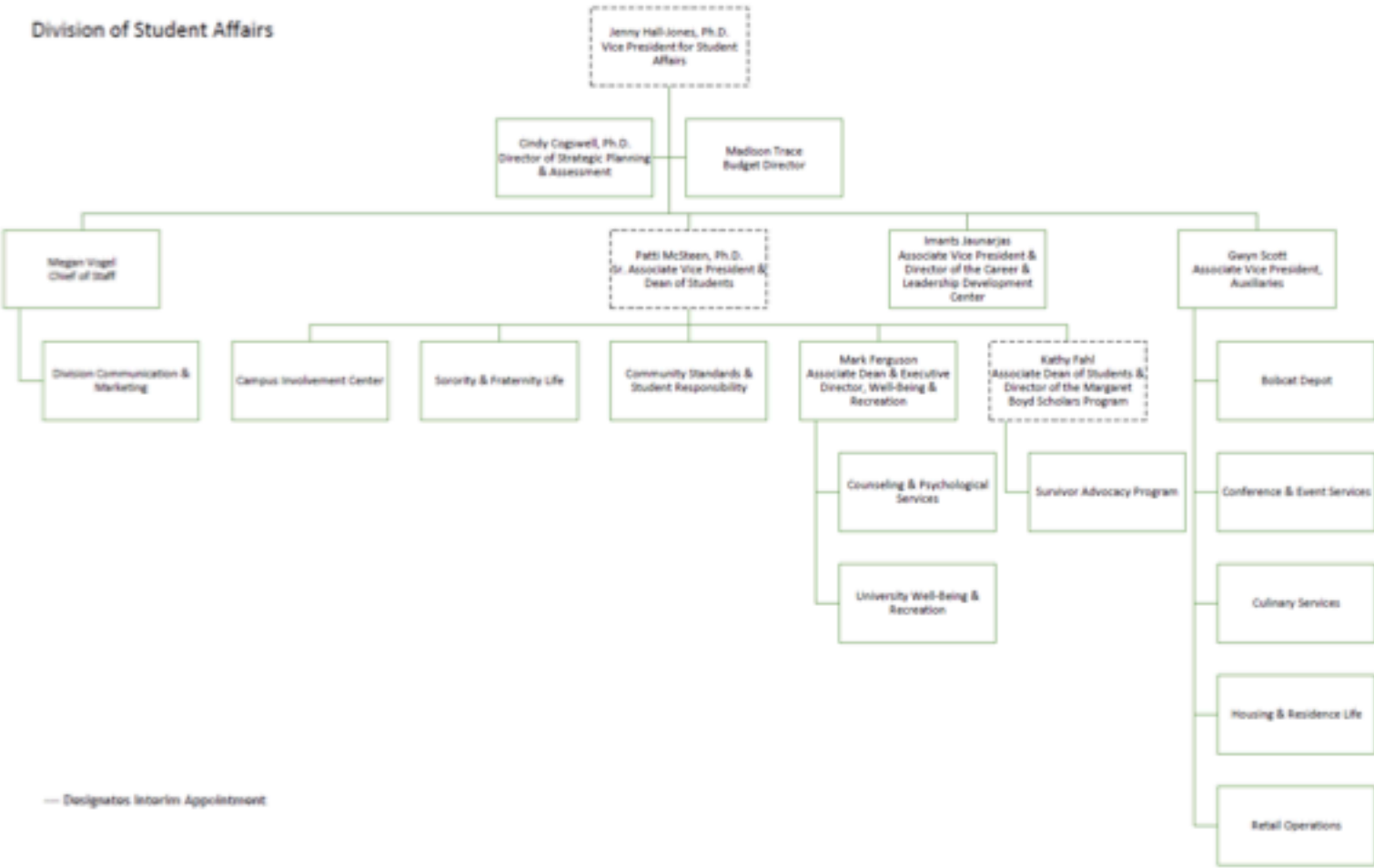
She worked at Ohio University, in the College of Education from 1993-1994 (as the director of a National Science Foundation Summer Institute), then at the College of Osteopathic Medicine from 1996-2010 (as a Curriculum Coordinator, and as Executive Director of the Research Office).

She has been active with the League of Women Voters at the local and state level. Other volunteer activities include the Veterans Banner Project, the Open-Ohio forum, and America in Bloom,

Christine is a native of Cleveland, Ohio. She received a Bachelor of Arts degree from Ohio Wesleyan University (1974) and a Masters degree in Public Administration from Ohio University (1999).



DIVISION OF STUDENT AFFAIRS ORGANIZATIONAL CHART



QUESTIONS ASKED DURING LISTENING SESSIONS

- I. **Introduce Ourselves:** Shawnte, Joleen, Joi (order of brief introduction)
- II. **Opening Statement (Shawnte):** We know that health and wellness can mean a variety of things to each of you, and as we go through this conversation, we will use wellness/well-being interchangeably; and health promotion/health education interchangeably.

Questions for Staff from Department:

1. Does your supervisor discuss your personal ESJ professional development goal with you and offer coaching and feedback related to that goal?
2. Did your supervisor discuss the departmental ESJ goal with you and how you can contribute in your role?
3. How has this office made you feel valued as a member of the university community and your contributions to its goals? What could they have done to make you feel more valued?
4. How do you see this office removing barriers to equity and inclusion in the campus community? What could they do better?
5. How does this office promote equity through the facilitation of learning? How so? How could it be improved?
6. How do you see this office promoting equity by cultivating community? How could it be done better?
7. How do you see this office promoting equity by empowering all staff? How could it be done better?

Student Questions:

1. What are some ways that this office has promoted health and well-being on campus?
2. What are some gaps that hinders the office in promoting health and well-being on campus?
3. What ways and how do you want this office to support student health and well-being?
4. If you could envision a Health Promotion office, what will/would it entail, and why is it important?
5. Do you perceive this office as a place where all people are accepted and welcome? Please explain and provide examples.
6. How do you see this office removing barriers to equity and inclusion in the campus community through the services they offer?

Graduate Students and Peer Educators Questions:

1. What does your training look like?
2. What are some ways that this office has promoted health and well-being on campus?
3. What are some gaps that hinders the office in promoting health and well-being on campus?
4. What ways and how do you want this office to support student health and well-being?
5. If you could envision a Health Promotion office, what will/would it entail, and why is it important?
6. Do you perceive this office as a place where all people are accepted and welcome? Please explain and provide examples.
7. How do you see this office removing barriers to equity and inclusion in the campus community through the services they offer?

Staff and Faculty Questions:

1. Do you feel that you were able to work with individuals from this office in a collaborative manner? Please explain and provide examples if possible.
2. Do you feel that your perspective is taken into consideration when working with a representative from this office? Please explain and provide examples if possible.
3. Do you perceive this office as a place where all people are accepted and welcome? Please explain and provide examples if possible.
4. What steps, if any, do you believe this office could implement to improve access to resources and opportunities for students who are underrepresented or under resourced on campus?
5. How do you see this office removing barriers to equity and inclusion in the campus community? What could they do better?

6. How does this office promote equity through the facilitation of learning? How so? How could it be improved?
7. How do you see this office promoting equity by cultivating community? How could it be done better?
8. How do you see this office promoting equity by empowering all staff? How could it be done better?
9. How does this office advocate on the part of staff to:
 - Encourage a sense of safety on campus and surrounding areas.
 - Promote respect among staff, students, and the campus community.

JEDI Focused Questions

1. Do you perceive this office as a place where all people are accepted and welcome? Please explain and provide examples.
2. What steps, if any, do you believe this office could implement to improve their access to resources and opportunities for students who are:
 - Under-represented on campus
 - Under-resourced
3. How does this office advocate on the part of students to:
 - Encourage a sense of safety on campus and surrounding areas
 - Promote respect among students and the campus community
4. How has this office made you feel valued as a member of the university community? What could they have done better toward this end?
5. How do you see this office removing barriers to equity and inclusion in the campus community through the services they offer? What could they do better?
6. How does this office promote equity and inclusion through the facilitation of learning? How so? How could it be improved?
7. How do you see this office promoting equity by cultivating community? How could it be done better?
8. How do you see this office promoting equity by empowering all students? How could it be done better?

Wrap-Up Question: Is there a question you feel we should have asked, or any information that you want to share about this office that we should know?

RECOMMENDED RESOURCES & PUBLICATIONS

Relevant National Organizations and Listservs

- [American College Health Association](#): ACHA stands at the forefront of issues that impact the health and wellness of our college students. ACHA represents over 800 institutions of higher education and the collective health and wellness needs of 20 million college students.
 - ACHA Health Promotion Section
 - ACHA Administrator Section
 - Coalitions & Committees
 - Alcohol, Tobacco and Other Drugs Coalition
 - Campus Safety and Violence Coalition
 - Sexual Health Coalition
 - Healthy Campus Committee
 - Region III Mid-America College Health Association
- [National Association of Student Personnel Administrators](#): NASPA is the professional home for the field of student affairs. Together, we are dedicated to fulfilling the promise of higher education through our guiding principles of Integrity, Innovation, Inclusion, and Inquiry. We place students at the center of our work, serving the field through exceptional professional development, research to take on our biggest challenges, advocacy for inclusive and equitable practices and communities, and nurturing networks and pipelines to mentor, rejuvenate, and support.
 - Wellness and Health Promotion Knowledge Community
 - Sexual and Relationship Violence Prevention, Education and Response Knowledge Community
 - Knowledge Communities & Divisions
 - Alcohol and Other Drug Knowledge Community
 - Health, Safety & Well-being
 - Equity, Inclusion, and Social Justice Division
 - Region IV-E
- [American Public Health Association](#): APHA champions the health of all people and all communities. They are the only organization that combines a nearly 150-year perspective, a broad-based member community and the ability to influence policy to improve the public's health.
 - APHA has 32 Sections that represent major public health disciplines or public health programs. These Sections allow members with shared interests to come together to develop scientific program content and policy papers in their areas of interest or fields of practice, and they provide for professional and social networking, career development and mentoring.
- [Society for Public Health Education](#): SOPHE is a nonprofit, independent professional association that represents a diverse membership of nearly 4,000 health education professionals and students in the United States and 25 international countries.
 - Tobacco and Smoking Cessation
 - Health Disparities
 - Injury Prevention
 - Chronic Diseases
 - School Health
 - National Health Education Week

Publications

ACHA

- Guidelines for Hiring Health Promotion Professionals in Higher Education Second Edition, May 2014 ([pdf](#))
- Standards of Practice for Health Promotion in Higher Education Fourth Edition, 2019 ([pdf](#))
- Healthy Campus Framework ([pdf](#))
- ACHA Whitepaper: Considerations for Integration of Counseling and Health Services on College and University Campuses ([pdf](#))
- Framework for a Comprehensive College Health Program ([pdf](#))

- Healthy Campus Executive Update: The American College Health Association's Newsletter for Leaders in Higher Education ([pdf](#))
- Framing Well-being in a College Campus Setting Whitepaper ([pdf](#)) Webinar Slides ([pdf](#))
- Outsourcing of College Health Programs: Discussion Points ([pdf](#))

Okanagan Charter

<https://wellbeing.ubc.ca/okanagan-charter> ([pdf](#))

- An International Charter for Health Promoting University and Colleges, which calls upon post-secondary schools to embed health into all aspects of campus culture and to lead health promotion action and collaboration locally and globally.
- US Health Promoting Campuses Network, contact Rebecca Kennedy (rekenn@uab.edu) and Tammy (tofields@uab.edu) to join the network to attend meetings and listserv.

Council for the Advancement of Standards in Higher Education

Cross-Functional Framework for Advancing Health and Well-Being [CAS](#)

The Council for the Advancement of Standards in Higher Education: Standards and Guidelines [CAS Standards \(acha.org\)](#)

Public Health Theories, Models and Frameworks

NIAAA College Aim ([pdf](#))

Developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) with leading college alcohol researchers and staff, CollegeAIM—the College Alcohol Intervention Matrix—is an easy-to-use and comprehensive booklet and website to help schools identify effective alcohol interventions.

While there are numerous options for addressing alcohol issues, they are not all equally effective. CollegeAIM can help schools choose interventions wisely—boosting their chances for success and helping them improve the health and safety of their students.

- **Watch the Webinar:** “The Updated College Alcohol Intervention Matrix (CollegeAIM): What Colleges and Communities Need to Know Now”.

Smart Objectives

When developing a work plan and an evaluation plan, you can use the SMART approach to make sure your information is used.

SMART stands for:

- Specific
- Measurable
- Attainable/Achievable
- Relevant
- Time bound

[Writing SMART Objectives | cdc.gov](#)

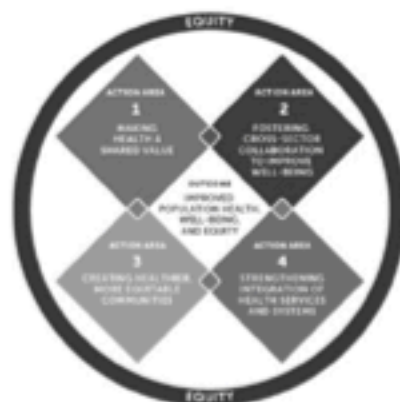
Health Action Framework

Health Action Framework

Drawn from rigorous research and analysis of our nation's systemic barriers to better health, the Action Framework invites individuals, communities, and organizations to find entry points relevant to their unique needs and goals. Based on ten underlying principles, it connects health and social, economic, physical, and environmental factors.

10 Principles for a Culture of Health:

- Good health flourishes across geographic, demographic, and social sectors
- Attaining the best health possible is valued by our entire society
- Individuals and families have the means and the opportunity to make choices that lead to the healthiest lives possible
- Business, government, individuals, and organizations work together to build healthy communities and lifestyles
- No one is excluded
- Everyone has access to affordable, quality health care because it is essential to maintain, or reclaim, health
- Health care is efficient and equitable
- The economy is less burdened by excessive and unwarranted health care spending
- Keeping everyone as healthy as possible guides public and private decision-making
- Americans understand that we are all in this together

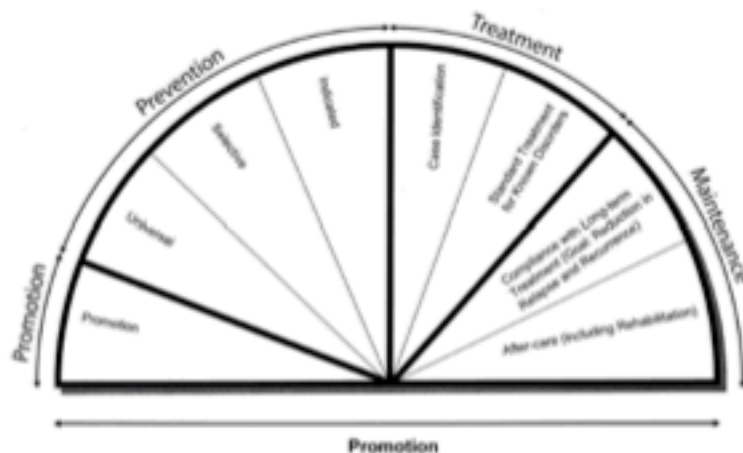


Retrieved from: Robert Wood Johnson Foundation, Building a Culture of Health
<https://www.rwjf.org/en/culture-of-health/about-how-we-got-here/foundation-underlying-principles>

IoM Continuum of Care Model

Institute of Medicine's Continuum of Care

A comprehensive approach to behavioral health also means seeing prevention as part of an overall continuum of care. The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report. In addition, the Institute of Medicine and National Research Council's *Preventing Mental, Emotional, and Behavioral Disorders Among Young People* report – 2009 notes that cost-benefit ratios for early treatment and prevention programs for addictions and mental illness programs range from 1:2 to 1:10.



Retrieved from Substance Abuse and Mental Health Services Administration
<https://www.samhsa.gov/prevention>
 Image from <https://www.pmh.org/2010/05/05/>

JED Foundation Comprehensive Approach

JED Foundation Comprehensive Approach

The Jed Foundation believes in a comprehensive, public health approach to promoting mental health and preventing suicide. JED's programs are grounded in our *Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities*, developed in collaboration with SPRC. This evidence-based model can be used to assess efforts currently being made on campus, identifying existing strengths and areas for improvement. In 2017, JED built upon its Comprehensive Approach by developing the Equity in Mental Health Framework, in partnership with The Steve Fund, which provides ten recommendations and implementation strategies to help colleges and universities better support the mental health of students of color.



Retrieved from: JED Foundation <https://www.jedfoundation.org/what-we-do/>

Okanagan Charter

Okanagan Charter

In June 2015, UBC co-hosted the International Conference on Health Promoting Universities and Colleges at the Okanagan campus, bringing together participants from 45 countries, representing both educational institutions and health organizations, including the World Health Organization and UNESCO. Over three days, these organizations collaborated on the development of the Okanagan Charter: An International Charter for Health Promoting Universities and Colleges.

Key Principles for Action:

- Use settings and whole system approaches
- Ensure comprehensive and campus-wide approaches
- Use participatory approaches and engage the voice of students and others
- Develop trans-disciplinary collaborations and cross-sector partnerships
- Promote research, innovation, and evidence-informed action
- Build on strengths
- Value local and indigenous communities' contexts and priorities
- Act on an existing universal responsibility

Call to Action 1: Embed health into all aspects of campus culture, across the administration, operations, and academic mandates

Call to Action 2: Lead health promotion action and collaboration locally and globally



Retrieved from: The University of British Columbia, UBC Wellbeing <https://wellbeing.ubc.ca/okanagan-charter/>

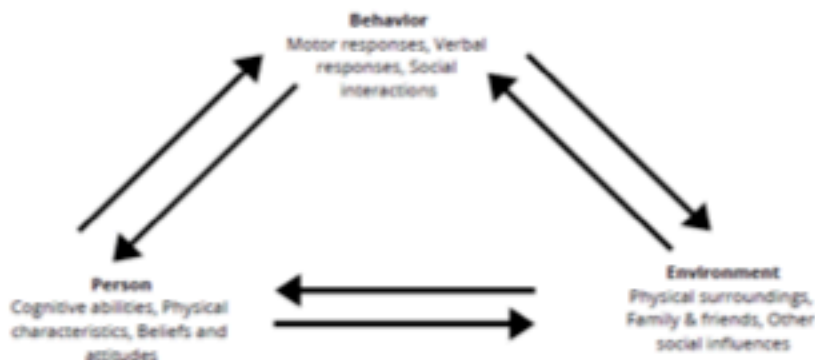
SocioEcological Model

Social Cognitive Theory (SCT), the cognitive formulation of social learning theory that has been best articulated by Bandura, explains human behavior in terms of a three way, dynamic, reciprocal model in which personal factors, environmental influences, and behavior continually interact. SCT synthesizes concepts and processes from cognitive, behaviorist, and emotional models of behavior change, so it can be readily applied to counseling interventions for disease prevention and management. A basic premise of SCT is that people learn not only through their own experiences, but also by observing the actions of others and the results of those actions.

Behavior- this aspect represents what the person actually does. "Motor responses" means "actions." This one is difficult for anyone to change, other than the person who is trying to change themselves.

Environment: this aspect is the world around the person. It involves the physical surroundings but also the social environment too. Research has shown this aspect to be far more powerful than most people would realise.

Person: this aspect represents what the person themselves brings to the situation. This includes beliefs and attitudes, cognitive skills (like math or problem solving), and physical attributes also.



Sponsored from National Institutes of Health, Office of Behavioral and Social Sciences Research
<http://www.nimh.nih.gov/about/nimhsrpr/contractors/contractors.asp>
 Source from: <https://pubs.nia.nih.gov/publicat/200906>

Ecological Model

Campus ecology identifies environmental factors and influences, which interact and affect individual behavior. These factors may be the physical setting or place, the human aggregate or characteristics of the people, organizational and social climate, and/or characteristics of the surrounding community. (NASPA, 2004, p. 7)

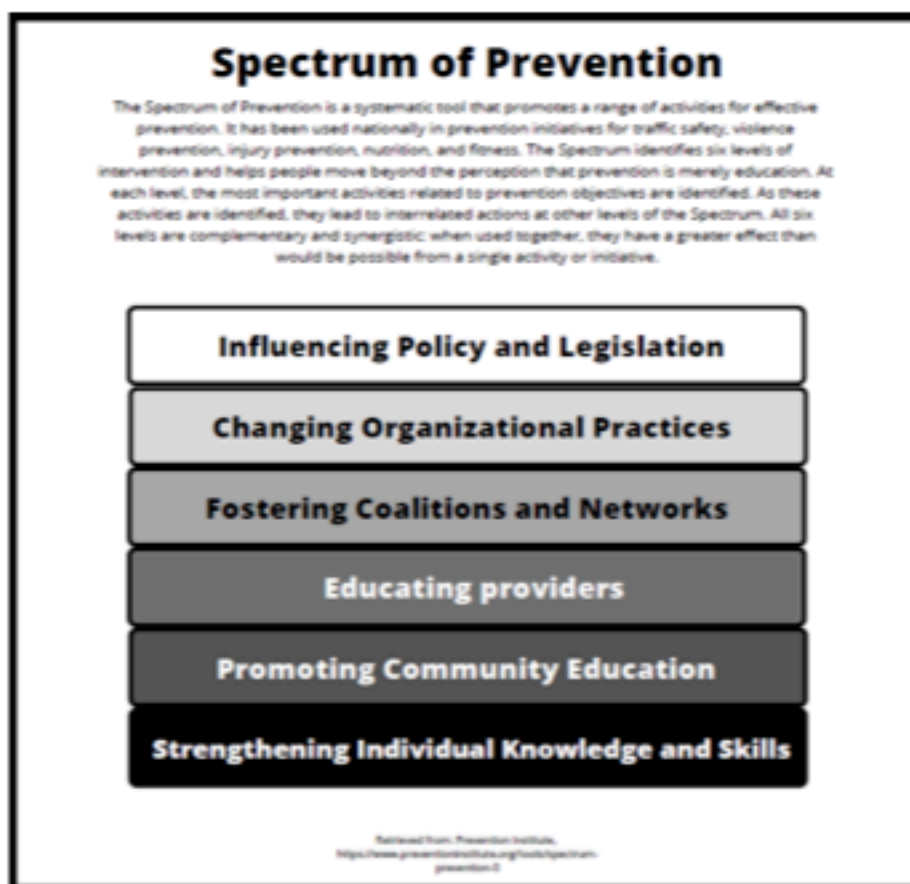
Because significant and dynamic interrelationships exist among these different levels of health determinants, interventions are most likely to be effective when they address determinants at all levels.

- Individual/intrapersonal factors — Characteristics of the individual such as knowledge, attitudes, behavior, self-concept, skills, and developmental history.
- Interpersonal processes and primary groups — Formal and informal social networks and social support systems, including family, work group, and friendship networks.
- Organizational/institutional factors — Social institutions with organizational characteristics and formal (and informal) rules and regulations for operations.
- Community — Relationships among organizations, institutions, and informational networks within defined boundaries.
- Public policy — Local, state, national, and global laws and policies.

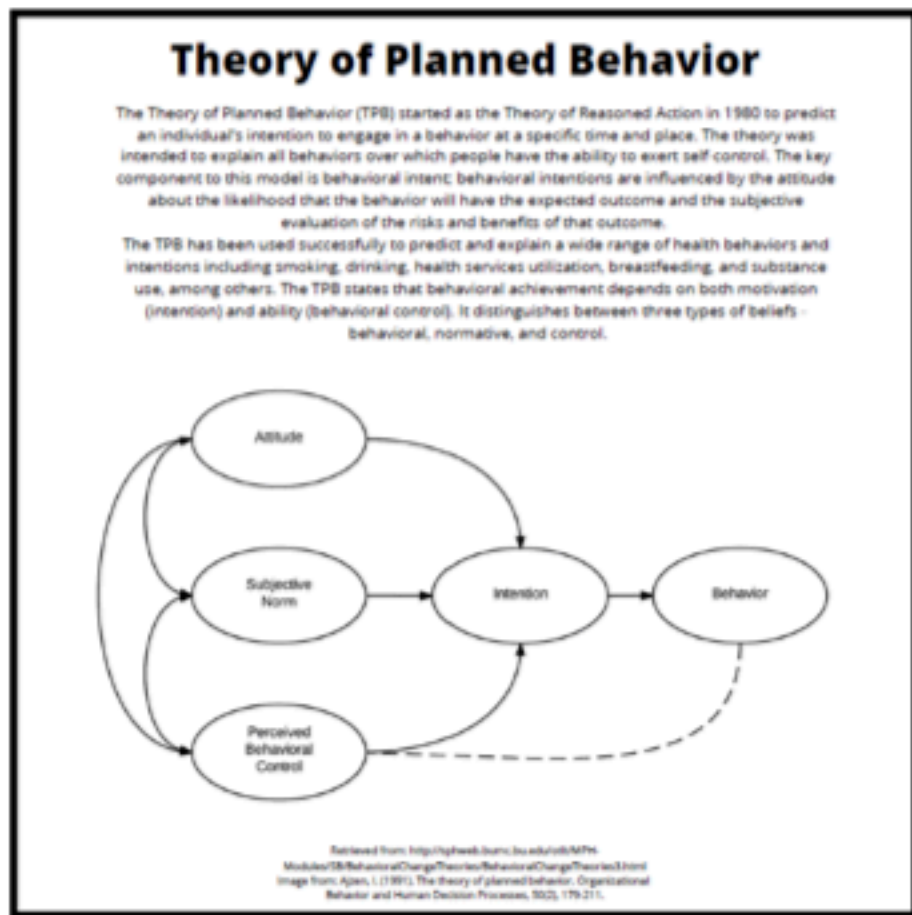


Retrieved from: American College Health Association, Healthy Campus 2020
https://www.acha.org/HealthyCampus/HealthyCampusEcological_Model.aspx
 Taken from: https://www.acha.org/HealthyCampus/HealthyCampusEcological_Model.aspx

Spectrum of Prevention



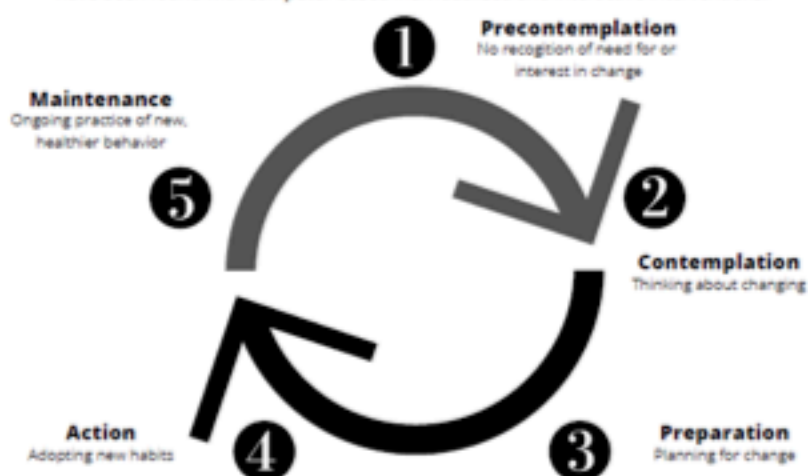
Theory of Planned Behavior



Transtheoretical Model

Transtheoretical Model

The transtheoretical model posits that health behavior change involves progress through six stages of change: precontemplation, contemplation, preparation, action, maintenance, and termination. Ten processes of change have been identified for producing progress along with decisional balance, self-efficacy, and temptations. Basic research has generated a rule of thumb for at-risk populations: 40% in precontemplation, 40% in contemplation, and 20% in preparation. Across 12 health behaviors, consistent patterns have been found between the pros and cons of changing and the stages of change. Applied research has demonstrated dramatic improvements in recruitment, retention, and progress using stage-matched interventions and proactive recruitment procedures. The most promising outcomes to date have been found with computer-based individualized and interactive interventions.



Retrieved from Prochaska, J., & Velicer, W. (1997). The Transtheoretical Model of Health Behavior Change. *American Journal of Health Promotion*, 12(1), 38-48.