

Program Review Department Response Report

Office of Health Promotion

Division of Student Affairs

SUMMER/FALL 2021

Introduction

The purpose of program review is to improve the quality of departments, division, and the institution as a whole. The review provides each department with an opportunity to reflect, self-assess, and plan for the future. The process facilitates in-depth communication between the department and senior leadership and informs future planning and decision-making. By stimulating department or program planning and encouraging department-based strategic planning, the program review process can advance OHIO’s overall mission.

Program review in the Division of Student Affairs (DOSA) at Ohio University emphasizes:

* Involvement of all department staff to accurately portray the varied experiences of the department across all stages of organizational membership and function.
* Collaboration within and across the OHIO community to craft a reflective self-study review, including applicable data and information
* Conversations about the future of the department with DOSA leadership, emphasizing improvement, planning, decision-making, and resource allocation

Program reviews aim to generate a sense of shared purpose and connection to the campus mission and reinforce the need for coordinated planning for the future. In doing so, the program review process intentionally involves several key stakeholders:

* Staff, faculty, students, and other stakeholders undergoing review: this provides an opportunity for those directly involved in the department to assess its strengths and areas for improvement
* The involvement of the Dean, Assistant or Associate Dean of Students, VPSA, campus leadership, and administrators ensures that meaningful and effective follow-up for each review will occur
* The involvement of staff or faculty from other units on campus promotes campus-wide understanding of the contributions of each department to the mission of the institution
* The involvement of program reviewers from the same line of work offers peer review and input on strengthening the department’s purpose, reputation, and future direction

**Committee Composition**

The committee included 3 persons external to Ohio University with expertise in the work of health promotion; 1 person from within the institution (but outside of DOSA); and 1 community members. Information about the review committee can be found in their report.

**Timeline**

The self-study was written in 2019. Due to COVID-19 the review was delayed until spring 2021, when it was held online via Microsoft Teams. June 2021 DOSA received the report from the committee which is available online or can be obtained by contacting the office of the Vice President for Student Affairs. July 2021 staff met to debrief the report and worked throughout the summer to develop a response and action plan informed by the review and reviewers’ report. Additionally in Fall of 2021, the Executive Director shared the external report with the new Associate Director. The new Associate Director added updates to the official response as the planning processes were rapidly changing throughout the first semester. For the Response Report to be applicable, additional time was needed to adapt the action plan to align with current programming and future strategic planning.

Summary of Reviewers Report

After the digital visit, the review team collaborated to produce a written report summarizing the strengths of the department and recommending changes where appropriate. The reviewers also addressed questions posed by the department in the self-study and digital visit. The bullets below summarize the key findings.

1. Themes of Excellence
	1. Alcohol education as a point of excellence with a decrease in partying
	2. Collaborations on sexual violence initiatives including working on intimate partner violence, domestic violence, by-stander programming; inclusive programming; worked with other on campus entities
	3. CHOICES program reaching most of the first-year students
	4. POWER GAMMA was highlighted by many
2. Themes of Opportunity/Aspirations
	1. Some students were aware, and some were not aware of the work of the office, suggested we need to re-brand.
	2. Many campus partners were unaware of what the office did
	3. Work with the College of Health Sciences and Professions because of the strong disciplinary alignment
	4. Re-think the peer education course, curriculum and where it is housed
	5. Conduct a needs assessment to gather primary and secondary data
	6. Streamline the strategy to deliver presentations for student organizations and residence life programming
	7. Give health promotion a seat at the table.
3. Response to questions posed in the self-study

Table 1 –Taken from reviewer’s report

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| --- | --- | --- | --- |
| **Report chapter** | **Proposed areas for future focus** | **Strengths** | **Additional Notes: Ann Brandon**  |
| **Section I: Response to self-study** | There seemed to be a lot of data collection; yet not all 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 outcomesand 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 thedirectors who oversee this office have a clearunderstanding of the initiatives and strategies so that they can communicate it to campus stakeholders as well. In the future, data collection should be prioritized toprovide 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 budgetwhich the reviewers found surprising. It isrecommended that both be added to the budget. | 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 Alcohol Edu 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. | The Associate Director’s perspective that CHOICES and mandatory online programming are related to a 58% decrease in high-risk drinking is questionable. (Correlation nor causation) After reviewing CHOICES content and the depth of Everfi-AlcoholEdu surveys, specifically self-reporting responses from FYE students, (prior to or 6 weeks into their college experience) may or may not capture a realistic data set to share. Add to that the massive technical issues with the new EVERFI/Vector platform and errors in launched assignments, we will most likely experience skewed outcomes for 21-22. Therefore, sharing that data may paint another inaccurate picture.OHP has re-joined the Ohio College Initiative a collaboration of campuses working to reduce high-risk drinking and substance misuse and will plan to implement strategies to promote a healthier campus environment.  The Associate Director is dedicated to Public Health approaches that include evidence-based approaches and using data to action planning. The Associate Director is currently working with OHIO TIX reps and OIT to review other Online EDU options that will satisfy federal and state regulations on mandatory education and accurate data collection. Benchmarking and searching for relevant in person alcohol programming is a priority as the current OHIO version of CHOICES is piecemealed from a 2005 version. (The Change Companies, Marlatt and Parks). The version currently implemented at OHIO is highly outdated and follows no evidence or theory-based approaches from the original *The Change Companies version.*  |
| **Section II: Response to on-campus visit** | The end of the semester is always challenging to conduct meetings and expect a good turnout 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 tobuild relationships with that could assist them in promoting health and well-being on campus.Detailed responses for this section can be found for Section 3 can be found on pages 12-14 of this report and the additional notes within this table.  | 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. Community partners alluded to a strong campus/community coalition that existed previously that no longer exists. | The new Associate Director, Prevention and Education in the Office of Health Promotion (OHP) is open to all stakeholder feedback and participation in supporting the success of this office. The AD has intentionally prioritized relationship building (and re-building) with many departments including, LGBT Center, Title IX, Multi-Cultural Office, Survivor Advocacy Program (SAP), The Women’s Center, College of Health Science Professionals (CHSP), Residential and Housing Life (RHL), University College/First Year Experience (UC/FY), Learning Community Leaders (LCL), Sorority and Fraternity Life (SFL) Counseling and Psychological Services (CPS), and many more. The Associate Director is also working with Athens City Council Members to create a new Healthy Campus & Community Coalition and is also part of the Rise and Thrive (Mental Health focused) campus and community grant planning committee.  |
| **Section III: Response to departmental questions** | *Detailed responses to each question for Section 3 can be found on pages 12-14 of this report.* | Maintain best and informed practices theoffice has done extremely well:a. CHOICESb. Alcohol Educ. By-Stander modeld. peer education model (GAMMA)e. Town Gown: the relationship withthe community and communitymembers. | As one who has experience in best and informed practices (new AD) related to prevention, none of the mentioned current OHIO based programs or approaches would be deemed best and informed practices including the current version of: a. CHOICESb. Bystander Content infused in current programmingc. Peer educator programming content (not the Peer Education model itself). The above-mentioned programming was not updated or adapted to reflect best and informed practices for prevention approaches. Additionally, the content and approaches are not centered in anti-oppression, intersectionality, or health equity. Since the beginning of the 2021 Fall semester, OHP has prioritized a complete review of all available programming. This includes reframing and adapting content for inclusion of diverse or affinity-based identities, updating non-relevant or harmful messaging, and infusing evidence-based approaches regardless of the perception of successful and informed practices. To accomplish goals related to evidence-based prevention approaches a consideration for adding staffing, resources, and budget for purchasing evidence-based curriculums and strategic planning for multi-level approaches should be considered.  |
|  | Health Promotion needs to utilize data to identify priorities and ensure they are able to best meet the needs of their student population.The OHP and HRL are co-sponsoring a mental health and well-being assessment (Fall 2021) to identify and best meet the needs of our student population. A re-evaluation of department staffing is welcomed and a budget to support initiatives/approaches may need to be reviewed as well. | **N/A** | The Office of Health Promotion is excited to share the establishment of a strong collaborative relationship with Heather Harmon, Associate Professor of Instruction, College of Health Sciences & Professions, to build/evaluate/research and review programs and infuse recommendations for public health approaches. The partnership would enable an organic approach to recruit students interested in implementing approaches related to Primary Prevention as Peer Educators and direct opportunities for CHSP students to use Health Promotion as a platform to develop/implement class projects/internships/placements. The Office of Health Promotion is open to sustainable funding from the Peer Educator Course, but interest has waned regarding a full semester course as a certification process. The Office of Health Promotion will continue to partner with College of Health Sciences & Professions to collaborate in various and organic ways to strengthen student learning experiences and promote Public Health approaches to Prevention and Education.  |

**Table 2: Recommended follow up actions from the reviewers:**

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| 1. Provide direction for department (strategic plan) and mentorship from supervision and within the field of college health.
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| 1. Establish a commitment to provide professional development to leaders in Health & Well-being and staff to increase knowledge on health education and promotion.
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| 1. Create health and communication marketing plans to share and promote the Office of Health Promotion (who they are, what they do, what they don’t do, why are they important, prevention strategies, key partnerships, impact on student retention/belonging).
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| 1. Recruit students for The. Partner with faculty for co-curricular infusion with Public Health initiatives (research, campaigns, program efforts, studies) on campus.
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| 1. Provide a supportive environment for re-building relationships and trust. Allowing healing to take place.
 |
| 1. Utilize best and informed practices to ensure programs and services meet the needs of your target population.
 |
| 1. Create innovative ways to increase needed resources: funds, person power, professional development.
 |
| 1. Administer the National College Health Assessment (NCHA) survey with the current student body to identify baseline and priorities for the department.
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| 1. Utilize stakeholders to create buy-in for the department and infuse health and well-being as a priority of the university.
 |
| 1. 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 through without continued support, could become a risk again).
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Department Response to Reviewers Report

The Director of Strategic Planning and Assessment convened a follow-up meeting with the department, the Associate Dean and Executive Director of Campus Recreation, the Dean of Students, and the Vice President of Student Affairs July 2021. After the follow-up meeting, the department drafted the following report, which was later approved by the Director of Strategic Planning and Assessment and the Dean of Students.

Items that resonated with the department from the report:

* The data from this office has not been widely shared yet
* Stop hiring specialists and shift to hire generalists to do the work
* Clarify the office’s scope of work and distribute workload among staff/GAs/partners appropriately.
* The understanding / mentorship, values and need of the HP function with CHSP
* Review the Peer Educator course & details within (compensation, academic home of the course, or the requirement of a course etc.)
* Collect and share data –there is a need for comprehensive assessment
* Update CHOICES and/or select a new evidence-based approach for harm reduction related to high-risk drinking.
* The value, need, importance and potential of a strong CHSP connection
* Review where the peer educator course is housed and how that works
* Need to keep GA’s
* Evaluate CHOICES alignment with original program

Items from the report that we want to respond to:

The department acknowledges the need to review and evaluate the current operation regarding the delivery of the CHOICES program in partnership with University College and /First Year initiatives (UC/FY). Fall 2021 semester, in agreement with UC/FY, Health Promotion revised the approach to CHOICES in the following ways: developed a new CHOICES video, provided Learning Community Leaders training and created an updated facilitation guide for the current alcohol program content. The UC/FY Learning Community Leaders were able to deliver CHOICES video and workbook to their learning clusters. The Associate Director will be searching for new/updated relevant content for AOD for all students. CHOICES content was severely outdated, but OHP lacked the capacity to seek new curriculum adaptation and implementation. The new Associate Director and the AOD GA will be benchmarking Alcohol Prevention approaches for Fall 2022 and beyond.

* The reviewers outline the need to not only gather assessment, but also share findings with university partners and stakeholders. While Health Promotion has a strong tradition of gathering assessment data annually, the department has not had an effective strategy of sharing their findings with others in a comprehensive way. For 2021-2022, Health Promotion will create a proactive data-sharing and communication plan. This plan will include an annual calendar for assessment project timelines and identify which data points will be shared with relevant stakeholders. The new Associate Director points to Public Health approaches and program saturation vs onetime events measured by “number of participants” for relevant data as it relates to successful programming.
* Frequently in the report, it is stated that there is a need to clarify the role and identity of Health Promotion, and to prioritize and articulate the scope of work. In the 2022 spring semester, the Office of Health Promotion will initiate a re-visioning planning and strategic prioritization project to create a formal brand and identity of the program’s efforts while prioritizing short and long-range goals and objectives for 2022-2023 and 2023-2024 academic years.
* In addition to clarifying the scope of work and formalizing the Health Promotion’s identity internally and externally to the department, there needs to be continued work to provide structure and focus on its peer health education component. For 2021-2022, the Office of Health Promotion will review the peer health educator course, its content, where the course is “housed” academically, and clarify the role of the two student organizations, POWER/GAMMA and Better Bystanders. Additional attention needs to outline how these organizations of peer health educators support and advance the work of Health Promotion, while also initiating its own peer health educator/education program to minimize any gaps in supporting the health education of the student body. The Peer Educator Course has recently experienced low registration due to lack of recruitment opportunities during COVID. The Associate Director is investigating options for future placement of the Peer Educator Course possibly and to gauge if fees can support OHP office. As noted in the report, the department agrees that initiating and fostering a strategic partnership with the College of Health Sciences and Professions, specifically with the Social and Public Health Department is essential for sustained success with promoting healthy behaviors across campus. In Summer 2021, initial discussions with the Interim Dean of Health Sciences and Professions and the Associate Dean of Well-Being with DOSA occurred and as a result, multiple tuition waivers were approved for future GA positions within University Well-Being & Recreation (Health Promotion and Well-Being & Fitness respectfully). Additionally, both Health Promotion and Well-Being & Fitness are coordinating various new programs, assessment projects, and intern/practical experiences in partnership with faculty from Social and Public Health, and Exercise Physiology. The new Associate Director is meeting weekly with a CHSP Faculty member for current and future programming, and other collaborative endeavors. One natural fit would be to assess the option of moving the Peer Educator Course to/with the College of Health Sciences and Professions. The alignment seems organic for both recruitment for Peer Educators and student opportunities for experiential learning with “ground level” Public Health initiatives.

* The Office of Health Promotion is focusing on primary prevention of multiple health initiatives related to overall campus well-being. Primary prevention approaches focus on the root causes of health disparities **including positive pro-social norms and multi-level saturated upstream programming and messaging.** It is not just focused on awareness raising, nor tertiary (post harm) education. The new Associate Director envisions focusing on 2-3 health related well-being initiatives and strategies that center approaches directly affecting under-served/marginalized communities. Public Health topics could include support for COVID-19 impact, power-based personal violence, hazing, and substance related harm reduction. This envisioning/rebranding will need much support and will be ongoing and part of the current vision of the Associate Director for re-branding OHP. The new Associate Director believes Well-being and Recreation is a natural fit and has built relationships based on the premise that connecting physical and emotional well-being, safety, healthy relationships, bystander intervention, connectedness, and sense of belonging, is in alignment with UWAR goals, mission, and vision.

In response to this process, we would like to propose the following goals, timelines for completion and metrics to measure progress and success

* Define Office of Health Promotion Purpose and scope of work
	+ Alignment with UWAR new mission and vision with a purposeful statement synthesizing scope of work.
	+ Build an office advisory board, task force or committee to help rebranding efforts, to support the Office and its staff/GA’s/ and students and help communicate the “new office name and scope of work.
* Align the work of the Office of Health Promotion with students where they are currently at in their AOD behaviors
	+ Select a surveying/data collection strategy and collect data during 2021-22
	+ Interpret data 2021-2022
	+ Adjust work of the office to align with staffing capacity and student needs 2021-2022
	+ Set data goals for 2 years out 2021-2022 (intention to collect data to test for progress during fall 2024)
	+ Do work to shift towards progress on those metrics 2022-2024
* Support staff, graduate students, and students in the office
* Partner with CHSP
* Identify a short list of metrics to use to benchmark against peers’ institutions in this work
* Seek funding for evidence-based curriculums and approaches vs. home grown content

Departmental Action Plan: August 2021- December 2022

Table 3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item / action | Who is responsible? | What are the barriers to implementation? | What are the next steps | What are the needs/costs for this to succeed? | Who are key partners? | 6month progress update |
| Set strategic direction for the officeDevelop an office identityRebrand the office | Ann, newly hired Associate Director, HP Office and in coordination with the identity and branding of University Well-being & Recreation. Specific support from UWAR Marketing & Communications team is needed.  | Some of this will come within the dept’s rebranding + revisioningThere are trainings/ programming that are costly but could help with our identity – creating an evidenced based curriculum**Cross Campus** (Staff, students, student orgs, Faculty) understanding that programming is only a small part of behavior, skills, attitude changes. Public Health approaches must be implemented rather than one time programming that Peer educators are presenting. Survey responses to one-time programs  | Strat plan with vision and missionReview existing data, id gaps and supplemental Benchmarking and prioritizing programming/ scope of workEnacting a planThe report said that people don’t know what HP is and don’t know how to differentiate the work of the office and peer educatorsRevamping the physical space (chairs, signage, space utilization). How to leverage the space in Baker as well | GA, Peer and Pro-staff time. Comms and marketing implementation plan. Costs for revamping the Physical Space (chairs, signage, space utilization)  | Key stakeholders and reviewers Comms team time and resources UWAR leadership  |  |
| Conduct a wide-scale survey of student behaviors, potentially ACHA or a Well-being survey | Ann, Wes, & Mark | CostResponse rateLack of unique identities in responsesPotentially IRBCapacity to plan implementation with no actual staff post June 2022.  | Allocating funds for survey and incentives (idea front room coffee or cookie)Ann will connect with Joni Wadley – and continue to work with Cindy for framing/languageContact ACHA to start processPotentially IRB Consider a survey advisory board |  |  |  |
| Building/creating a culture of health and wellness for students | Ann, Mark, Wes, DoS, Imants, and VPSA | Everything else going onOthers being understaffed and reduced capacity, conflicting agendasOthers' misunderstanding of HPResources and costs A “culture” is broad and difficult to measure. | Strat planning and visioning for re-branding the Office of Health Promotion in conjunction with UWAR. Review existing data, id gaps and supplemental Benchmarking and prioritizing programming/ scope of work Social/ecological model |  |  |  |
|  Adjust organizational structure |  | 2 Pro-staff grant positions expire May 2022.  |   |  |  |  |
|  |  |  |  |  |  |  |
| Adjust how work is done with learning communities | Wes with UC partners and new AD meeting with FYE and LCL for feedback on Fall 21. Ongoing relationship building and assessment for program impact.  | New Director in FYE | Fall 2021 semester, in agreement with UC/FY, Health Promotion developed a new CHOICES video, provided an LCL training and facilitation guide for the new approach. OHP is dedicated to updating this training.  |  |  |  |
| Explore if there is grant writing work worth pursuing currently | Mark and Imants with faculty |  | Talk to ImantsHP dept meeting on grant writing |  |  |  |

Final Thoughts (Responder’s)

The external reviewers recognize many aspects of the Office of Health Promotion’s operation that are both strengths and areas for improvement. Throughout the Response Report, the Department of University Well-Being & Recreation acknowledges these components and provided insight into the department’s current and future focus. It is worth noting that while the reviewers identified many themes of excellence and opportunities, there is a voice, or perspective, that is missing from this external review that may have helped the reviewers find greater understanding regarding the current operation of the Office of Health Promotion and how University Well-Being & Recreation is actively implementing multiple initiatives and building new partnerships that are related to the concerns outlined in the review.

Neither the Associate Dean of Well-Being and Executive Director of Well-being & Recreation, nor the Director of Well-Being & Recreation, were interviewed and given the opportunity to discuss the issues or validate/refute the information gathered by the reviewers during the review process. Both positions serve in leadership roles within the Dean of Students Office as well as University Well-Being & Recreation, respectively, and may have provided knowledge related to the future mission and vision of the department, and give examples of current strategies being created, or in place, that addressed many of the concerns the reviewers expressed in the external review. The Response Report outlines multiple strategies, projects, and partnerships that University Well-Being & Recreation is actively coordinating.

In addition, there seems to be concern that the Office of Health Promotion and its work will be “lost” now that the unit reports “under Campus Recreation.” This is stated not only by members of the Division of Student Affairs who were interviewed, but also by the reviewers themselves. Again, this aspect of the report may have been reviewed in a different manner if the Associate Dean of Well-Being, and the Director of Well-Being & Recreation were included in the reviewer's investigation. As of Fall 2021, University Well-Being & Recreation are conducting a re-visioning project that will create a new and updated mission and vision for the department that will inform future strategic priorities and annual goals. It is and has always been the intent of the department to merge Campus Recreation, the Office of Health Promotion, and Student Health Insurance into one, cohesive unit. The vacancy of the Associate Director of Prevention & Education and the operational challenges of COVID-19 prevented this from occurring any earlier.

The department continues to advocate for the work of health promotion and will actively strive to elevate this essential part of its future vision as it aspires to be a campus leader promoting university-wide well-being. The Office of Health Promotion continues to transition into its new unit, onboarding an entirely new leadership team of full-time professionals and graduate assistants. As this new team progresses in its development, the department is confident in its ability to advance the Office of Health Promotion’s opportunity to re-define priorities, re-vamp organizational structure, renew past partnerships while building new ones, and re-envision its impact at Ohio University in support of the health and well-being of the campus community.