*ACHA Guidelines*

# Standards of Practice for Health Promotion in Higher Education

Fourth Edition

The *Standards of Practice for Health Promotion in Higher Education* (*Standards of Practice*) serve as a guiding document for professionals who conduct, support, supervise, or have oversight over departments facilitating health promotion processes on their respective campuses. Entry and mid-level health promotion professionals can use the *Standards of Practice* to assess and stimulate development of their own health promotion competencies; senior administrators can assess the rigor of their services; and supervisors of health promotion departments can communicate the purpose and function of health promotion to students, faculty, staff, and other campus constituencies. The *Standards of Practice* are not intended to be a prescriptive formula; rather, they offer a goal for which health promotion professionals in higher education can strive. The purpose of this document is to serve as a framework for the practice of health promotion in higher education in order to support student success and well-being.

## The Field of Health Promotion

Health promotion is a field that focuses on "the process of enabling people to increase control over, and to improve, their health" (World Health Organization, 1986, para. 3). It involves more than sharing information or materials, "health promotion requires a positive, proactive approach, moving 'beyond a focus on individual behaviour towards a wide range of social and environmental interventions'" (Okanagan Charter, 2015, p. 4) aimed at addressing the root causes of various health conditions (World Health Organization, 2016).

Historically, health promotion efforts have focused on preventing common conditions through an emphasis on primary prevention by "taking action before a problem arises in order to avoid it entirely, rather than treating or alleviating its consequences" (Cohen & Chehimi, 2010, p. 5). Currently the field of health promotion further divides prevention to focus on universal, selected, and indicated populations as appropriate. As the field of health promotion continues to advance, professionals should focus on the processes that aim to expand protective factors and campus strengths, and reduce personal, campus, community, and environmental health and well-being risk factors. By using evidence to identify and address the factors that contribute to a community's well-being, such as physical facilities, policies, traditions, demographics, geography, etc., health promotion professionals are able to prioritize the well-being of all members of the community (Council for the Advancement of Standards in Higher Education, 2016).

## Health Promotion Is Critical for Student Success

The purpose of health promotion in higher education, as a field, is to support student success. Colleges and universities have a duty to help members of their community develop skills to optimize their well-being and establish environments where health and well-being are recognized as critical components of students' ability to learn, work, enjoy, and contribute to the community. According to the American College Health Association (ACHA)'s *Framework for a Comprehensive College Health Program*, health promotion enhances student success and is a vital aspect of college health programs (American College Health Association, 2016). As such, it should be prioritized at the institutional level when determining where to focus resources.

## Health Promotion Professionals Lead Coordinated Initiatives

Health promotion is a recognized field of study, in which professionals undergo specialized training to understand and practice effective population-based prevention efforts. This collective work is best led by health promotion professionals who are appropriately trained and credentialed to serve as leading voices for health promotion processes in higher education. To ensure the best qualified professionals are hired into health promotion positions, hiring managers can reference the ACHA *Guidelines for Hiring Health*

*Promotion Professionals in Higher Education* (American College Health Association, 2014).

Health promotion in higher education cannot be done solely by an individual or a health promotion office, rather it requires the collective effort of the campus community. According to the Okanagan Charter (2015), "health promotion is not just the responsibility of the health sector, but must engage all sectors to take an explicit stance in favour of health, equity, social justice and sustainability for all, while recognizing that the well-being of people, places and the planet are interdependent" (p. 4).

## Guiding Principles for the *Standards of Practice*

The *Standards of Practice* are written with the understanding that health promotion in higher education, as a field, is guided by the following principles:

**Ethical Practice**
It is critical that health promotion professionals in higher education conduct their work in an ethical manner and expect and encourage the same of their colleagues. Ethical practice is often broadly defined; as such, health promotion professionals should consult their associations, accrediting bodies and institutional policies to understand their obligations. Ethical principles to consider include (Greenberg, Bruess, & Oswalt, 2017; Ryan et al., 2014):

- **Nonmaleficence:** Do no harm
- **Beneficence:** Do good; kindness
- **Autonomy/Liberty:** Ensure an individual's ability to make decisions about their own well-being
- **Justice/Fairness:** Strive for equity that is free from bias
- **Social Utility:** Consider the greatest good for the largest number of people
- **Respect:** Respect others, including opinions and beliefs that differ from your own

**Cultivating Well-Being and Student Success**
By working to prevent the development of personal and population-level health concerns, health promotion professionals contribute to a culture of well-being. While there is no agreed upon definition of well-being, the promotion of well-being should incorporate factors beyond physical health, such as positive emotions, interaction with others and the environment, and additional factors that impact a student's ability to succeed.

College health provides students with access to health and wellness services and programs that are vital to the retention, progression, and graduation of students (American College Health Association, 2016). All aspects of student health and well-being are critical and "students must receive appropriate and reactive care when needed, [however] there are large scale benefits to proactive, upstream approaches [unique to health promotion] that will allow increasing numbers of students to flourish and thrive" (Health and well-being in higher education, 2019, p. 1).

**Community-Based Approach**
Institutions of higher education are communities. Members of this community may share physical spaces but may also engage with each other in satellite or digital spaces. Students, staff, faculty, alumni, and surrounding populations work, live, and engage with the institution, and thus have a shared identity as members of this community. Through this "collective identity" a community can facilitate change. As such, institutions of higher education should use a community-based approach to population health and well-being, building upon the relationships and interdependencies of their members and structures.

## History of the Standards of Practice

In 1996, ACHA appointed the Task Force on Health Promotion in Higher Education to study the scope of practice of health promotion in a higher education setting and develop professional standards of practice (Zimmer, Hill, & Sonnad, 2003). ACHA first published the culmination of that research as the *Standards of Practice for Health Promotion in Higher Education* in 2001. The ACHA Health Promotion Section tasked a subcommittee to revise and publish updated editions in 2005, 2012, and 2019.

## Standard 1: Alignment with the Missions of Higher Education

Effective practice of health promotion in higher education requires professionals to facilitate processes that cultivate a healthy community so students can thrive and reach their fullest potential.

1.1 Ensure the health promotion strategic plan is in mutual alignment with the mission of the institution.

1.2 Implement health promotion as a critical process throughout the institution.

1.3 Create a supportive environment that empowers the community to develop and maintain lifelong well-being.

1.4 Advocate for the health and well-being of the community as a priority for the institution.

## Standard 2: Socioecological-Based Practice

Effective practice of health promotion in higher education requires professionals to address campus and community health and well-being at all levels of the socioecological model.

2.1 Advocate for the use of the socioecological model as the foundation for efforts promoting campus health and well-being.

2.2 Use quantitative and qualitative campus and community data to better understand the influences on health and well-being at all levels of the socioecological model.

2.3 Plan, implement, and evaluate initiatives that address the intrapersonal, interpersonal, and population-level influences on health and well-being.

2.4 Prioritize population-level initiatives as part of a comprehensive health promotion approach that incorporates intrapersonal, interpersonal, and population-level efforts.

2.5 Advocate for or against campus, local, state, and national policies that influence campus and community health and well-being.

## Standard 3: Collaboration

Effective practice of health promotion in higher education requires a shared responsibility of all campus and community members to enhance health and well-being.

3.1 Identify and collaborate with interdisciplinary partners, including students, faculty, staff, administrators, and community partners.

3.2 Utilize campus and community assets to create health promoting environments.

3.3 Engage with campus and community coalitions to maximize the reach and effectiveness of health promotion initiatives.

3.4 Utilize purposeful collaboration as a tool to achieve health and well-being goals and objectives.

## Standard 4: Inclusive Practice

Effective practice of health promotion in higher education requires professionals to demonstrate cultural humility and inclusivity.

4.1 Design health promotion initiatives that are driven by the values of inclusion, respect, and equity.

4.2 Collect and utilize quantitative and qualitative data to establish equitable practices for marginalized populations.

4.3 Plan, implement, and evaluate health promotion initiatives that are informed by the unique needs of a diverse and changing population.

4.4 Advocate for inclusive policies that impact the health and well-being of diverse populations.

## Standard 5: Theory-Based Practice

Effective practice of health promotion in higher education requires professionals to understand and apply accepted interdisciplinary theoretical frameworks and planning models that address the well-being of the community.

5.1. Review professional resources and literature from interdisciplinary sources on theoretical frameworks and planning models.

5.2. Design, implement, and evaluate health promotion initiatives that are guided by accepted theoretical frameworks and planning models.

5.3. Assess the degree to which theories are successfully applied to program initiatives and modify as necessary.

## Standard 6: Evidence-Informed Practice

Effective practice of health promotion in higher education requires professionals to understand and utilize evidence to inform health promotion processes and initiatives.

6.1 Review published research with demonstrated efficacy that will inform health promotion processes and initiatives.

6.2 Conduct assessment and evaluation at all levels of the socioecological model.

6.3 Conduct environmental assessments of campus and community needs and assets.

6.4 Develop measurable goals and objectives for health promotion processes and initiatives.

6.5 Implement evidence-informed processes and initiatives with fidelity to maximize effectiveness.

6.6 Utilize quantitative and qualitative methods, including process, impact, and outcome measures, for assessment and evaluation.

6.7 Disseminate assessment and evaluation findings to the campus, community and the field.

## Standard 7: Continuing Professional Development

Effective practice of health promotion in higher education requires professionals to engage in ongoing professional development in order to build skills and maintain up-to-date knowledge of the field.

7.1. Identify areas for professional growth and develop a professional development plan.

7.2. Participate consistently in continuing education as well as other opportunities that align with the individual's plan for professional growth.

7.3. Continually reevaluate areas for professional growth and revise the professional development plan as needed.

## Standard 8: Service to the Field

Effective practice of health promotion in higher education requires professionals to contribute professionally to the field both on- and off-campus.

8.1. Assist others in developing and enhancing core competencies for effective health promotion practice through mentorship, supervision, and other educational opportunities.

8.2. Contribute to evidence-informed practices by developing materials, planning initiatives, and conducting research.

8.3. Disseminate, including presenting and publishing, effective findings, practices, and processes.

8.4. Serve in campus, local, state, regional, or national committees or leadership positions.

## Glossary

**Campus community:** Students, staff, faculty, and others who learn, work, and contribute to the goals of an institution of higher education.

**Community assets:** The existing strengths of a community, which includes individuals within and outside of the campus community, the built environment, organizations and services, and other resources (Center for Community Health & Development, n.d.).

**Cultural humility**: As defined by Hook, Davis, Owen, Worthington, and Owen (2013), cultural humility is the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]" (p. 2). Cultural ability includes an ongoing commitment to both self-evaluation and self-critique, wanting to eliminate power imbalances, and working to create partnerships with people and groups who advocate for others (Tervalon & Murray-Garcia, 1998).

**Equity**: The process of removing avoidable barriers to someone achieving their potential. Some of these could include, but are not limited to, social, economic, demographic, cultural or geographic barriers (World Health Organization, n.d.).

**Evaluation**: According to the Centers for Disease Control and Prevention (n.d.) several types of evaluation exist:

- **Process** evaluation determines whether program activities have been implemented as intended (p. 1).
- **Outcome** evaluation measures program effects in the target population by assessing the progress in the outcomes or outcome objectives that the program is to achieve (p. 1).
- **Impact** evaluation assesses program effectiveness in achieving its ultimate goals (p. 1).

**Evidence-informed practice**: Using the best available quantitative and qualitative evidence to design and evaluate practices (Tasmanian Department of Health, n.d.).

> **Evidence-based practice:** While using proven strategies in comparable populations—often referred to as evidence-based practice—is ideal, an evidence-base may not exist for certain health and well-being topics or populations (McQueen, 2001). Therefore, evidence-informed practice directs health promotion professionals to apply the best available evidence to design initiatives and disseminate evaluation results to help build an evidence base.
>
> **Best practice:** Often individuals interchange "best practice" with these two terms. While there is no agreed upon definition of "best practice" it can be used to describe practices that are proven through research, or commonly used practices based on theory, evaluation, and relevant data, even if they have not been proven or shown to be effective in a particular setting.

**Marginalized:** Based on the definition from the National Collaborating Centre for Determinants of Health (n.d.), "marginalized populations are groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions."

**Prevention:** "Taking action before a problem arises in order to avoid it entirely, rather than treating or alleviating its consequences" (Cohen & Chehimi, 2010, p. 5). It is comprised of three types of population interventions (Springer & Phillips, 2007):

- **Indicated**: Addresses specific individuals who have known identified risk factors.
- **Selective:** Addresses specific sub-populations with an elevated risk level.
- **Universal:** Addresses broad populations regardless of risk level.

**Socioecological model**: A multilevel model (sometimes referred to as approach or perspective) that helps practitioners recognize the relationships between individual, interpersonal, community, organizational, and societal factors (Golden & Earp, 2012). This model is referred to by a variety of terms including: Social Ecological, Social-Ecological, Socio-ecological, and Ecological.

## Resources

Resources for a more comprehensive understanding of the practice of health promotion in higher education.

### ACHA Resources

- Cultural Competency Statement
- Framework for a Comprehensive College Health Program
- General Statement of Ethical Principles and Guidelines
- Guidelines for Hiring Health Promotion Professionals in Higher Education
- Healthy Campus
- Vision Into Action

### Additional Resources

- U.S. Centers for Disease Control and Prevention
  - A Framework for Program Evaluation
  - Social-Ecological Model
  - Strategies for Reducing Health Disparities
- Code of Ethics for the Health Education Profession (Coalition of National Health Education Organizations)
- Council for the Advancement of Standards in Higher Education
  - Cross-Functional Framework for Advancing Health and Well-Being
  - Health Promotion Services
- Equity (World Health Organization)
- Health and Well-being in Higher Education: A Commitment to Student Success (NIRSA: Leaders in Collegiate Recreation)
- National Commission for Health Education Credentialing, Inc.
- Okanagan Charter: An International Charter for Health Promoting Universities & Colleges
- What's the Difference Between Equity and Equality (The George Washington University)

### Books


- Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2015). *Health behavior: Theory, research, and practice* (5th ed.). San Francisco, CA: Jossey-Bass.
- Issel, L. M., & Wells, R. (2018). *Health program planning and evaluation: A practical, systematic approach for community health* (4th ed.). Burlington, MA: Jones & Bartlett Learning.
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