

**Longwood University Student Affairs**  
**2009-10 Council on the Advancement of Standards**  
**Executive Summary and Action Plan**  
**Health Promotion Services/Alcohol, Tobacco, and Other Drugs**

Self-Assessment Review Team Members:

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Matt McGregor - Associate Dean for Wellness and Campus Recreation  
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Timeline for the self-study:

December 2009	receive instructions, self-assessment guides (SAG) and useful documentation via email, and begin completing the SAG
January 2010	meet to collect completed SAGs and discuss missing evidence; submit to Associate Dean's office for compilation
March 2010	meet to interpret collective ratings and discuss appropriate actions to reach standards and or improve practice
April 2010	draft executive summary and action plan
June 2010	forward draft to team members, finalize executive summary and action plan
June 30, 2010	final executive summary and action plan submitted to Associate Dean's Office

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Health Promotion Services (HPS) and the Alcohol, Tobacco, and Other Drugs (ATOD) programs are integral parts of the Student Affairs Division at Longwood University. It is important to note that they are separate programs. For the 2009-10 academic year, the Health Promotion Services self-assessment guide (SAG) was edited for use by Longwood University to include ATOD program standards. The Wellness Coordinator, whose major areas of concentration include wellness/lifestyle issues, alcohol and drug education, sexual assault education and prevention, is also the Chair of the ATOD Team. The ATOD Team is made up of various Student Affairs professionals, a representative from Athletics, and a Longwood student.

HPS share a mission with the Student Health and Wellness Center, which is to contribute to the "development of citizen leaders who are prepared to make positive contributions to the common good of society." The focus of College Health at Longwood is, "prevention, education, and the learning of wellness behaviors/self-care...[which] helps students become full participants [and/or partners] in their own health, which in turn helps students...achieve academic success, and become contributing members and leaders [citizen leaders] for our society." Our mission is consistent with the university's focus on developing citizen leaders. The mission of the ATOD team this past year was to utilize an

environmental approach for Longwood's alcohol and drug education/prevention programming. We recognize the interdependence that we share as a University in creating a culture of Wellness.

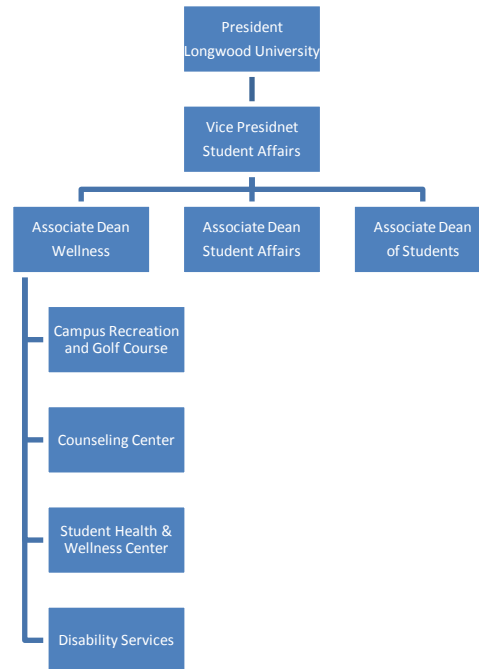
The primary functions of HPS are to develop, co-ordinate, implement and evaluate wellness/health promotion programs for Longwood students. The program utilizes student satisfaction surveys, Student Health Partner and Peer Education surveys, learning outcomes, and the American College Health Association's National College Health Assessment (NCHA) to foster evidence based learning and development. Results from each method are posted on the Center's website. In order to fully track behavioral change, a longitudinal study would need to be done that compare students' behavior to their behavior's after graduation. A study of this magnitude is not feasible at this time but should be kept in mind.

Divisional leadership has the appropriate credentials. The Wellness Coordinator is a Certified Health Education Specialist and has over five years of professional experience. She is also working towards a Masters in Public Health, which is not a required standard. The Wellness Coordinator directly reports to the Associate Dean of Wellness who reports to the Vice President of Student Affairs. HPS at Longwood has very collaborative leadership approach. It is essential that this program area infuse the entire campus as wellness is holistic and requires an environmental approach. Health promotion should be owned by all. Having a coordinator helps to have a qualified person in place to plan and implement programs such as those implemented by the ATOD Team.

The most pressing concerns related to staffing the HPS program is that of inadequate staffing. Currently, there is only one full-time person to serve the entire campus. Fortunately, student leaders (Resident Assistants and Peer Health Educators) have aided in this area in the form of program presenters and as resources for reliable information. Due to a lack of staff and resources, program services are limited. Qualifications for staff are verified and standardized performance review audits take place annually. HPS follows University Human Resource policies. As for the ATOD Team specifically, team members volunteer or are appointed by their Directors/Supervisors. This seems to work well for the Team.

The Student Health and Wellness Center's PPM outlines the ethical principles, standards, statements, and codes which guide the program and its staff members. Confidentiality is well advertised and strictly adhered to in that each staff person, whether they be paid or volunteer, sign a confidentiality agreement. For the most part, student records are not specifically kept by HPS. If for some reason they are, they are protected under FERPA. As for crucial legal issues faced by the program, we pay special attention to potential student privacy discrimination, and the massage therapy program/malpractice. We seek to insure non-discriminatory, fair, and equitable treatment to all students and staff. We nurture diversity by targeting and serving ALL students.

Below is our institutional organizational structure that defines and enables the program:



This past year, a report was produced which addressed the status of the program and how effectively the learning outcomes have been achieved. In years past, this report was completed as a program area within the Student Health and Wellness Center. Periodically, the program participates in the Council on the Advancement of Standards (CAS) Assessment. The last CAS was completed in 2005.

For HPS and ATOD, maintaining campus and external relations are very important to the program's overall success. Outreach and program evaluations prove that our partnerships add value to our campus. We work effectively with the Prince Edward County Health Department, the Virginia Department of Health, the Virginia Alcohol and Beverage Control, the Division of Student Affairs, Honor & Judicial specifically, Student Government Association, Student Health Partners, and Peer Health Educators. Evidence of our effective relationships is seen through our leadership within The Alcohol, Tobacco, and Other Drug Team, Wellness/Fitness Fairs which have both campus and community vendors, Flu Vaccination and Cold Self-Care Clinics, family weekend programs, the massage program, sexual misconduct and prevention education, Virginia Dept. of Health Tobacco Control Project Grant Funding, several Operation Undergrad Grant allocations, and The Great American Smokeout. As previously stated, our main limitation is the need for an additional staff member and direct funding. Currently there is not a budget allocated for HPS outside of the Wellness Coordinator position salary.

There are no pressing concerns related to technology, facilities, nor equipment. It should be noted that the Peer Education Program is growing and the students are starting

to ask about an actual office space for one on one peer consultation. At this time, the library has been suggested and “The Well,” a wellness resource room, the Health and Fitness Center classroom, and SHWC supply room, have been meeting the needs of the PHEs, an integral part of the HPS program.

As an Action Plan, the committee recommends:

- updating assessment data on the Center’s website
- tracking student behavioral change with an exit survey
- updating the Policy and Procedure Manual to reflect the current organizational structure
- the HPS staff be expanded
- there be direct funding for HPS

To address program strengths and weaknesses, 14 component areas were rated. In general, all were “well met” (i.e., overall component average rating of 3.0 or higher). A copy of the overall averages for each of the 14 CAS Component Areas is attached in Appendix A.

Appendix A:

Overall Averages for each of the 14 CAS Component Areas

	<b>Health Promotions</b>
Part 1. Mission	3.53
Part 2. Program	3.21
Part 3. Leadership	3.51
Part 4. Human Resources	3.14
Part 5. Ethics	3.72
Part 6. Legal Responsibilities	3.28
Part 7. Equity and Access	3.21
Part 8. Diversity	3.65
Part 9. Organization & Management	3.19
Part 10. Campus & External Relations	3.57
Part 11. Financial Resources	3.44
Part 12. Technology	3.55
Part 13. Facilities & Equipment	3.65
Part 14. Assessment & Eval	3.28