

## ACHA Guidelines

# Standards of Practice for Health Promotion in Higher Education

Third Edition, May 2012

### Introduction and Guiding Principles

In 1996, the American College Health Association (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* (SPHPHE) in 2001; a revised edition was published in 2005. Like previous editions, the third edition serves as a guideline for the assessment and quality assurance of health promotion in higher education. The third edition also acknowledges additions to the body of knowledge and makes explicit the scope of practice and essential functions for the field. The new SPHPHE are guided by several principles:

- Health is the capacity of individuals and communities to reach their potential. Health is not simply the absence of disease measured through clinical indicators, but “a positive concept emphasizing social and personal resources as well as physical capacities” (World Health Organization [WHO], 1986).
- The specific purpose of health promotion in higher education is to support student success. In the higher education setting good health enables student success by creating health supporting environments – that is, both the physical and the social aspects of our surroundings (WHO, 1991). Specific health promotion initiatives aim to expand

protective factors and campus strengths, and reduce personal, campus, and community health risk factors. This is done in alignment with the missions and values of institutions of higher education (IHEs).

- IHEs are communities. IHEs possess all of the components of a community – that is, functional spatial units, units of patterned social interaction, and symbolic units of collective identity (Glanz, Rimer, & Lewis, 2002) – and therefore should build upon the inter-relationships and interdependencies among their members and contextual systems to influence health. This principle indicates use of a socioecological-based approach that examines and addresses health issues at multiple levels: intrapersonal, interpersonal, institutional, community, and public policy (McLeroy Bibeau, Steckler, & Glanz, 1988). Therefore, the specific populations targeted will vary with the community and may include students, faculty, staff, alumni, and community members, among others.
- Health promotion professionals in higher education practice prevention. At its core, health promotion works to prevent the development of personal and campus population-level health problems, while enhancing individual, group and institutional health and safety. Although prevention efforts may be universal, selective, or indicated (Gordon, 1983), health promotion in higher education emphasizes creating

supportive environments for health. This principle furthers the recognition of IHEs as communities and indicates a re-orientation to focus primarily on population-level initiatives.

- Health promotion in higher education is facilitating, rigorous, and inclusive. Collaboration exceeds co-sponsorship of initiatives; it requires health promotion professionals to be community organizers who mobilize a wide range of inter-disciplinary campus and community partners for collective action. Health promotion initiatives are theory-based and evidence-informed, carefully implemented with fidelity to maximize effectiveness, and evaluated for achievement of desired learning and performance objectives for behavioral and environmental outcomes. Acknowledging and understanding that differing systems of beliefs, values, rules, and customs affect health, health promotion in higher education advocates for health-supporting environments guided by cultural inclusion, respect, equality, and equity (ACHA, 2011).

Although the ACHA *Guidelines for Hiring Health Promotion Professionals in Higher Education* (2008) require IHEs to employ appropriately credentialed, trained, and qualified individuals, it is understood that health promotion is by design a collaborative and collective campus effort. The SPHPHE do not stipulate the structure or services for any one functional area within the academy; rather they document the quality requirements essential to sound health promotion practice for a wide range of campus professionals. Entry-level and seasoned health promotion professionals can use the SPHPHE to assess and stimulate development of their own health promotion competencies; senior administrators to assess the rigor of their services; and supervisors of health promotion departments to communicate the purpose and function of health promotion to students, faculty, staff, and other campus constituencies. The companion *Vision Into Action* publication animates the SPHPHE through the recommendation of tools, strategies, and action steps to assist health promotion professionals in translating the standards to practice.

## References

ACHA Cultural Competency Statement (2011).

[http://www.acha.org/Publications/docs/ACHA\\_Cultural\\_Competency\\_Statement\\_Feb2011.pdf](http://www.acha.org/Publications/docs/ACHA_Cultural_Competency_Statement_Feb2011.pdf)

Glanz, K., Rimer, B., and Lewis, F. (Eds.) (2002). *Health Behavior and Health Education: Theory, Research and Practice, 3rd edition*. San Francisco: Jossey-Bass Inc. Publishers.

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McLeroy KR, Bibeau D, Steckler A, Glanz K. (1988). An Ecological Perspective on Health Promotion Programs. *Health Education Quarterly*, 15(4), 351-377.

*Ottawa Charter for Health Promotion*. Geneva, Switzerland: World Health Organization; 1986.

*Sundsvall Statement on Supportive Environments for Health*. Sundsvall, Sweden: World Health Organization; 1991.

Zimmer, C.G., Hill, M.H., & Sonnad, S.R. (2003). A Scope-of-Practice Survey Leading to the Development of Standards of Practice for Health Promotion in Higher Education. *Journal of American College Health*, 51(6), 247-254.

## **STANDARD 1.**

### **Alignment with the Missions of Higher Education**

Effective practice of health promotion in higher education requires professionals to align health promotion initiatives with the missions of institutions of higher education.

- 1.1 Develop a strategic plan for health promotion that supports the unique missions and values of the institution of higher education.
- 1.2 Design health promotion initiatives that support student success as defined by the institution of higher education.
- 1.3 Disseminate research that demonstrates the effect of individual health behaviors and environmental factors on student success.
- 1.4 Advocate for health as core value of the institution of higher education.

## **STANDARD 2.**

### **Socioecological-Based Practice**

Effective practice of health promotion in higher education requires professionals to understand and apply a socioecological approach.

- 2.1 Review professional literature on socioecological planning models.
- 2.2 Examine and address campus and community health issues at all levels of the socioecological model — intrapersonal, interpersonal, institutional, community, and public policy.
- 2.3 Focus primarily on transforming the campus and community environments through population-level initiatives.
- 2.4 Build upon the inter-relationships and interdependencies among the members and systems of the campus and community.
- 2.5 Advocate for campus, local, state, and national policies that address campus and community health.

## **STANDARD 3.**

### **Collaborative Practice**

Effective practice of health promotion in higher education requires professionals to engage and collaborate with interdisciplinary partners.

- 3.1 Advocate for a shared vision of health as the responsibility of all campus and community members.
- 3.2 Seek and cultivate interdisciplinary campus and community partnerships that advance health promotion initiatives.
- 3.3 Identify and mobilize stakeholders for collective action to create health promoting environments.
- 3.4 Utilize campus and community resources that maximize the reach and effectiveness of health promotion initiatives.

## **STANDARD 4.**

### **Cultural Competency**

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

- 4.1 Acknowledge and understand the social, cultural, political, and economic disparities that influence health.
- 4.2 Design health promotion initiatives that are proactive, responsive, and sensitive to the needs and preferences of a diverse and changing population.
- 4.3 Design health promotion initiatives that are guided by values of cultural inclusion, respect, equality, and equity.
- 4.4 Create opportunities to further understanding of the connections between culture, identity, and social justice as determinants of health.

## **STANDARD 5.**

### **Theory-Based Practice**

Effective practice of health promotion in higher education requires professionals to understand and apply accepted theoretical frameworks and planning models that address individual and community health.

- 5.1 Review professional literature from interdisciplinary sources on theoretical frameworks and planning models.
- 5.2 Design and implement health promotion initiatives that are guided by accepted theoretical frameworks and planning models.
- 5.3 Evaluate whether theories are successfully realized in program activities and expected results are achieved.

## **STANDARD 6.**

### **Evidence-Informed Practice**

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

- 6.1 Review published research on health promotion initiatives with demonstrated efficacy.
- 6.2 Conduct population-based assessments of health status, needs, and assets.
- 6.3 Conduct environmental assessments of campus and community health needs and resources.

- 6.4 Develop measurable goals and objectives for health promotion initiatives.
- 6.5 Implement evidence-based health promotion initiatives with fidelity to maximize effectiveness.
- 6.6 Use accepted quantitative and qualitative methods for assessment and program evaluation.
- 6.7 Disseminate program evaluation results to campus and community stakeholders.

## **STANDARD 7.**

### **Continuing Professional Development and Service**

Effective practice of health promotion in higher education requires professionals to engage in ongoing professional development and service to the field.

- 7.1 Apply ethical principles to the practice of health promotion.
- 7.2 Participate regularly in professional development.
- 7.3 Assist others in developing required competencies for effective health promotion practice.
- 7.4 Contribute professionally to the field.

*Revised by the ACHA Health Promotion Section Publications Review Committee*

