Using Data and Standards to Justify Your Alcohol and Other Drug Programs
Participants should be able to:

1. Describe the rationale for collecting campus-specific data.
2. Identify two potential tools for collecting campus data.
3. List two strategies for conducting and analyzing data on a limited budget.
4. Discuss the importance of data-driven decision-making for preventing and addressing AOD issues on campus.
Introduction

• **Alcohol & Other Drug Programs**
  
  • Are more than just disseminating information.

  • Embraces and supports the mission of the college/university.

  • Supports students’ so they can work to achieve their personal and academic goals

• Engages the whole campus
  
  • Environmental context
  
  • Improves the community in which faculty, staff and students live, work, and learn
An Exercise in Understanding

- Please take a moment and think about your single most important AOD-related priority on campus.

- Now take a moment and think about how your boss, her/his boss, or the campus president would answer the same question.
There are a number of historical factors that may be helpful related to how we develop AOD-related priorities:

- Clinical data and experiences
- Past understanding of the issues on campus (historical records)
- Crisis response
- Broad-based data sources
Establishing Priorities on Campus

Priorities are determined by:

- **History** – a program continues to exist because it has become core to the unit operations
- **Perception** – a stated need that may not be supported by other data (includes emergent needs and anticipated needs)
- **Directives** – a mandate given from a source of authority to provide a program or service
- **Mission-Driven** – selecting priorities that reflect commitment to and support for the organizational mission
- **Relevance to Higher Priorities** – related the directives, this strategy is based on the need to support efforts of a higher level part of the organization
- **Higher-Level Impact** – some priority issues cannot be justified with process measures as the true impact is often unknown or under reported.
- **Data-Driven Decisions** – quantitative or qualitative data that support priorities
AOD Efforts in Higher Education

As accountability in higher education moves forward, we find ourselves in an era that requires:

- evidence- and theory-informed
- cost-effective
- standards-driven
- culturally competent
- data-driven and research-based strategies
Let’s take a look at some standards that support our work.
Multiple Sources

- Accreditation Association for Ambulatory Health Care
- Council for the Advancement of Standards
- Healthy People/Healthy Campus
- National Institute on Alcohol Abuse and Alcoholism
- Standards of Practice for Health Promotion in Higher Education (ACHA)
Accreditation Association for Ambulatory Health Care

- AAAHC chapter on Health Education & Health Promotion

- Provides limited support for health promotion including peer education and other methodologies (adjunct standard)

- If you have a AAAHC accredited health center on campus then this chapter (#16) may be applicable to you

- If you are working toward a Medical Home model, this chapter (#27) will support your work
Healthy People & Healthy Campus 2020

• Comprehensive sets of national health objectives for the decade
• Developed by a collaborative process
• Designed to measure progress over time
• Public and college health documents
  • part strategic plan
  • part textbook
  • on national and college health priorities

www.healthypeople.gov
3-in-1 Framework
- Individuals, Including At-Risk or Alcohol-Dependent Drinkers
- Student Body as a Whole
- College and the Surrounding Community

Tiers 1-4
- 1 = demonstrated effectiveness with college populations
- 2 = success with general populations and could be applied to college students
- 3 = promising practices that need more evaluation
- 4 = evidence of ineffectiveness
Standards of Practice, 3rd Edition
ACHA 2012

Philosophical foundation includes:

- A broad definition of health
- The connection of between health and supporting student success
- The focus is on prevention
- The connection between individual and community health
- Efforts are facilitating, rigorous, and inclusive
Council for the Advancement of Standards

- CAS Standards are widely used in student affairs to evaluate and benchmark programs and services
- Provides a tool for developing support from administrators

CAS Standards are helpful for:
- Self-study
- Program & Service development
- Staff development
- Academic preparation
- Developing credibility and accountability

- Alcohol, Tobacco, and Other Drug Programs
Council for the Advancement of Standards

- Framework for Assessing Learning and Development Outcomes (FALDOs)
- Help to develop learning outcomes for health-related programs and services
- Link to the ACHA SPHPHE (Standard 1)
Learning Domains

- Cognitive complexity
- Knowledge acquisition, integration, application
- Humanitarianism/civic engagement
- Inter- and intra-personal competence
- Practical competence
- Persistence and academic achievement
FALDOs
(Frameworks for Assessing Learning and Development Outcomes)

Intellectual growth
Effective communication
Enhanced self-esteem
Realistic self-appraisal
Clarified values
Career choices
Leadership development
Healthy behavior

Meaningful interpersonal relationships
Independence
Collaboration
Social responsibility
Satisfying and productive lifestyles
Appreciating diversity
Spiritual awareness
Personal and educational goals

Links with SPHPHE – Standard 1 – Alignment with the missions of higher education
The Importance of Data Driven Decision-Making
Why this matters!

- AOD programs in higher education are historically seen as auxiliary to the purpose of the institution
- Health in higher education has historically focused measures of success on process instead of outcome
- We have not always seized the opportunity to engage key stakeholders
- Improve our self-advocacy with regard to a mission-driven purpose
- Be sure to recognize that classroom learning is only part of the institutional missions
- We’ve not fully embraced student development and human development theories that complement the work of addressing AOD issues in higher education
- Many people come to this work from a health-related academic preparation or student development/affairs approach, potentially missing exposure to the concepts, theories, and practices of the other
Influencing Factors

Characteristics of the:

- Individual
- Community
- Organization
- People
- Place
Examples of Prevention

Restaurant & Bar Owner Coalition
Mini-grants for late night programming

Campus policy

Environmental messaging
Responsible Event Host Training

Online alcohol education
(AlcoholEDU)
21\textsuperscript{st} Birthday Card

BASICS
Online anonymous alcohol self-assessment with resource links

Environmental Change

Health Promoting Policy

Creating Health Promoting Environments

Targeted Interventions for College Students

Individualized Interventions
Planning Cycle

Assess

Prioritize

Plan

Implement

Evaluate

Gather Data

Utilize Findings
Planning Example

- Comparison of campus data to national data, targets, guidelines, and objectives
- Identification of focus issues and goals
- Creation of a strategic plan based on best practices in the field
  - Creation of programs targeting identified behaviors/practices by students
- Implementation of plan
- Continued biennial reassessment of progress towards goals
What are the sources of data available to you?

Examples may include:
- Clinical data (ICD codes, Dx numbers)
- Fiscal expenditure data
- Population-based assessments (ACHA-NCHA, CORE)
- Learning & development surveys (NSSE, ESS)
- Process, impact, and outcome evaluations
- Community-based data (Hospitals, Retail Sales)
## Common Data Findings

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Key Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Visits</td>
<td>Upper Respiratory Infection (URI)</td>
</tr>
<tr>
<td>Fiscal Expenditure</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Population-Based Assessments</td>
<td>Allergies</td>
</tr>
<tr>
<td>Learning &amp; Development Assessments</td>
<td>Stress</td>
</tr>
<tr>
<td>Evaluations</td>
<td>Sexual &amp; Reproductive Health</td>
</tr>
<tr>
<td>Community Data</td>
<td>OTC &amp; RX Drug Sales increasing</td>
</tr>
</tbody>
</table>

So how do we find a balance among competing topics?
The next set of slides presents examples of how institutions have utilized the data in a variety of settings including:

- Priority setting
- Budget allocations
- Administrative reporting
- Target audience identification
- Supplemental question development
- Program development & evaluation
93.3% of undergraduate students and 74.5% of graduate students reported receiving information on one or more health topics from the University.

- Alcohol and other drug use
- AIDS or HIV infection prevention
- Nutrition
- Injury prevention and safety
- Sleep Difficulties
- Physical activity and fitness
- Pregnancy prevention
- Sexual assault/relationship violence prevention
- Sexually transmitted disease (STD) prevention
- Suicide prevention
- Tobacco use prevention
- Violence prevention
<table>
<thead>
<tr>
<th>EXPERIENCED</th>
<th>NEGATIVE IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold/flu/sore throat</td>
<td>HIV infection</td>
</tr>
<tr>
<td>Stress</td>
<td>Learning disability</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>ADD</td>
</tr>
<tr>
<td>Concern for a troubled friend or family member</td>
<td>Depression/anxiety/seasonal affective disorder</td>
</tr>
<tr>
<td>Relationship difficulty</td>
<td>Mononucleosis</td>
</tr>
</tbody>
</table>
Some health conditions effect a smaller proportion of the population, yet result in a noted negative academic impact (e.g. Learning Disability)

Some health conditions effect a larger proportion of the population and have a smaller reported negative academic impact (e.g. alcohol use)

Some health conditions effect a larger proportion of the population and have a larger reported negative academic impact (e.g. sleep difficulties)
Reported Consequences of Drinking Alcohol

<table>
<thead>
<tr>
<th>Percent of... reporting... as a result of drinking alcohol</th>
<th>Physically injured</th>
<th>Injured another person</th>
<th>Involved in a fight</th>
<th>Did something they regretted</th>
<th>Forgot where they were or what they did</th>
<th>Force or threat of force to have sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athlete</td>
<td>21.1%</td>
<td>6.4%</td>
<td>8.2%</td>
<td>50.9%</td>
<td>44.1%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Other Undergrads</td>
<td>15.4%</td>
<td>2.6%</td>
<td>4.1%</td>
<td>37.5%</td>
<td>29.6%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Summary:
Because a relationship between alcohol and violence is well established and athletes are perceived to engage in both higher levels of alcohol consumption and risky behavior, an analysis was conducted to compare athletes with non-athlete undergraduates.

Athletes reported experiencing violence-related consequences of alcohol at higher rates than non-athlete undergraduates. Suggests that additional work related to preventing consequences of alcohol consumption are indicated with athletes on this campus.
<table>
<thead>
<tr>
<th><strong>Thinking critically or analytically</strong></th>
<th><strong>Percent responding “quite a bit” or “very much”</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>77%</td>
<td></td>
</tr>
<tr>
<td><strong>Learning effectively on your own</strong></td>
<td>68%</td>
</tr>
<tr>
<td><strong>Acquiring a broad general education</strong></td>
<td>63%</td>
</tr>
<tr>
<td><strong>Communicating effectively</strong></td>
<td>59%</td>
</tr>
<tr>
<td><strong>Understanding yourself</strong></td>
<td>58%</td>
</tr>
<tr>
<td><strong>Working effectively with others</strong></td>
<td>55%</td>
</tr>
<tr>
<td><strong>Solving complex real-world problems</strong></td>
<td>53%</td>
</tr>
<tr>
<td><strong>Understanding people of other racial and ethnic backgrounds</strong></td>
<td>52%</td>
</tr>
<tr>
<td><strong>A personal code of values and ethics</strong></td>
<td>40%</td>
</tr>
<tr>
<td><strong>Contributing to the welfare of your community</strong></td>
<td>36%</td>
</tr>
<tr>
<td><strong>Practicing healthy behaviors</strong></td>
<td>21%</td>
</tr>
<tr>
<td><strong>A deepened sense of spirituality</strong></td>
<td>15%</td>
</tr>
</tbody>
</table>
Consequences of Substance Use

Undergrad National

Undergrad

Grad National

Grad

Injured self

Blackout

Had unprotected sex
Data Caveats

- Correlation is not causality

- There is always much more analysis to be done

- Final reports, including program and policy implications, will be completed in an ongoing basis (refer to planning cycle)
Your data?

- What data is currently available on campus?
- What data might you need to make a more effective case for your AOD efforts?
- What strategies are needed to collect AOD data?
- How can you make the case for gathering new (or additional) data?
• Building support for your efforts
• Removing confusing & uncertainty
• Developing institutional commitment
Building Support

- Necessary Tools & Infrastructure
  - Program format that includes data-driven decision-making
  - Administrative support
  - Ongoing funding
  - Models & theories rely on data

"If the only tool you have is a hammer, you will see every problem as a nail."
- A. Maslow
Administrative Support

- What’s In It For Them?
- Supporting the Institutional Missions
- National Standards & Guidelines
- Your Language or Theirs?
- Everybody’s Doing It...
Keys to Effective Use of the Ecological Perspective

- Expand the focus beyond health information and programming
- Integrate responsibility for health across student affairs and academic units
- Provide supportive environments and reduce barriers to optimal outcomes
- Promote leadership and involvement by multiple partners
Infrastructure

- Mission & Vision Statements
- Measurable Learning Outcomes
- Assessment & Evaluation
Everyone Can Help

- Collaboration Is Key
- Partners
  - Faculty
  - Other Staff
  - Administrators
  - Community Support

*A Helping Hand
Can Change the World*
Working in a tight budget

- Sharing costs for administration
- Using cost/benefit ratios in priority setting
- Planning for effective practice & accountability
- Using institutional expertise & benefit
  - Faculty support
  - Student researcher
  - Administrative benefit & bragging
Understanding our efforts through multi-level evaluation helps to support our mission.

Efficacy is an important tool to ensure we are providing the best support to the populations we serve and ensure we are using or limited resources in the most appropriate manner.
What is your purpose/goal?

How does this support the mission?

How have you involved key stakeholders?

How will you measure success?

How will you ensure continued support?
Measuring Success

- Why do we evaluate our efforts?
- How do we evaluate our efforts?

- Process
- Impact
- Outcome

- Short-term
- Intermediate
- Long-term
Outcome Evaluation

- Use to determine priorities
- Individual & campus level change
- Population change over time
- Provides evidence that programs are worth the investment
<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcome</th>
<th>Strategy</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would it look if the outcome were achieved?</td>
<td>What change needs to happen, and how will it be measured?</td>
<td>What major factors have shown demonstrable success in achieving the desired outcome?</td>
<td>What tasks will be completed to implement the strategy, and who will do them?</td>
</tr>
<tr>
<td>Decrease negative consequences from alcohol use.</td>
<td>Reduce by 10% the number of students who are transported for intoxication.</td>
<td>Create and enforce policy to limit the amount of alcohol consumed at university events.</td>
<td>Implement a system to monitor student drinking at university events.</td>
</tr>
<tr>
<td>What do you want to achieve?</td>
<td>Did it work?</td>
<td>Did we do the right thing?</td>
<td>Did we do something?</td>
</tr>
<tr>
<td>Key components</td>
<td>Resources, Tools</td>
<td></td>
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<tr>
<td>---------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DATA</strong></td>
<td>ACHA-NCHA, CORE, NCHRBS, Single-issue survey, Local survey, Environmental scan, Interviews, Focus groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What data do we need, and how</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>will we gather it?</td>
<td></td>
<td></td>
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<tr>
<td><strong>STANDARDS</strong></td>
<td>SPHPHE, CAS, CHES, Literature reviews, Best practices</td>
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</tr>
<tr>
<td>How do we know what we’re doing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>will work?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRIORITIES</strong></td>
<td>Mission, vision, values, learning outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do we decide what to do?</td>
<td>HC 2020</td>
<td></td>
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<tr>
<td></td>
<td>Biggest or smallest problem</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Easiest or most difficult strategies</td>
<td></td>
<td></td>
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<tr>
<td><strong>COLLABORATION</strong></td>
<td>Formal and informal coalitions, committees, work groups</td>
<td></td>
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</tr>
<tr>
<td>With whom will we work?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CULTURAL COMPETENCE</strong></td>
<td>Demographics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who are the populations whose</td>
<td>Cultural, social, economic, political characteristics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>health and learning we are</td>
<td>Best practices</td>
<td></td>
<td></td>
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<tr>
<td>supporting?</td>
<td></td>
<td></td>
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<tr>
<td><strong>PROFESSIONAL DEVELOPMENT</strong></td>
<td>Ongoing performance planning and review</td>
<td></td>
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<tr>
<td>What skills and talents are</td>
<td>Training</td>
<td></td>
<td></td>
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<tr>
<td>needed to achieve the goals?</td>
<td>Assessing fit</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Talents/strengths/personality inventories</td>
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</tbody>
</table>
Strategic planning & implementation

Problem analysis

Goals, objectives

Desired outcomes

Go to the literature

Select appropriate strategies

Implement strategies w/ coalition

Evaluate: process, impact, outcome

Do it again

AOD Programs
Implications

- There are social and political pressures from inside the higher education community and externally in governmental systems to push for new measures of student learning and accountability in higher education (Guskin & Marcy, 2002).

- We are the current and future leaders. As such, we have a responsibility to create the highest level systems to support students in the achievement of their personal and academic goals.
Reflective Questions

• Who are your existing allies that support AOD programs on campus?

• Who may be a barrier to improving your AOD efforts on campus?

• How can you build the support needed to develop a well integrated and evidence- and theory-informed AOD program on campus?
Let’s Chat!

What questions, comments, cares, & concerns would you like to discuss?


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