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These standards and all other standards are available along with information on self-assessment procedures in the most recent edition of the ***CAS Professional Standards for Higher Education*** book. You are particularly encouraged to examine the learning and developmental outcomes (see www.cas.edu/learningoutcomes) in the design and assessment of your programs.

This set of standards has an accompanying Self-Assessment Guide (SAG) available for purchase from www.cas.edu for use in program evaluation

CAS MISSION STATEMENT

CAS, a consortium of professional associations in higher education, promotes the use of its professional standards for the development, assessment, and improvement of quality student learning, programs, and services.

CAS STANDARDS AND GUIDELINES

Each set of CAS standards contains 12 common criteria categories (referred to as “general standards”) that have relevance for each and every functional area, no matter what its primary focus. In addition to the general standards, all functional area standards are comprised of both specialty standards and guidelines. All standards use the auxiliary verbs “**must**” and “**shall**” and appear in **bold print** so that users can quickly identify them. Guidelines are designed to provide suggestions and illustrations that can assist in establishing programs and services that more fully address the needs of students than those mandated by a standard. CAS guidelines appear in regular font and use the auxiliary verbs “should” and “may.”

OVER FORTY YEARS OF PROFESSIONAL SERVICES

The Council for the Advancement of Standards in Higher Education (CAS) has been the pre-eminent force for promoting standards in student affairs, student services, and student development programs since its inception in 1979. For the ultimate purpose of fostering and enhancing student learning, development, and success and in general to promote good citizenship, CAS continues to create and deliver a dynamic and credible book of professional standards and guidelines and Self-Assessment Guides that are designed to lead to a host of quality-controlled programs and services. These standards respond to real-time student needs, the requirements of sound pedagogy, and the effective management of over 45 functional areas, consistent with institutional missions. Individuals and institutions from more than 40 CAS member organizations comprise a professional constituency of over 115,000 professionals.

DISCLAIMER

The standards and guidelines published in *CAS Professional Standards for Higher Education* by the Council for the Advancement of Standards in Higher Education (CAS) and referred to in each of the CAS Self-Assessment Guides (SAGs) are developed through the voluntary efforts of leaders of professional associations in higher education. The purpose of the standards and guidelines is to identify criteria and principles by which institutions may choose to assess and enhance various areas of their academic, administrative, or student affairs programs and services. CAS specifically disclaims any liability or responsibility for any perceived or actual shortcomings inherent in the text or application of the standards. Further, CAS does not certify individuals nor accredit programs. No institution, whether it has met some or all of the CAS standards, is authorized to indicate that it is “approved, endorsed, certified, or otherwise sanctioned by CAS.” Institutions that have conducted a self-assessment of one or more functional areas addressed by CAS Standards and Guidelines using the appropriate CAS Self-Assessment Guide (SAG) may, where that self-assessment provides evidence that an institution meets these standards, make accurate representations to the effect that the designated program or service meets the CAS Standards.

Please direct your questions to the CAS Executive Director (executive_director@cas.edu or 202-862-1400).

HEALTH PROMOTION SERVICES

CAS Contextual Statement

Health Promotion Services (HPS) enhances the learning and development of students and the quality of the academic and living environment. The specific purpose of HPS is to support student success and, at its core, HPS enhances campus health and safety (ACHA, 2012). Colleges and universities engage students, faculty, and staff in developing personal skills, establishing supportive communities, and building environments where health advances the capacity to learn, work, play and contribute. Numerous variables (e.g., physical facilities, campus master plans, policies, traditions, enrollment demographics, the geography of the surrounding communities, and the employees as faculty or staff) contribute to an institution of higher education's environment. Introducing, modifying, and/or enhancing these variables are essential efforts to bring about health among all members of a college community.

Data from the ACHA-National College Health Assessment (ACHA-NCHA, 2015) indicate that 15% to over 30% of student's academics are adversely affected by stress, anxiety, sleep difficulties, cold/flu/sore throat, and depression. Research also indicates, however, that it is more cost-effective to strengthen community health rather than to recruit individual students in place of those who are not successful (Grizzell & McNeil, 2007). It is much more effective to create an environment in which students can flourish or thrive (Keyes, 2003; Lopez & Louis, 2009; Okanagan Charter, 2015; Schreiner, 2010; Schreiner, McIntosh, Nelson, & Pothoven, 2009; Schreiner, Pothoven, Nelson, & McIntosh, 2009). This means that improving health requires a broad approach to promote a health-in-all-policies approach that creates environments where the healthy choice is the easy choice (CDC, 2011).

The most commonly quoted definition of health was formalized in 1948 by the World Health Organization (WHO): "Health is a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity."

WHO defined health promotion in the 1986 Ottawa Charter for Health Promotion as:

"the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being"
(p. 2).

Further, the 2015 *Okanagan Charter: An International Charter for Health Promoting Universities and Colleges* refers to the WHO (2015) definition of health promotion as requiring a "positive, proactive approach, moving 'beyond a focus on individual behavior towards a wide range of social and environmental interventions' that create and enhance health in settings, organizations and systems." Useful definitions of related terms can be found in the WHO "Health Promotion Glossary, New Terms" (Smith, Tang, & Nutbeam, 2006).

On any given campus, HPS has three essential goals: (a) the realization of the fullest potential of an individual; (b) the achievement of more desirable health outcomes for a group or population; and (c) the support and creation of health-supporting environments for whole populations regardless of individual variables. These key goals emphasize individual, social and personal resources as well as the capacities of groups, communities, populations, and environments.

Prevention grounds the integration of these three essential goals and leads the process that is state-of-the-art HPS. In order to improve and enhance health, reduce risk and prevent negative outcomes, robust health promotion practice is essential. Prevention deters the development of health problems before they occur and therefore reduces risk factors and enhances protective factors. Using the Institute of Medicine Model there are three subsets of prevention: universal, selective, and indicated:

- Universal prevention is health enhancing or risk reducing for broad populations without consideration of individual differences in risk.
- Selective prevention targets sub-populations of individuals identified on the basis of their membership in a group that has elevated risk.
- Indicated prevention focuses on individuals who are members of a group that exhibit high-risk behaviors (Springer & Phillips, 2006).

At times, the focus of HPS efforts has been developing individuals' skills and/or health knowledge. Today's practice of health promotion expands on this approach and embraces the Socio-ecological Model that emphasizes the necessity for action at the following five contextual levels surrounding the individual: intrapersonal, interpersonal, institutional, community, and public policy (CDC, 2007). In fact, environmental management using policy and the built environment (e.g., sidewalks, bicycle storage, hydration stations) can reduce risk and enhance health without requiring individuals to develop a skill or gain specific knowledge. Each of the five, key action areas in Call to Action 1 of the *Okanagan Charter* are reinforced with the Socio-ecological Prevention Planning Model (McLeroy, Bibeau, Steckler, & Glanz, 1988) in that they set individual-level skills and risk factors within complex layers of systems that can add population-level protection and enhancement to shape healthier behaviors. These key action areas and overall principles are essential:

- Embed health in all campus polices
- Create supportive campus environments
- Generate thriving communities and a culture of well-being
- Support personal development
- Create or re-orient campus services

It is important to articulate these definitions, key actions, and principles in institutional mission and purpose statements, strategic plans, physical locations, and resource allocations. It is also important to describe the health promotion discipline to campus colleagues and to advocate for and support campus-wide initiatives. Today, mature HPS place a great emphasis on gathering population-level surveillance data, universal prevention leadership, and theory-based and evidence-informed practice to create the environments in which health is the foundation for student success. State-of-the-art HPS implement initiatives that develop personal skills, support built environments, establish and/or enforce health-enhancing public policies, and empower communities. For HPS to flourish it requires moving beyond the healthcare sector to coalition building, networking, leadership, policy change, and community organizing.

REFERENCES

- American College Health Association (ACHA). (2015). *ACHA-NCHA Reference group summary*. Retrieved from <https://www.acha.org/documents/ncha/NCHA-II%20FALL%202015%20REFERENCE%20GROUP%20EXECUTIVE%20SUMMARY.pdf>
- American College Health Association (ACHA). (2012). *Standards of practice for health promotion professionals in higher education*. Retrieved from [https://www.acha.org/documents/resources/guidelines/ACHA Standards of Practice for Health Promotion in Higher Education May2012.pdf](https://www.acha.org/documents/resources/guidelines/ACHA_Standards_of_Practice_for_Health_Promotion_in_Higher_Education_May2012.pdf)
- American College Health Association. (2015). *The Okanagan Charter: An international charter for health promoting universities and colleges* Retrieved from http://www.acha.org/documents/general/Okanagan_Charter_Oct_6_2015.pdf

- Centers for Disease Control and Prevention (CDC). (2007). *The social-ecological model: A framework for prevention*. Retrieved <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>
- Center for Disease Control and Prevention (CDC) & National Center for Health Statistics (NCHS). (2011). *Healthy people*. Retrieved from http://www.cdc.gov/nchs/healthy_people.htm
- Grizzell, J., & McNeil, M. (2007). Linking health to academic success and retention. *Spectrum*, 20-24.
- Keyes, C. L. M. (2003). Complete mental health: An agenda for the 21st century. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 293-309). Washington, D.C.: American Psychological Association.
- Lopez, S. J., & Louis, M. C. (2009). The principles of strengths-based education. *Journal of College and Character*, 10(4), 1-8.
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377.
- Schreiner, L. (2010). The "thriving quotient": A new vision for student success. *About Campus*, 15(2), 2-10.
- Schreiner, L., McIntosh, E., Nelson, D., and Pothoven, S. (2009, November). *The thriving quotient: Advancing the assessment of student success*. Paper presented at the annual meeting of the Association for the Study of Higher Education, Vancouver, British Columbia.
- Schreiner, L., Pothoven, S., Nelson, D., and McIntosh, E. (2009, November). *College student thriving: Predictors of success and retention*. Paper presented at the annual meeting of the Association for the Study of Higher Education, Vancouver, British Columbia.
- Smith, B. J., Tang, K. C., & Nutbeam, D. (2006). WHO health promotion glossary: New terms. *Health Promotion International*, 21(4), 340-345.
- Springer, J. F., & Phillips, J. (2006). The IOM model: A tool for prevention planning and implementation. *Prevention Tactics* 8(13). Sacramento, CA: Department of Alcohol and Drug Programs. Retrieved from http://ca-sdfsc.org/docs/resources/SDFSC_IOM_Policy.pdf
- World Health Organization (WHO). (1948/2006). *Constitution of the World Health Organization*. Retrieved from https://www.who.int/governance/eb/who_constitution_en.pdf
- World Health Organization (WHO). (1986). *The Ottawa charter for health promotion*. (pp. 2). Retrieved from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html>

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HEALTH PROMOTION SERVICES

CAS Standards and Guidelines

Guiding Principle: Students and Their Environments

Part1. MISSION

1.1 Programs and Services Mission

The mission of Health Promotion Services (HPS) is to enable people to live, study, work, and play in health-promoting environments, and when feasible, increase control over, and to improve, their health. Personal development, including learning, in relation to the practice of healthier behaviors, is one of the essential health promotion action areas as outlined in the Okanagan Charter. Personal development, including learning, is one aspect of a comprehensive approach to embedding health into all aspects of campus culture. HPS is the campus unit most prepared to bring informed and effective leadership to this effort in partnership with diverse campus stakeholders who equally value and work to foster student success.

HPS must develop and define its mission.

The HPS mission must be consistent with the mission of the department, college, division, institution, and applicable professional standards.

The HPS mission must be appropriate for the institution's students, designated clients, and other constituents.

Whether centralized or decentralized in its administration, HPS must advance its mission.

1.2 Mission Statement

HPS must implement, disseminate, regularly review, and update its mission statement.

Mission statements must reference student learning, development, and success.

Part2. PROGRAM AND SERVICES

2.1 Program and Services Goals

Health Promotion Services (HPS) must be guided by a set of written goals and objectives that are directly related to the stated mission.

To accomplish its mission, HPS must reflect the following assumptions:

- health promotion in higher education must support student success through the provision of services that reduce personal, institution, and community health risks
- health must be defined as the capacity of individuals and communities to reach their potential and is more than the absence of disease measured by clinical indicators
- health promotion practice must advocate for institution-wide understanding of the intersections among learning, social justice, health equity, and health.
- health promotion practice must aim to expand protective factors and institution and community strengths

- **health promotion practice must examine and address health at multiple levels: intrapersonal, interpersonal, institutional, community, and public policy**
- **health promotion professionals must practice prevention with a primary focus on universal strategies**
- **health promotion practice must be evidence-informed and theory-based, implemented with fidelity to maximize effectiveness, and evaluated for achievement of desired outcomes**

The HPS goals must be aligned with institutional priorities and expectations of the functional area.

HPS must contribute to the creation of an institutional and community climate of health and social justice.

HPS must regularly develop, review, evaluate, and revise its goals.

HPS must communicate goals and progress toward achievement to appropriate constituents.

2.2 Program Information and Services

HPS must provide relevant information, services, and resources consistent with its mission and goals.

HPS must design health promotion initiatives that support student success as defined by the institution.

HPS must disseminate research that demonstrates the effect of individual health behaviors and environmental factors on student success.

HPS must advocate for health as a core value of the institution.

HPS must strive to reduce the risk of individual illness and injury, build individual capacity for engaging in health-promoting behaviors, and address university practices, priority health issues, community factors, and institutional and public policies that affect the health of students.

HPS professional personnel should strive to reduce risk, incidence, and severity for individual mental and physical distress, illness and injury; enhance health as a strategy to support student learning; and advocate for safety, social justice, health equity, and human dignity.

HPS must develop and implement strategies for outreach and promotion.

HPS must develop and communicate a strategic plan for health promotion that supports the unique missions and values of the institution.

HPS must involve students, faculty, staff, and community constituents to advance the health of students and to create institutional and community environments that support students' health.

2.3 Program Structure and Framework

HPS must have clearly stated, current, relevant, and documented

- **goals and outcomes**

- policies and procedures
- responsibilities and performance expectations for personnel
- organizational charts demonstrating clear channels of authority

HPS must be purposefully structured and resourced to balance efficiency and effectiveness and to achieve programmatic and student learning and development outcomes.

The HPS director must be placed within the institution's organizational structure to be able to promote cooperative and significant interaction with appropriate institution and community entities, including academic and student affairs executive leadership, and consequently develop the support of high-level staff for the creation of safe and healthy institutional environments.

The placement of HPS within the organizational structure must signify the value of advancing student health through the practice of health promotion as essential to the overall mission of the institution.

Regardless of organizational structures, HPS must work in close consultation and collaboration with others with expertise and resources to meet the needs and interests of students and designated clients.

As a result of sustaining partnerships, HPS should

- advocate for a shared vision of health promotion as the responsibility of all institution and community members
- seek and cultivate institution and community partnerships that advance health promotion initiatives
- utilize institution and community resources that maximize the reach and effectiveness of health promotion initiatives
- mobilize stakeholders for collective action to create health promoting environments
- advocate for institutional, local, state/provincial, national, and international policies that address institution and community health issues
- institutionalize health promotion initiatives through inclusion in institutional strategic planning and resource allocation processes

HPS must collaborate with colleagues and departments across the institution to promote student learning, development, and success.

HPS should establish relationships with a wide range of constituencies, such as student affairs, academic affairs, and student groups, to promote collaboration and serve as a resource.

2.4 Program Design

HPS must be intentionally designed to

- achieve predetermined student learning and development outcomes
- incorporate research and theories on student learning, development, and success
- respond to needs of individuals, constituents, and populations with distinct needs
- ensure access for students and designated clients

HPS must review research and theories from interdisciplinary sources to inform health promotion efforts.

HPS must articulate the theoretical frameworks used in determining priorities to the institutional community.

HPS must include health promotion strategies that influence individual and population-based health behavior and outcomes.

HPS should design health promotion initiatives that reflect the social, cultural, and economic diversity of students.

Part3. STUDENT LEARNING, DEVELOPMENT, AND SUCCESS

3.1 Program Contribution to Student Learning, Development, and Success

Health Promotion Services (HPS) must contribute to students' formal education, which includes both curricular and co-curricular experiences.

HPS must contribute to students' progression and timely completion of educational goals.

HPS professional personnel must advance the connection between the academic mission of the institution and the health of students.

HPS must help students and designated clients prepare for their careers and meaningful contributions to society.

HPS must apply tested theories and evidence-informed strategies to the development of initiatives designed to improve the health of individuals and the institutional environment.

HPS must work with the institution to identify relevant and desirable student success outcomes.

HPS must identify relevant and desirable student learning and development outcomes.

HPS must implement strategies and tactics to achieve these outcomes.

3.2 Student Learning and Development Domains and Dimensions

HPS must align predetermined student learning and development outcomes with the CAS learning outcomes model or other recognized student learning and development models.

HPS must align predetermined student learning and development outcomes with the institutional framework for student outcomes.

The CAS student learning and development outcomes model includes six broad categories (called domains), meant to identify the aspects of learning experienced by students through engaging with programs, disciplines, or other learning opportunities. The domains are further clarified through dimensions. The dimensions of student learning and development allow for a more focused assessment approach and opportunities for alignment with institutional mission and priorities.

Domain: knowledge acquisition, integration, construction, and application

- Dimensions: understanding knowledge from a range of disciplines; connecting knowledge to other knowledge, ideas, and experiences; constructing knowledge; and relating knowledge to daily life

Domain: cognitive complexity

- Dimensions: critical thinking, reflective thinking, effective reasoning, and creativity

Domain: intrapersonal development

- Dimensions: realistic self-appraisal, self-understanding, and self-respect; identity development; commitment to ethics and integrity; and spiritual awareness

Domain: interpersonal competence

- Dimensions: meaningful relationships, interdependence, collaboration, and effective leadership

Domain: humanitarianism and civic engagement

- Dimensions: understanding and appreciation of cultural and human differences, social responsibility, global perspective, and sense of civic responsibility

Domain: practical competence

- Dimensions: pursuing goals, communicating effectively, technical competence, managing personal affairs, managing career development, demonstrating professionalism, maintaining health and wellness, and living a purposeful and satisfying life

[Learning and Development Outcomes: See the Council for the Advancement of Standards Student Learning and Development Outcomes (www.cas.edu/learningoutcomes) for examples of outcomes related to these domains and dimensions.]

3.3 Assessment of Student Learning and Development

HPS must assess the student learning and development outcome domains and dimensions relevant to the functional area.

HPS must provide evidence of the extent to which student learning and development outcomes are achieved.

HPS must provide evidence of the extent to which student success outcomes are achieved.

HPS must use evidence to create strategies for improving student learning, development, and success.

Part 4. ASSESSMENT

4.1 Establishing a Culture of Assessment

Health Promotion Services (HPS) must develop assessment plans and processes that document progress toward achievement of mission, goals, outcomes, and objectives.

HPS must design assessment plans that incorporate an ongoing cycle of assessment activities.

HPS must have fiscal, human, professional development, and technological resources to develop and implement assessment plans.

4.2 Program Goals, Outcomes, and Objectives

HPS must identify goals, outcomes, and objectives to guide its work.

HPS must identify assessment methods that will allow for the collection of relevant data on its goals, outcomes, and objectives.

When collaborating with other departments on assessment activities, these activities must be consistent with the HPS mission and assessment plan.

4.3 Assessment Plan and Process

HPS must structure assessment initiatives using the steps of the assessment cycle:

- **set program goals, outcomes, and objectives**
- **develop and implement assessment plan**
- **review and interpret findings**
- **develop a plan for data use, continuous improvement, and reassessment**
- **implement an improvement plan**
- **review and monitor changes that have been made**

HPS must implement the assessment process with methods that reflect universal design principles.

HPS must employ ethical practices in the assessment process.

HPS must implement assessment processes in a way that is culturally responsive, inclusive, and equitable.

HPS must engage students, faculty, staff, administrators, and other relevant constituents in assessment activities.

HPS should use a process that significantly engages students, faculty, staff, and community constituents to systematically collect and analyze qualitative and quantitative health-related data from a variety of sources within the institutional community.

4.4 Gathering Evidence

HPS must identify priorities for assessment, including both formative and summative approaches.

HPS must assess the institutional environment for assets, strengths, resources, factors that influence health, and needs/gaps that exist.

HPS must determine indicators of performance to know if the program is successfully supporting community health, well-being, and quality of life.

HPS should use indicators, data collection methods, and data analysis techniques that allow for the identification and examination of health disparities.

HPS must employ multiple methods and measures of data collection.

HPS should monitor trends and population specific data when possible.

HPS must develop manageable processes for gathering, interpreting, and evaluating data.

HPS must adhere to institutional policies related to data access and management.

HPS must ensure measures and methods are rigorous and reflect characteristics of validity, reliability, and trustworthiness.

4.5 Review and Interpret Findings

HPS must use methods to analyze and interpret data that correspond with objectives and questions considered within overall assessment goals.

HPS must disaggregate data to address the objectives and questions considered in the assessment project.

4.6 Reporting Results and Implementing Improvement

HPS must use assessment results to demonstrate student learning, development, and success.

HPS must use assessment results to demonstrate effectiveness and continuous improvement.

HPS must use evidence from assessment activities to inform decision-making and planning for continuous improvement.

Findings should inform decision-making, the prioritization of health issues, and the development and implementation of plans and strategies for improving student health outcomes.

HPS must monitor improvements implemented based on assessment results.

HPS must apply results for future planning.

HPS must inform constituents of assessment results and how data have been used for continuous improvement.

HPS must present data in a manner that can be easily understood by a broad group of stakeholders including students, faculty, staff, and the institutional community.

Guiding Principle: Advocating for Diverse, Equitable, and Inclusive Communities

Part 5. ACCESS, EQUITY, DIVERSITY, AND INCLUSION

5.1 Inclusive and Equitable Educational and Work Environments

Within the context of each institution's mission and in accordance with institutional policies and applicable codes and laws, Health Promotion Services (HPS) must create and maintain educational and work environments for students, faculty, staff, administrators, designated clients, and other constituents that are welcoming, accessible, inclusive, equitable, and free from bias or harassment.

HPS must not discriminate on the basis of race; color; national origin; sex; disability; age; cultural identity; ethnicity; nationality; citizenship; family educational history (e.g., first generation to attend college); political affiliation; religious affiliation; sexual orientation; gender identity and expression; marital, family, social, economic, place of residence, or veteran status; or any other basis included in codes, laws, and institutional policies.

5.2 Organizational Aspects of Access, Equity, Diversity, and Inclusion

HPS must provide equitable access to facilities and resources for all constituents.

HPS must respond to the needs of all constituents when establishing hours of operation and developing methods for delivering programs, services, and resources.

HPS must identify and address actions, policies, and structures within its operation that perpetuate systems of privilege and oppression.

HPS should identify social, cultural, political, or economic disparities that influence the health of students so that disparities may be adequately addressed to improve equity and access to health-related initiatives.

5.3 Advocating for Access, Equity, Diversity, and Inclusion

HPS must advocate for accessible facilities and resources, and address issues that impede access.

HPS must advocate for inclusion, multiculturalism, and social justice within the institution.

HPS must enact culturally responsive, inclusive, respectful, and equitable practices in the provision of services.

HPS must acknowledge that differing beliefs, values, rules, and customs affect health and must advocate for environments that are characterized by cultural inclusion, respect, equality, and equity.

HPS must develop plans for ongoing professional development on cultural competence and workplace inclusion.

5.4 Implementing Access, Equity, Diversity, and Inclusion

HPS must establish goals for access, equity, diversity, and inclusion.

HPS must strive to identify and address the complex social, cultural, economic, and political factors that may contribute to or compromise the health of individuals or communities; advocate for inclusive and equal access to resources and services; and eliminate health disparities and achieve health equity.

HPS must address the characteristics and needs of diverse constituents when establishing and implementing culturally relevant and inclusive programs, services, policies, procedures, and practices.

HPS should create health promotion mission statements, program policies, staff member recruitment and retention practices, and professional development goals that reflect the social, cultural, and economic diversity of the institution.

HPS must ensure that personnel are trained in diversity, equity, access, and inclusion and are held accountable for applying the training to its work.

HPS personnel must demonstrate cultural competence and inclusiveness in advancing the health of individuals and communities.

HPS must have an established protocol for, and foster expectation of, bias incident reporting.

Personnel within HPS must cultivate understanding of identity, culture, self-expression, and heritage.

Personnel within HPS must promote respect for commonalities and differences among people within their historical and cultural contexts.

When educational and/or workplace accommodations are requested, HPS must provide individuals with an interactive process to determine reasonable accommodations.

Guiding Principle: Organization, Leadership, and Human Resources

Part6. LEADERSHIP, MANAGEMENT, AND SUPERVISION

6.1 Leadership

Health Promotion Services (HPS) leaders must model ethical behavior and demonstrate alignment with institutional mission, goals, and ethical practices.

Leaders with organizational authority for HPS must provide management and supervision as well as lead strategic planning and program advancement.

HPS leaders must

- **create a vision for the functional area**
- **communicate goals**
- **model and expect commitment**
- **build teams, coalitions, and alliances**
- **influence others to contribute to the effectiveness and success of the unit**
- **advance diversity, equity, access and inclusion goals in the workplace**
- **incorporate data and information in decision making**
- **develop a risk management plan for the organization**
- **incorporate sustainable practices in the design of programs, services, and facilities**
- **develop and empower new leaders from within the organization**
- **collaborate with colleagues and departments across the institution**
- **adhere to organizational constraints**

HPS leaders must advance the functional area by

- **advocating for and actively promoting the functional area’s mission and goals**
- **communicating with constituents about current issues affecting the profession**
- **identifying and addressing individual, organizational, and environmental conditions that foster or inhibit mission achievement**
- **facilitating discussion and decisions regarding program advancement**
- **advocating for representation in strategic planning processes at departmental, divisional, and institutional levels**

HPS leaders must develop health-related programs and policies that support student health.

6.2 Management

HPS managers must

- **be empowered to demonstrate effective management**
- **plan, allocate, and monitor the use of fiscal, physical, human, intellectual, and technological resources**
- **develop plans for scholarship, leadership, and service to the institution and the profession**
- **engage diverse perspectives from within and outside the unit to inform decision making**

6.3 Supervision

HPS supervisors must

- **incorporate institutional policies and procedures in the development of strategies for recruitment, selection, professional development, supervision, performance planning, succession planning, evaluation, recognition, and reward of personnel**
- **consult with institutional HR personnel to access and receive education and training that influence successful performance of personnel**
- **provide feedback on personnel performance**
- **identify and resolve workplace conflict**
- **follow institutional policies for addressing complaints**
- **provide reports and activity updates to management**
- **work with personnel to develop plans for scholarship, leadership, and service to the profession and institution**
- **provide supervision and support so that personnel may complete assigned tasks**

HPS leaders should demonstrate efforts to retain HPS personnel in positions by providing opportunities for professional growth and development.

HPS leaders should, as appropriate, afford HPS personnel opportunities for growth and development that may extend beyond parameters of their job description and provide experiences that enhance their professional portfolio. This may take the form of (but is not limited to) departmental, divisional, and institutional representation on committees, leadership roles on regional and national associations; research and assessment activities that enhance knowledge in the field and collaborative partnerships with other institutions.

6.4 Strategic Planning

HPS leaders, managers, and supervisors must facilitate ongoing strategic planning processes that

- **facilitate continuous development, implementation, assessment, and evaluation of program effectiveness and goal attainment congruent with institutional mission and ongoing planning efforts**
- **support ongoing assessment activities that improve student learning, development, and success**
- **utilize philosophies, principles, and values that guide the work of the functional area**
- **promote environments that provide opportunities for student learning, development, and success**
- **develop, adapt, and improve programs and services in response to the needs of changing environments, populations served, and evolving institutional priorities**
- **engage many diverse constituents and perspectives from within and outside the unit to inform the development and implementation of the planning process**
- **result in a vision and mission that drive short- and long-term planning**
- **set goals and objectives based on the needs of the populations served, intended student learning and development outcomes, and program outcomes**

HPS leaders must develop strategic, operational, and resource utilization plans and policies.

Part7. HUMAN RESOURCES

7.1 Staffing and Support

Health Promotion Services (HPS) must identify the level of staffing necessary to achieve its mission and goals.

HPS must be staffed by individuals qualified to accomplish its mission and goals. Personnel include full-time and/or part-time faculty, staff, administrators, and paraprofessionals (e.g., student employees, interns, graduate assistants, and volunteers).

HPS must have access to technical and support personnel to accomplish its mission.

HPS professional personnel either must hold an earned graduate or professional degree in a field relevant to their position or must possess an appropriate combination of educational credentials and related work experience.

HPS practice must be led by appropriately credentialed, trained, and qualified individuals and, by design, a collaborative and collective institution effort.

HPS personnel should be competent to

- **develop strategic plans for health promotion that support the unique missions and values of institutions of higher education**
- **examine and address institution and community health issues at all levels of the socio-ecological model – intrapersonal, interpersonal, institutional, community, and public policy**
- **apply accepted theoretical frameworks and planning models that address individual and community health**
- **develop measurable goals and objectives for health promotion initiatives**
- **implement evidence-informed health promotion initiatives with fidelity to maximizing effectiveness**
- **use accepted quantitative and qualitative methods for assessment and program evaluation**
- **conduct population-based assessments of health status, needs, and assets**

- conduct environmental assessments of institution and community health needs and resources
- engage and collaborate with interdisciplinary partners
- demonstrate cultural competence and inclusivity

The HPS director should have a minimum of an advanced degree in public health, health promotion, health education, or other related discipline from an accredited institution and hold Master Certified Health Education Specialist (MCHES) or Certified in Public Health (CPH) designations or be eligible and intend to become certified. In institutions where only one health promotion professional position exists, the director-level qualifications should be followed, regardless of title.

HPS personnel should have a minimum of an advanced degree in public health, health promotion, health education, or other related discipline from an accredited institution and should hold Certified Health Education Specialist (CHES) or Certified in Public Health (CPH) designations or be eligible and intent to become certified.

7.2 Employment Practices

HPS must establish procedures and expectations for personnel recruitment, selection, training, supervision, performance, and evaluation.

HPS leaders must

- **ensure that all personnel have written position descriptions**
- **regularly review position descriptions**
- **maintain copies of up-to-date resumes/curriculum vitae for all currently employed personnel**
- **implement recruitment and selection/hiring strategies that demonstrate a deliberate effort to diversify the workforce**
- **develop promotion practices that are fair, inclusive, proactive, and non-discriminatory**

HPS leaders must establish, in partnership with personnel and aligned with institutional policies, work arrangements (e.g., schedules, remote work) that achieve department objectives.

Personnel within HPS must have written performance goals, objectives, and outcomes for each performance cycle to be used to plan, review, and evaluate work and performance. The performance plan must be updated regularly to reflect changes during the performance cycle.

Results of individual personnel evaluations must be used to recognize personnel performance, address performance issues, implement individual and/or collective personnel development and training programs, and inform the assessment of HPS.

7.3 Personnel Training and Development

HPS personnel must receive training when hired and professional development throughout their employment.

HPS personnel must engage in continuing professional development activities to keep abreast of the research, theories, legislation, policies, and advancements that affect its programs and services.

HPS must provide personnel with appropriate professional development opportunities or resources that facilitate individual professional development goals and improve competence, skills, and leadership capacity.

Within institutional guidelines, HPS should include written policies and procedures that encourage staff and partners to participate in professional development programs and activities that are consistent with the mission, goals, and objectives of the institution and HPS.

HPS professional personnel should participate in appropriate professional organizations and should have the budgetary support to do so.

HPS professional personnel should be provided with opportunities for staff development that may include conferences, webinars, credit courses, seminars, and access to current research.

HPS personnel must have access to resources and receive specific training on policies, procedures, and laws related to

- **the programs and services they support**
- **privacy and confidentiality**
- **student records and sensitive institutional information**
- **systems and technologies necessary to perform their assigned responsibilities**
- **sexual misconduct, harassment, and workplace violence**

HPS personnel must be trained on how to recognize and address systems of oppression in the workplace and facilitate a welcoming, inclusive work environment.

HPS personnel must be trained on how and when to refer those in need of additional assistance to qualified personnel, and must have access to a supervisor for assistance in making these judgments.

HPS leaders must ensure that personnel are knowledgeable about and trained in safety, emergency procedures, identifying threatening conduct or behavior, crisis prevention, response, and reporting.

7.4 Paraprofessional Personnel

Paraprofessionals working in HPS must be enrolled in an appropriate field of study and/or have relevant experience.

Paraprofessionals working in HPS must be carefully selected, trained, supervised, and evaluated by personnel who possess applicable educational credentials, work experience, and have supervisory experience.

HPS leaders must accommodate the dual roles paraprofessionals may have as both student and employee.

HPS leaders must

- **adhere to parameters of paraprofessionals' job descriptions**
- **articulate intended student learning and development outcomes in student employee job descriptions**
- **adhere to agreed-upon work hours and schedules**
- **offer flexible scheduling options as needed by the student employee**

- **work with paraprofessionals to determine suitable compensation if circumstances necessitate additional hours**

Part8. COLLABORATION AND COMMUNICATION

8.1 Collaboration

Health Promotion Services (HPS) personnel must collaborate and consult with institutional leaders, faculty, individuals, and departments essential to the success of the program.

HPS must collaborate with individuals, groups, communities, and organizations to establish, maintain, and promote understanding and effective relations

- **garner support and resources**
- **meet the needs of students, designated clients, and other constituents**
- **achieve program and student outcomes**
- **engage diverse populations to enrich the educational environment**
- **disseminate information about programs and services**
- **solve problems pertinent to the student population, designated clients, or the organization**

HPS must maintain productive relations with students, faculty, staff, alumni, the community at large, contractors, and support agencies.

HPS must refer students, designated clients, and other constituents to appropriate resources when assistance is needed beyond the functional area's scope.

HPS should foster reciprocal relationships with clinical health services and counseling services to refer students as appropriate and to serve as colleagues and consultants.

8.2 Communication

HPS must provide relevant information, services, and resources that explain its mission and goals.

HPS leaders should educate others about using a public health approach to improving student health, support others in strengthening their health promotion efforts, and mobilize others to foster health-promoting communities.

HPS must develop and implement strategies for outreach and promotion.

HPS professional personnel should be encouraged to participate in community activities related to the student population being served.

HPS should contribute to team and organizational learning in order to advance health promotion goals (e.g., mentor students and other staff; participate in research and quality improvement initiatives).

HPS promotional and descriptive information must be accurate and free of deception and misrepresentation.

8.3 Procedures and Guidelines

HPS must have and follow procedures and guidelines consistent with institutional policy for

- communicating with the media
- distributing information through print, broadcast, and online sources
- the use of social media
- contracting with external organizations for delivery of programs and services
- developing relationships with donors
- dissemination of relevant information in a timely manner to all constituents

Guiding Principle: Ethical Considerations

Part9. ETHICS, LAW, AND POLICY

9.1 Ethical Statements

Health Promotion Services (HPS) must review and adopt appropriate standards of ethical practice including those of applicable professional associations.

HPS must have clearly defined and documented ethical statements addressing

- conflicts of interest, or appearance thereof, by personnel in the performance of their work
- management of institutional funds
- acceptance, in gratis, of cash or merchandise in accordance with institutional advancement reporting policies
- solicitation of gifts, in accordance with institutional advancement reporting policies
- research and assessment with human participants or animal subjects
- confidentiality of research and assessment data
- personnel, student, and other designated clients' rights and responsibilities
- disclosure of information in student, personnel, and other designated clients' records

9.2 Ethical Practice

HPS personnel must employ ethical decision making in the performance of their duties.

HPS personnel must recognize and avoid conflicts of interest that could adversely influence their judgment or objectivity and, when unavoidable, recuse themselves from the situation.

HPS personnel must be honest, objective, and impartial in their interactions.

HPS must demonstrate responsibility for sound and ethical assessment, research, evaluation, and program review.

HPS must encourage and provide a forum for personnel to address and report unethical behavior.

HPS must address issues surrounding scholarly integrity.

HPS personnel must perform duties within the scope of their position, training, expertise, and competence.

HPS personnel must make referrals when issues presented exceed the scope of their position.

9.3 Legal Obligations and Responsibilities

HPS must comply with laws, regulations, policies, and procedures that relate to its respective responsibilities and that pose legal obligations, limitations, risks, and liabilities for the institution as a whole.

In accordance with governmental laws, institutional policy, and standards of good professional practice, HPS personnel who are concerned about students' well-being must ensure that they are referred to appropriate resources.

HPS must have a process for accessing legal advice needed for personnel to carry out their assigned responsibilities.

HPS must not discriminate based upon institutional policies, codes, or governmental laws.

HPS must purchase or obtain permission to use copyrighted materials and instruments. References to copyrighted materials and instruments must include appropriate citations.

9.4 Policies and Procedures

HPS must have written policies and procedures on operations, transactions, or tasks that have legal implications.

HPS personnel should participate within their institutions to design policies and practices and develop resources and services that improve the health of the institution population.

HPS must have and follow a timeline for reviewing policies and procedures. The creation and revision of policies and procedures must be informed by available evidence, and policies and procedures that inform the management of higher education.

HPS must have policies and procedures consistent with institutional policy for responding to threats, emergencies, and crisis situations.

9.5 Communication of Ethical and Legal Obligations

HPS must educate new personnel to relevant ethical standards, statements of ethical practice, and related institutional policies and procedures.

HPS must inform its users of ethical and legal obligations and limitations emanating from codes and laws or from licensure requirements.

HPS personnel must provide students, designated clients, and constituents with information about student privacy rights and personnel's disclosure obligations.

HPS must create ongoing opportunities to explore and examine basic ethical beliefs important to the functional area.

HPS must inform personnel about internal and external governance organizations that affect the functional area.

HPS must inform personnel about professional liability insurance options and refer them to external sources if the institution does not provide coverage.

9.6 Addressing Harassment and Hostile Environments

HPS personnel must neither participate in nor condone any form of harassment or activity that demeans persons or creates an intimidating, hostile, or offensive environment.

HPS must adhere to institutional policies and procedures regarding sexual misconduct, harassment, and workplace violence.

Guiding Principle: Learning-Conducive Structures, Resources, and Systems

Part 10. FINANCIAL RESOURCES

10.1 Funding

Health Promotion Services (HPS) must have the funding that is necessary to accomplish its mission and goals.

Funding for HPS should be provided and sustained by the institution's budget or through a designated health fee applied to all enrolled students.

HPS must determine with administrative leadership what funding is necessary.

10.2 Financial Planning

In establishing and prioritizing funding resources, HPS must conduct comprehensive analyses to determine

- unmet needs of the unit
- relevant expenditures
- external and internal resources
- impact on students and the institution

HPS must use the budget as a planning tool to reflect commitment to the mission and goals of the functional area and of the institution.

HPS financial reports must provide an accurate financial overview of the organization and provide clear, understandable, and timely data upon which personnel can plan and make informed decisions.

10.3 Financial Management

HPS must manage funds in accordance with established governmental laws and institutional policies, procedures, and guidelines.

HPS must demonstrate responsible stewardship and use of fiscal resources.

HPS must have procedures and guidelines consistent with institutional policy for applying to and managing funds from external resources.

HPS must be provided with the institutional and financial resources to assist with professional development of personnel.

HPS procurement procedures must

- **be consistent with institutional policies**
- **ensure that purchases comply with laws and codes for usability and access**
- **ensure that the institution receives value for the funds spent**
- **consider information available for comparing the ethical and environmental impact of products and services purchased**

Part11. TECHNOLOGY

11.1 Systems Management

Health Promotion Services (HPS) must have current technology to support the achievement of its mission and goals.

HPS must incorporate accessibility features into technology-based programs and services.

HPS must ensure that personnel and constituents have access to training and support for technology use.

HPS must back up data on a cycle established in partnership with the institution's information technology department.

HPS must implement a replacement plan and cycle for all technology with attention to sustainability.

11.2 User Engagement

HPS must use technology to enhance the delivery of programs and services for all constituents.

HPS must ensure that technology addresses constituent needs.

HPS must employ technologies that facilitate user interaction.

HPS must provide secure remote access.

11.3 Compliance and Information Security

HPS must have policies on the appropriate use of technology that are clear and easily accessible.

HPS must comply with governmental codes and laws and with institutional technology policies and procedures.

HPS must provide a secure platform when conducting financial transactions, in accordance with industry best practices.

11.4 Communication

HPS must have updated websites that provide information to all constituents in accessible formats.

HPS must use technology that allows users to communicate sensitive information in a secure format.

HPS must evaluate relevant social media platforms and techniques for communication, and implement those that best meet constituent needs.

HPS must evaluate multiple modes of communication including, but not limited to, phone, text, and web chat.

Part12. FACILITIES AND INFRASTRUCTURE

12.1 Design of Facilities

Health Promotion Services (HPS) facilities must be located in suitable spaces designed to support the functional area's mission and goals.

HPS facilities must be intentionally designed to engage various constituents, promote learning, and provide accessible and safe spaces.

To promote collaboration and access, the facilities of HPS should include

- a functional, convenient, and safe environment for institution members and community
- quality space to ensure maximum effectiveness in providing health promotion resources for the institution community
- adequate meeting space for training student staff and volunteers supporting HPS work
- adequate physical facilities, equipment, and technology to monitor and report population health status data

HPS facilities must be designed to protect the security and privacy of records and ensure the confidentiality of sensitive information and conversations.

HPS must incorporate universal design principles.

HPS facilities must be designed and constructed to be energy-efficient and sustainable.

12.2 Work Space

HPS personnel must have equipped and well-maintained workspaces designed to support their work and responsibilities.

HPS personnel must be able to safeguard the privacy of their work.

12.3 Equipment Acquisition

When acquiring capital equipment, HPS must take into account expenses related to regular maintenance and life cycle costs.

HPS must incorporate sustainable practices when purchasing equipment.

12.4 Facilities and Equipment Use

HPS facilities and equipment must be inspected on an established cycle and be in compliance with codes, laws, and established practices for accessibility, health, safety, and security.

HPS must promptly report broken, malfunctioning, defective, unusable, or faulty facilities and equipment to the entity responsible for maintenance.

HPS must develop sustainable practices for facilities use.

HPS must assess the effectiveness of its facilities to ensure they are meeting facilities and equipment goals.

HPS personnel must advocate for appropriate, consistent, and fair assignment of facilities and equipment.

*General Standards revised in 2018;
HPS content developed/revised in 2006 & 2016*

The HPS Standards and Guidelines should be considered in conjunction with the HPS Contextual Statement, CAS Glossary of Terms, and CAS Guiding Principles.