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NATIONAL ASSOCIATION FOR MULTICULTURAL EDUCATION

## **Emphasizing Assessment and Evaluation of Student Health at Historically Black Colleges and Universities**

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### **ABSTRACT**

**This article examines areas to increase research capacities in health at Historically Black Colleges and Universities. Current evidence is lacking concerning health risk behaviors at minority institutions. Due to the lack of articles published in the arena of health at HBCUs, the need to implement assessment tools is of high importance. Assessment and evaluation based on recommendations by the American College Health Association will assist faculty and administrators at HBCUs in designing methods to improve student health. Results from the National College Health Assessment can be used to establish baseline data for health behaviors within the student population. These results can then be compared to standards set forth by Healthy Campus 2010.**

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### **Introduction**

Current evidence is lacking concerning health risk behaviors at minority institutions. Very little data has been published examining health risk behaviors at Historically Black Colleges and Universities (HBCU). Due to the lack of articles published in the arena of health at HBCUs, the need to implement assessment tools is of high importance. Federal agencies such as the Center for Disease Control (CDC) and National Institute of Health (NIH) have identified areas within minority populations which have reported high rates of health disparities. These areas of concern have been limited to a general population. In 1997, the CDC conducted a large scale assessment of health risk behaviors on college campuses with an instrument similar to their widely used Youth Risk Behavior Surveillance Survey (YRBSS). This instrument is called, the National College Health Risk Behavior Survey (NCHRBS) and is a self-report survey used to assess various health concerns within a college population. The CDC published

a report of their findings in 1997. However, this type of assessment has not been targeted at minority institutions. Usage of the NCHRBS has waned since its initial development. Areas of health disparities need to be identified using a valid and reliable assessment tool in order to proper health programs to be developed.

Research on health at HBCUs needs to be increased. Various reasons have been identified justifying the lack of research capacity at these institutions (Maddox, 2000).

### **Purpose of the Article**

The purpose of this article is to provide evidence for suggested areas of growth in health research at HBCUs, specifically in assessing and evaluating health behaviors among the student population. This article should serve as a ground zero approach for health professionals in reducing student health risk behaviors. The two areas which warrant more emphasis than others for beginning health researchers at HBCUs are assessment of current health behaviors and evaluation of data based on criteria set by recognized health organizations. Specifically, this article will give brief insight into using the American College Health Association as a guide for health professionals at HBCUs.

### **Significance for Reducing Health Disparities**

According to Hayes and Boone, an HBCU is any historically black college or university is established prior to 1964 at a time when equal educational opportunities were not available to all Americans (2001). Historically Black Colleges and Universities have a tremendous impact on higher education for African American students. Currently, HBCUs represent less than 5% of all institutions of higher education have to task of educating almost 40% of the United State's Black college graduates (Hayes & Boone, 2001). Almost 75% of all Black Graduate students will graduate from an HBCU.

Less than five percent of HBCU are designated as research institutions (Carnegie, 2000). Because of this discrepancy, emphasis is not placed on research by faculty and administrators. This lack of research has trickled down into the health field at all HBCUs. The National Institute of Health (NIH) receives and awards large amount of funds for research at learning institutions. However, a small percentage of these funds are awarded to HBCUs. Hayes and Boone have documented the lack of funds due to the lack of applications (2001). The lack of applications for grants at HBCUs can be attributed to various factors. Ruffin and Flagg-Newton (2001) stated heavy faculty teaching loads and institutional experience as reasons HBCUs are not awarded a significant number of funds for research. As a result, the lack of data existing in these populations is also lacking.

Health disparities research at HBCUs is almost nonexistent (Payne et al., 2006). The recommended solution: minority institutions can provide an important link with minority communities to help eliminate health disparities (Ruffin & Flagg-Newton, 2001). Currently a gap exists between the designs of programs under public funding and

implementation of health programs. These public institutions can provide a medium in delivering knowledge of programs to eliminate health disparities. According to the NIH, research capacity at HBCUs can be increased with the emphasis on graduate work/study (1999). Ruffin and Flagg-Newton identify certain leak points within the educational system. Traditionally, undergraduate students at HBCUs are less likely to pursue graduate degrees at other HBCUs. Therefore, student empowerment of research is somewhat lost, hence a leak point exists. The NIH recommends educators in academia assist undergraduate and Master's students in transition from one degree to another with an emphasis on research.

According to the Office of Minority Health (OMH), a branch of the Department of Health and Human Services (DHHS), a health disparity is the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in any given population. In order to address areas of poor health, prevalence or baseline data must be established (Williams, 2005). Therefore, emphasizing the need for assessment and evaluation becomes critical for improving student health on HBCU campuses.

### **The Role of ACHA in College Health**

Accepting a common definition of health is imperative to identifying health disparities at HBCUs. Various professional organizations have developed a common definition of health for Universities to follow. Of these, the American College Health Association remains the gold standard for assessing and evaluating campus-wide health. Two efforts recognized and published by ACHA are Healthy Campus 2010 and their National College Health Assessment. Both of these documents are key components in identifying and reducing health disparities on HBCU campuses. However, the lack of their usage is reflected in the minimal amount of publications concerning health risk behaviors on HBCU campuses. Dissemination of these two documents to faculty and health professionals on HBCU campuses could possibly result in the adoption of more sound practices for assessing and evaluating student health.

The American College Health Association (ACHA) is a non-profit agency developed in 1920. It is comprised of 2,800 members and 20 institutions of higher education which make up its membership population. In 1961, the ACHA published *Recommended Standards and Practices for a College Health Program*. A year later the *Journal of the American College Health Association* was formed to support the recommendations (ACHA: A Brief History, 2006). These publications reported areas on college campuses in which health needed promotion of knowledge. For example, the ACHA and CDC partnered in 1986 to address the issue and increase awareness of HIV on college campuses.

From 1994 to 1995 the ACHA adopted a Strategic Plan for developing income to support more diverse programming in the areas of minority and gay, lesbian, bisexual, and transgender college populations (ACHA, 2006). Four years later, a more updated version of the Strategic Plan was developed to address more diverse needs of health within institutions. The ACHA began as an organization for health educators based on data collected within college populations.

### **Emphasizing Assessment**

The ACHA conducts the largest data collection to assess health among college students. The ACHA-National College Health Assessment (ACHA-NCHA) collects data to assist college health service providers, health educators, counselors, and administrators (About ACHA-NCHA, 2006). The NCHA evaluates students' habits, behaviors, and perceptions on the health topics alcohol, tobacco, drug use, sexual health, weight, nutrition, exercise, mental health, injury prevention, personal safety, and violence. Within the context of health education, data collected with the NCHA can be used to identify health trends on campus, design and improve health programs, and compare campus-wide health to other institutions.

The survey now provides the largest known comprehensive data set on the health of college students -- approximately 245,000 students at 400 colleges and universities have participated (ACHA, 2005). Developed by an interdisciplinary team of college health professionals, the ACHA-NCHA was pilot tested in 1998-1999 and systematically evaluated with reliability and validity analyses comparing common survey items with various national studies such as the National College Health Risk Behavior Survey, Harvard School of Public Health College Alcohol Study (CAS), United States Department of Justice: The National College Women Sexual Victimization Study (NCWSV), and various pilot programs such as ACHA-National College Health Assessment 1998, Spring 1999 and Fall 1999 Pilots, ACHA-NCHA Spring 2000.

Historically Black Colleges and Universities have been underrepresented in the usage of Healthy Campus 2010 programs (ACHA, 2005). The usage of a valid and reliable means for assessment of student health at HBCUs is a critical piece for increasing research capacity at minority institutions. Ruffin and Flagg-Newton recommend assessment as one method to increase research infrastructure development at minority institutions (2001). Therefore, faculty and administrators must emphasize the need for current and longitudinal assessment of student health for future health program design and program implementation.

In 2008, Owens emphasized the need for HBCUs to participate in validated methods for assessment of student health. The ACHA publishes and disseminates data collected from the NCHA on a general college student population. The majority of the data published from the NCHA (Owens, 2008) is from Predominately White Institutions (PWI). Therefore, the absence of health assessment at HBCUs results in the lack of emphasis on college health programs.

### **Emphasizing Evaluation**

A common vision for institutions has been established to guide health professionals and practitioners towards achieving positive changes in community health settings. Healthy Campus 2010 is a national set of standards developed by a network of health officials which establishes national college health objectives and serves as a basis for developing plans to improve student health (ACHA, 2009). This set of standards initially was developed by a task force of health professionals through the ACHA in

coordination with the Department of Health and Human Service's (DHHS) Healthy People 2010. Both Healthy People 2010 and Healthy Campus 2010 can be used to prioritize health programs to various populations based on evidence provided by their assessments. The overarching goals of these two programs are to eliminate health disparities and increase the quality of life in all populations. The importance of Healthy Campus 2010's usage at institutions of higher education is reflected in its initial development. Health Campus 2010 was developed to address a more specific population, college age males and females.

The mission statement of Healthy Campus 2010 is to provide a foundation for shaping future health plans for institutions of higher education (ACHA, 2000). The ACHA recommends Healthy Campus 2010 be used for the following:

- A matrix, linking governmental agencies, state and local health departments, communities, schools, businesses, health care services, and institutions of higher education, to improve physical, social, and environmental health.
- A strategic planning tool for campus communities to define future health priorities of students, faculty, and staff.
- A program and curriculum guide for degree oriented and continuing education programs, including schools of medicine, public health, and allied health personnel.
- A guide for future grant, program, and service funding priorities from federal and state governments for the next decade.
- A model for administrators, faculty, staff, and students to develop healthy campus environments, and direct services and support toward health enhancing behaviors within a campus community.

The importance of these recommendations is a critical piece in the evaluation process of student health on HBCU campuses. A publication exists which assist institutions in the evaluation process of the current state of health on campus. The ACHA manual, *Healthy Campus: Making It Happen*, is a companion document to Healthy People 2010 (ACHA, 2009). Health professionals can use this manual when addressing health disparities identified by the previously mentioned assessment, the ACHA-NCHA.

### **Future Recommendations**

The lack of emphasis on student health at HBCUs can be attributed to various reasons such as: little or no funds, lack of training for grant writing, lack of graduate research, and heavy faculty teaching loads. The absence of programs to improve overall student health can be resolved through efforts put forth towards assessment and evaluation. The current standards to used assess student health has been developed and validated by the ACHA. Usage of the ACHA-NCHA can provide HBCUs with primary evidence of current student health on campus. Once this assessment is adopted by institutions, the ACHA provides a comprehensive list of results and findings. Health programs can then be developed in the areas of most need. This effort serves as the needs

assessment portion of health program planning (Black, 2002) and will provide HBCUs with first hand information on student health. Evaluation of results from the ACHA-NCHA should include the comparison of primary data to standards set forth by Healthy Campus 2010. Healthy Campus 2010 is a tool for all Universities, HBCUs and PWIs, to evaluate campus communities to define future health priorities of students.

In order to eliminate health disparities and increase overall quality of life, a researcher must be able to distinguish which disparities need to be addressed. This effort is imperative in bridging the gap of underserved populations as represented by HBCUs. By consistently monitoring and improving student health, HBCUs can springboard efforts to increase research capacities for improving campus health.

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