compass roadmap

DESTINATION · HEALTH

A guide to implementing COMPASS: A Roadmap to Healthy Living

--Named "Model Program" by the U.S. Department of Education in 2006

COMPASS ROADMAP:
destination health

INTRODUCTION AND BACKGROUND

Health is a destination sought by many people, young and old.   Health is something that can be broadly defined, and health encompasses numerous strategies for achieving optimal health. In the college setting, broad-based student development is typically espoused and sought for the campus environment. Helping students achieve their potential should be a primary consideration – for application both during their college years and as a foundation for what will hopefully be long and rewarding lives.   Most campuses and most college-based professionals develop coursework, programs, policies, services, and more to help students stay healthy and learn health-based strategies.

As campus leaders plan and implement strategies and services for a quality living and learning environment for their students, the focus is typically on a wide range of health-oriented perspectives: academic, cultural, recreational, social, emotional, and other human perspectives.   However, an obstacle that often gets in the way of optimal health development among students is alcohol abuse; this often thwarts the quality of life in numerous dimensions faced by students, as well as by others on and off the campus.

National data shows that alcohol is involved with a wide range of campus problems: 53% of campus property damage, 61% of violent behavior, 58% of violation of campus policies, 36% of academic non-performance, and 27% of the student attrition[1].   Alcohol's rate of involvement with these and other campus problems are well documented, with little change noted with these over nearly three decades of data collection.   Further, in spite of recent increases in alcohol education efforts (reported by 89% of respondents), use of false ID cards is reported to have increased by 25% (with no change on an additional 68% of campuses), and abusive drinking is reportedly increased by 31% (with no change on an additional 49% of campuses). [2]

The need for sound approaches to address high-risk drinking by college students is not only based upon the extent of problems associated with this behavior, but also on the continued extent to which high-risk drinking occurs.   Specifically, substantive change has not occurred nationally with high risk drinking.   Student data shows that the proportion of students who drink heavily has hovered consistently around 40% for 30 years[3].   Further, individual campuses demonstrate a range of heavy

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[1] Anderson, David S. and Gadaleto, Angelo F.   The College Alcohol Survey 1979 - 2006: *The national longitudinal survey on alcohol, tobacco, other drug and violence issues at institutions of higher education*; George Mason University, Fairfax, VA.

[2] Anderson and Gadaleto, The 2006 College Alcohol Survey.   See caph.gmu.edu.

[3] Johnston, Lloyd et al. The Monitoring the Future Study, National Institute on Drug Abuse, 2007

drinking rates, from 1% to 70%.[4]   In addition, many campus leadership personnel are frustrated and unsure about what to do.   This "hunger for viable approaches" grounds new projects with sound theoretical and research underpinnings.

This Implementation Guide is about one such approach – the ***Healthy Expectations*** project undertaken by George Mason University in Fairfax, Virginia.   Initiated in 2000, ***Healthy Expectations*** builds upon current knowledge about alcohol abuse prevention; it also blends current student development theory and an understanding of students' engagement with healthy living messages.   It provides an innovative approach that is well-received by students as well as campus faculty, staff and administration.   Further, it is non-traditional in nature, as it addresses alcohol abuse through an indirect approach of promoting healthy living and healthy choices throughout the students' lives.

Healthy Expectations was designed as an overall approach to help students with their transition to college.   *COMPASS* was initially a part of ***Healthy Expectations***, and has since become the new name and framework of this way of addressing alcohol abuse prevention.   ***Healthy Expectations*** and *COMPASS* provide a new way of addressing alcohol abuse prevention.   It is designed to complement, not replace, the traditional approaches for focusing on alcohol abuse; these include educational programs, training, policies and procedures, support services, awareness campaigns, and more.[5] Further, the *COMPASS* approach is designed in a way that it helps address a whole range of health issues of interest and concern to students and student leaders.   While the program was built as an alcohol abuse reduction strategy, it can just as easily be implemented on its merits as a strategy to promote healthy living on a wide variety of issues.   From its holistic perspective, *COMPASS* provides tools, resources, and inspiration to help students make better decisions.

In addressing high-risk drinking, as well as many public health issues, it is important that the effort be grounded in a comprehensive, campus-based strategy; single approaches are not sufficient.   Many initiatives emphasize a top-town, policy-driven approach.   The recent report on underage drinking by the National Academy of Sciences[6] shows the importance of policy- and environmental-based strategies.   Similarly, a state leader reported at the 2007 National Meeting on Alcohol, Other Drug and Violence Prevention in Higher Education that three things were essential to reducing underage drinking: policy, enforcement, and reduced access.   All-too-typical with approaches to address alcohol abuse is the emphasis upon policy and enforcement, without attention to the variety of other strategies that are important to complement and enhance these components.

Further, comprehensive strategies must address high-risk drinking both directly and indirectly.   This requires attention to alcohol knowledge, attitudes, perceptions, intentions, and behaviors; it also requires a focus on many contributors to these high-risk elements, thus addressing underlying reasons or motivators as well as risk and protective factors.   ***Healthy Expectations*** complements the campus-based efforts that address campus policies, programs and support services.

[4] Wechsler, Henry   *Binge Drinking on American College Campuses: A New Look at an Old Problem*.

[5] For a full listing of strategies designed to address alcohol abuse on college campuses, see Sourcebook 2001 by David Anderson and Gail Gleason Milgram; this can be accessed at caph.gmu.edu or promprac.gmu.edu.

[6] Bonnie, Richard and O'Connell, Mary.   Reducing Underage Drinking: A Collective Responsibility. Washington, D.C.: The National Academies Press, 2004.

From a theoretical perspective, *Healthy Expectations* and *COMPASS* blend two grounded approaches: social norms marketing and life health planning.   As noted, many campus leadership personnel are frustrated about the lack of progress in addressing high-risk drinking, and are unsure about how to address high-risk drinking. This "hunger for an answer" combined with initial positive results, may explain why so many campuses initially sought to adopt social norms marketing strategies. While documented results exist in many instances, simply incorporating any single strategy is not appropriate or sufficient for making meaningful progress to reduce high risk drinking.

While a comprehensive, organized approach is needed to address high-risk drinking, also called for are strategies that specifically address the factors that tend to lead to a student's use of alcohol (or other drugs).   These "root causes" are the foundation of the "Percolate Up Model" that helps guide the *Healthy Expectations* project.
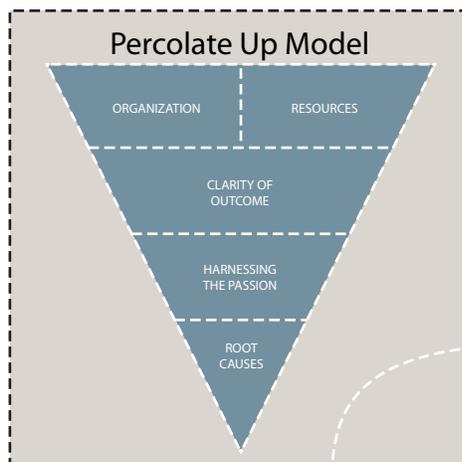
The "Percolate Up Model" suggests that a significant amount of attention has been historically provided to having a range of resources and organization to address the issue of high-risk drinking and substance abuse.   The "resource" component includes a comprehensive approach that engages multiple approaches and strategies and involves numerous constituencies.   The "organization" aspect involves the need to have a systematic plan of action, and to have an orchestrated effort.   Typically, many campuses believe that if they have organization and resources, their efforts will be successful. The "Percolate Up Model" acknowledges the important role of these two, yet stresses the need for clearly defined outcomes, harnessing the passion, and addressing root causes.

Healthy Expectations makes a significant contribution to understanding how to reduce high-risk drinking by formally addressing each of the remaining three components, primarily "root causes." Thus, *Healthy Expectations* is grounded in the theory of "life health planning."   The "Clarity of Outcome" (what is to be achieved), "Harnessing the Passion" (engaging students and groups), and "Root Causes" (the reasons students drink, drink excessively, and have high-risk behavior) are all needed for a meaningful initiative on campus.   Specifically for *Healthy Expectations*, "Harnessing the passion" involves inclusion of student voices and perspectives throughout the project; this project "recycles" students' views and includes their expectations and insights about college life, and their strategies for implementing the life health planning approach to reach other students.   Finally, "Root causes", to be explained in further detail in the next section ["Why Travel to Health?"], seeks to address the underlying reasons why students drink (or use drugs), so that these can be better addressed and thereby reduce the need for alcohol abuse behavior.

As part of the background, central to ***Healthy Expectations*** and *COMPASS* is the aim of building upon the ever-increasing student focus upon technology for their information.[7]   This proposal acknowledges the current lack of formal research about the relative contribution that could be made with alcohol abuse prevention using technology; further, alcohol abuse prevention efforts using technology are limited, as cited in the chapter on "Technology" in the Promising Practices: Campus Alcohol Strategies Sourcebook 2001.[8]   Generally, however, students increasingly rely upon email, instant messaging, and computer- and internet-based learning.[9] [10] [11]   Further, "the technology upheaval is altering the very nature of student affairs practice and how members interact with colleagues and undergraduates."[12]   This appears to be where students go for information.

Acknowledging this shift, many organizations use technology to communicate alcohol abuse prevention messages or to help students conduct a self-assessment.[13]   Some of the earlier ones are cited below, and others are continually becoming available.

- Outside the Classroom, Inc. makes available "Alcohol Edu" with information, brief lectures, and on-line quizzes.
- The BACCHUS Peer Education Network offers "Alcohol Response-ability" as an online course for students who violate the campus alcohol policy.
- The Century Council has updated its popular "Alcohol 101" program with "Alcohol 101 Plus," an interactive program with segments specifically for Greeks, student-athletes, and first-year students, and an on-line version.

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[7] Kuh, George and Hu, Shouping.   "The Relationships Between Computer and Information Technology Use, Selected Learning and Personal Development outcomes, and Other College Experiences."   Journal of College Student Development, May/June, 2001, Vol. 42, No. 3, pp. 217-232.

[8] Anderson, David and Milgram, Gail Gleason.   Sourcebook 2001.   Promising Practices: Campus Alcohol Strategies.   George Mason University, Fairfax, Virginia.   2001.

[9] Shafer, Michael; Lahner, Jessica; Caldeone, Wilma; Davis, Jed, and Petrie, Trent.   "The Use and Effectiveness of a Web-Based Instructional Supplement in a College Student Success Program."   Journal of College Student Development, September/October, 2002, Vol. 43, No. 5, pp. 751-757.

[10] Cummings, Cynthia and Prime, Cynthia "Gathering at the Gateway (or at the Dell or at the Mac): Student Affairs Adapts to Student Lifestyles" and Hurst, Jennifer and Gerrett, Emily. "Harry Potter Who? Using Pop Culture/Technology to Train Student Staff."   Programs presented at NASPA annual meeting, March, 2003.

[11] Schinke, Steven; Schwinn, Traci; and Ozanian, Alfred.   "Alcohol Abuse Prevention Among High-Risk Youth: Computer-Based Intervention" Journal of Prevention and Intervention in the Community.   2005; 29(1-2): pp. 117–130.

[12] Winston, Roger B.   The Professional Student Affairs Administrator, Brunner-Routledge, 2001.

[13] A study of 42 online health assessments was conducted on a wide range of health-related topics; designed to promote health, this approach has evolved very recently, and warrants careful review regarding their usefulness and effectiveness.   See Bensley, Robert and Lewis, James.   "Analysis of Internet-Based Health Assessments", Health Promotion Practice, Vol. 3, No. 4, 463-476.   October, 2002.

- "StudentBody101" is an interactive website focusing on seven key areas of health: alcohol, drugs, stress, tobacco, nutrition, fitness, and sexuality.
- "Freshmen Survival Skills" is prepared by the University of Minnesota; this CD-ROM depicts student perceptions of campus life of their freshman year in college.

Diffusion of innovation is an important component of this project.   Results and insights gleaned from *Healthy Expectations* can significantly influence ways in which the campus culture can be changed regarding high- risk drinking by students. This focused attention on new students using an approach that changes social norms through promoting life health planning has, as its premise, the belief that this focus can dramatically alter ways of reaching and engaging this audience.   Further, the premise is that, by addressing root causes of alcohol abuse, the resulting high-risk behavior can be modified.

In this Implementation Guide, specific strategies (workshops, on-line assessments, materials) and grounding (practical extension of conceptual frameworks) are shared.   Updates will continue through the project web site, published articles, and conference and workshop presentations to assist others' initiatives as they adopt or adapt these approaches.   Should the proposed strategies prove viable, applications in a range of other settings can also be considered (e.g., high school specific programs, middle school initiatives, and in non-traditional settings involving non-college young adults).

This Implementation Guide highlights what we have learned at George Mason University about executing a strategy that complements the University's drug and alcohol abuse prevention strategies. It builds upon, and adds to, the important approaches that are being done to prevent and to respond to alcohol abuse situations that exist on campus.   The Implementation Guide is about our experiences, including positive results on many counts, and areas that can be improved upon.   The Implementation Guide is designed to help other campuses to adopt, adapt, or go in another direction with regard to alcohol abuse prevention, as well as with other issues.

- Is this a magic answer?   No, nothing is.
- Is this perfect?   No, nothing could be.
- Is this proven to be effective?   Not with a scientific approach, but we do have some evidence that this may be making a difference with drug and alcohol use [see the section on evaluation – **"Reflecting on your Journey"** - of this guide for details].

So, why bother? Because it is important to address the root causes of whatever we seek to address. When we think of the range of general health issues from a medical perspective, we often deal with the more immediate symptoms, yet also find it important to address the ultimate causes of the problem. With alcohol abuse prevention, however, we typically implement a range of strategies, yet fail to address the ultimate causes of the problematic behavior.   This *Healthy Expectations* approach - - - with an emphasis upon *COMPASS* – addresses many of the root causes of alcohol abuse.

This Implementation Guide emphasizes how to proceed with a campus-based effort.   The accompanying video and materials are offered to illustrate key points as well as to share our strategies and resources.   We hope these are helpful to you as you prepare to adopt or adapt this approach, or to reconfigure your strategies.   We are providing as much as we can about what we have learned about addressing the root causes of alcohol abuse, as well as drug abuse.   We offer our resources and approaches. We encourage you to use these, to adapt these, to modify them to your circumstances, and to change the orientation to best meet your needs and issues.

We prepare this within the context of eight steps.

1. Why Travel to Health?   Build or refine your foundation
2. Choosing Travel Partners   Establish a coordinating group
3. Mapping Your Journey   Plan
4. Going Off the Beaten Track   Be creative and engaging
5. Connecting with the Locals   Include student voices
6. Sharing Your Experiences   Disseminate
7. Reflecting on Your Journey   Evaluate
8. Planning for Future Trips   Review, modify, update

We hope you will find this guide rich with materials and resources that link to these eight steps.   We also hope you enjoy us placing this resource within the context of taking a trip.   Or an excursion. Or a captivating adventure. Many of us have gone on trips around the country or the world, and we hope that this analogy is helpful.

As students on our campuses gain knowledge and experience,   we strive to help them create travel toward productive futures.

And….with a destination of HEALTH.
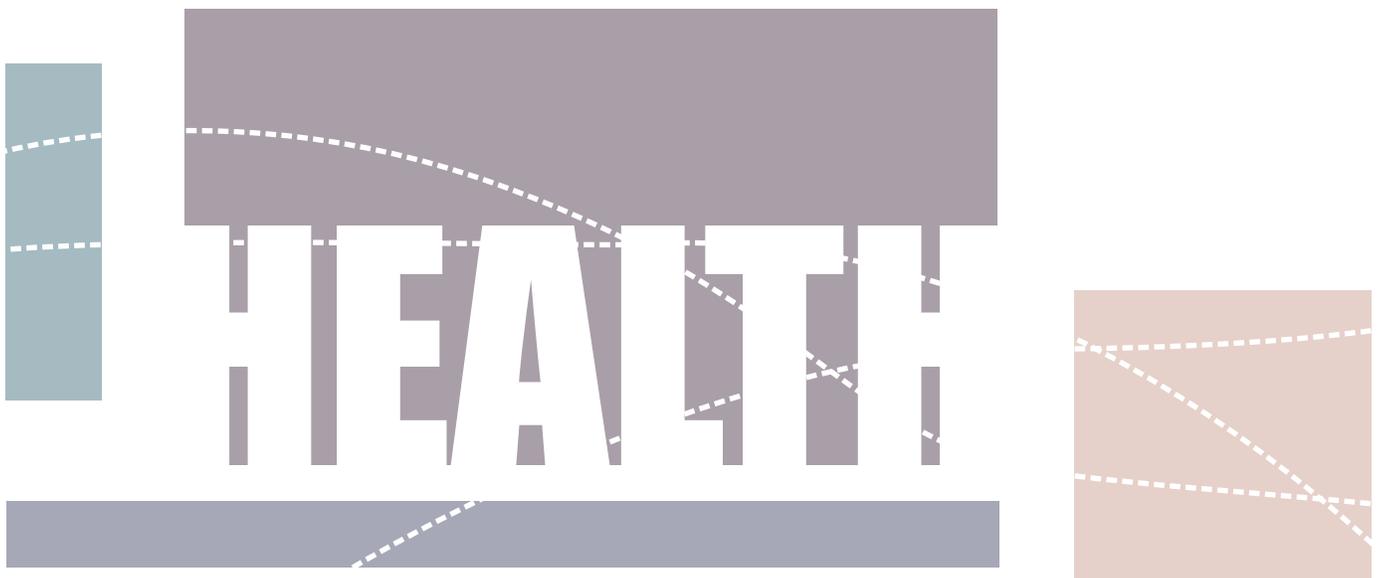
1: WHY TRAVEL TO HEALTH? *- build or refine your foundation*

As with any of our efforts, an important first step is to identify what you seek to accomplish.   That is, what are the desired outcomes that are sought?   What is expected, or hoped for, as a direct or indirect result of the proposed strategy?

Within the context of health, our nation has seen, overall, an increase in the length of life.   We have also witnessed, generally, an increase in the quality of life.   For our campuses, we seek to have healthy, safe and productive living and learning environments.   With the alcohol abuse problems cited in the **"Introduction"**, our aims are to reduce the negative consequences all-too-often associated with alcohol abuse.   Campus leaders have different philosophies and orientations for their efforts, and they offer different strategies and approaches.   However, the overall aim is to enhance the living and learning environment for students, as well as for faculty, staff, community members, alumni, and visitors.

The focus upon a 'living and learning environment' incorporates many of the perspectives associated with the professional field of studies of student development.   This includes numerous personal development issues for students, including cognitive, social, emotional, physical, and more.   Within these broad perspectives is a wide range of specific topics, including stress management, time management, interpersonal relationships, study skills, nutrition, spirituality, and many more.   Health, broadly defined, encompasses these perspectives, issues and topics; health includes much more than reducing disease or managing illness; health, and health promotion specifically, links purposely with the student development and wellness perspectives.

Within this context, if you are considering the development or enhancement of a campus-based program, such as *COMPASS* and ***Healthy Expectations*** portray, it is important to clarify your own fundamentals.
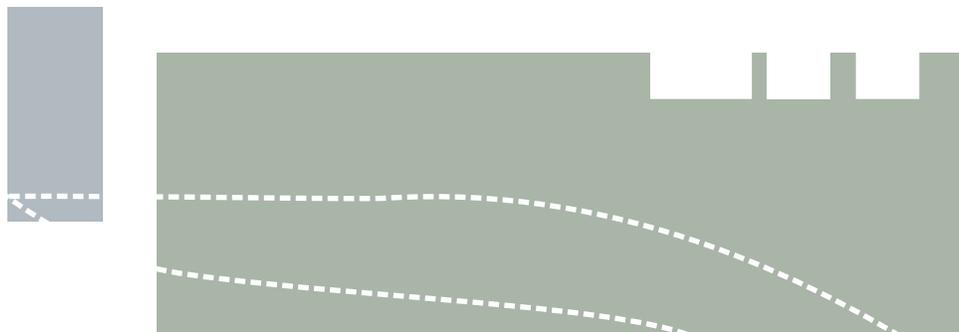
While you may wish to adopt *COMPASS* directly, or you may wish to adapt it, you may also wish to do other approaches to promote health and healthy decisions.   Some considerations include:

- What, specifically, are you seeking to achieve?
- What are your aims?
- With respect to alcohol, is it to reduce
    o The quantity of alcohol use?
    o The frequency of use?
    o The quantity/frequency of use among specific groups of individuals?
    o The consequences associated with alcohol use?

What is important is to try to be as specific as you can about what you want to prevent - - - and what you want to promote. While these may seem very similar, they are actually quite different.   What you want to prevent are things like death, injury, negative consequences, property damage, bad reputation, academic non-performance, sexual assault, and related factors.   However, what you want to promote are things like healthy decisions, engagement in positive activities, participation in effective problem-solving, and more.   These are both important, and it's helpful to emphasize both of these approaches. Once you are clear with what you want to prevent and promote, specific strategies can evolve.   For example, a classic example addresses the desired outcome of reducing death and injury due to drinking and driving.   Many program planners cite strategies such as heightened enforcement, awareness programs, tougher laws, and similar strategies; what is actually the most effective in addressing the desired outcome (death and injury) is promoting the use of safety belts and airbags.   Alternatively, if the aim was to reduce drinking and driving, the use of safety belts and airbags would not be relevant, but other strategies would be.   The important thing is to be clear with the desired outcomes, and then to strategize specific approaches that reasonably link to those specific outcomes.

At George Mason University, we built our program upon a theory developed at a national think-tank in 1995 at the University of Notre Dame. This think-tank – Challenge 2000 – sought to identify ways of better addressing high risk drinking among college students.   Specifically, the think-tank sought to identify some of the underlying causes of young adults' drug and alcohol abuse; the participants at the think-tank were exposed to the "Percolate Up Model" cited in the **"Introduction"** of this Implementation Guide.   At this conference, the theme of addressing the root causes emerged. And said in a more positive way, the approach generated by these 200 professionals and students from throughout the nation suggested that we would benefit from focusing on life health planning – through the implementation of seven life health principles: Optimism, Values, Self-Care, Relationship Health, Community Health, Nature and Service.   These seven themes became the foundation of a book co-authored by this project's P.I.: Charting Your Course: A Life-long Guide to Health and Compassion[14]. The theory – the foundation – for this approach was that if we help students to connect better to each of these themes, then they would be less likely to abuse alcohol or drugs.

The foundation for *COMPASS* begins with these seven themes, and strives to connect students to resources both on campus and in the larger community.   *COMPASS* focuses on life health planning – so that students are more likely to think about their legacy, and what they want to be remembered for.

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[14] Coleman, Sally and Anderson, David   Charting Your Course: A Lifelong Guide to Health and Compassion. University of Notre Dame Press, 1998.

Linking this to alcohol abuse prevention, the key question is what they want their legacy to be, and how their decisions about alcohol (and drugs) can affect the achievement of their legacy.

The *COMPASS* project developed at George Mason University focused on a positive approach, to help students with achieving their own legacy.   Very simply, we use the word '*COMPASS*' to help students focus on their own direction.

The letters of *COMPASS* also represent a positive, empowering approach:
> *Creating
> *Optimizing
> *Mapping
> *Planning
> *Achieving
> *Steering
> *Succeeding

What we sought at Mason was to change the conversation. Indeed, this is a tall order; it's like changing the culture.   We wanted to affect the way students think about themselves and about their connectedness to the campus and its resources.   We wanted to change the way they talk about the various issues that affect them during their first year of college, in particular - - - issues such as stress, study skills, the social life, their studies, relationships, alcohol.   We wanted students to become more conscious in daily living, promoting healthier decision-making and increased connection with the range of resources available both on and off campus.   We wanted to connect students with academic affairs and with student affairs.

This segment is about refining your foundations – or building some.   We offer the Life Health Planning model as something to consider.   It's about seven themes or life health principles, serving as the root causes.   You can learn more about this on sections of this resource that illustrate these seven themes, as well as many of the resources that we developed to further elucidate these themes with students.

What's important here is that you build your theory – whether it's these seven life health principles, or other approaches – that serve as the theoretical foundation for your campus program.

As we developed *Healthy Expectations* and *COMPASS*, we established some overall principles used as foundations for our efforts. These include:
1. The desired orientation (*Healthy Expectations*, life health skills) will be made pervasive by reaching virtually every first-year student, to ultimately affect the normative behavior on campus.
2. A positive, empowering approach will be used with all approaches.
3. Intermediaries (residence hall staff, orientation leaders, faculty, parents, etc.) will be engaged actively to promote consistent life health planning messages.
4. New students will be engaged prior to arrival on campus (as soon as their decision to attend Mason is finalized during the summer preceding college matriculation) and while on campus (during the first-year of enrollment).

5. New students will receive a substantive emphasis upon life health skills and strategies (through routine emails, peer-based efforts, thematic workshops, and communication campaigns).
6. Technological approaches will be incorporated to the largest extent possible, building upon students' interest in this type of approach.
7. The effort will be sustained over time since a new group of new students enrolls each year.
8. The approach will complement (not replace) the existing approaches designed to address drug and alcohol abuse.   This approach incorporates issues such as policy enforcement and specific drug/alcohol information within the context of life health planning issues.

From a project management perspective, the overall goal of the *Healthy Expectations* project was to change the campus culture surrounding high-risk drinking through changing expectations, norms and skills, and promoting proactive life health planning, among first-year students.   To accomplish this, four objectives were identified; these were:

1. To modify alcohol behavior, negative consequences, and expectations about alcohol issues among first-year students prior to and immediately following arrival on campus, by correcting misperceptions and promoting life health principles.
2. To increase incorporation of life health planning processes among first-year students by infusing resources, messages, and skills on the life health principles.
3. To enhance collaboration and consistency among campus offices and staff for promoting life health planning and modifying misperceptions among students and other intermediaries.
4. To gain insights regarding the efficacy of this approach as a viable strategy for institutionalization at *MASON* and other campuses through conducting and continuously reviewing process and outcome evaluations.

To accomplish these goals and objectives, a series of activities and initiatives were undertaken.   As cited in subsequent sections of this Implementation Guide, the activities include working directly with the intermediaries, as well as preparing resources that can be used directly (universally) with first-year students.   Specific activities designed with this project were done with the overall aim of determining ways of implementing life health planning, promoting these in a social norming way, and infusing these with staff typically involved with implementing campus programs.

In review, the significance of *Healthy Expectations* and its *COMPASS* CD-ROM is that it was designed to help move the field of alcohol abuse prevention in a positive manner.   The resources prepared through this project were designed with the purpose of having an impact on Mason students, as well as to help other campuses replicate these resources.

2: CHOOSING TRAVEL PARTNERS - *Establish coordinating group*

An important segment of planning a campus wide initiative is to determine who will help steer the effort.   Utilization of campus resources to create an advisory group will enhance the program. This second section of the <u>Implementation Guide</u> focuses on the groups that can help in the planning and implementation of the campus effort.   It incorporates the 'travel partners' important for organizing a broad-based effort.   Using the travel analogy, traveling alone can be fine, yet traveling with a group can be very engaging; different people traveling together have different interests, different perspectives, and see the world from different ways.

With implementing the *COMPASS* program, as with implementing other campus-based programs, our belief is that the effort will be stronger, and will sustain itself longer, if a variety of people from different parts of the campus are involved.   This was important with *COMPASS*, as it was designed as a joint effort between the University's student affairs division and academic affairs.   The activities incorporated in the *COMPASS* resource, and implemented in various ways on campus, relied upon the involvement of numerous offices and with individuals who held different perspectives.

As you plan your campus effort, participants will, ideally, come from the student affairs staff as well as from the faculty.   Participants may also include those from the athletics department, the police department, financial aid, and a wide range of other offices and groups on campus.   Vitally important are student voices – you'll hear more about them in the **"Connecting With the Locals"** section of this resource.   The old saying, "you own what you help create" applies here. . . engage others, and not only is the resulting resource stronger because of diverse perspectives, but it is also carried by a variety of individuals and organizations, each with their own vested interests.

The *COMPASS* program engages others in a variety of ways.   The *COMPASS* resource itself has 31 distinct topics, all focused around healthy living issues that are and integral part of the lives of students. Each of the 31 topics is written by different faculty or staff members.

When building the ***Healthy Expectations*** project and *COMPASS*, several key aspects of the coordinating groups were relevant.   First, an overall advisory group was established. This included individuals from various parts of the campus, and included staff members working specifically on this project, as well as individuals who had an interest in the project.   Offices represented with the project planning included substance abuse prevention, counseling and psychological services, orientation, residence life, dean of students, athletics, and admissions. Interaction with student affairs professionals was also an important aspect of *COMPASS*.   This group did not meet on a regular basis, but met several times each year as needs and issues arose.

Another opportunity was participation with the student affairs meetings; on several occasions, project staff made presentations to the University Life staff, and on other occasions, project staff attended meetings to have a presence and some informal interaction with student affairs professionals.   In addition to meetings, project staff members were involved with individual meetings to consult with student affairs professionals as well as to provide the opportunity to engage them and seek ideas for improving the resource for students.

Another formal oversight group established was an editorial board that was established when the *COMPASS* resource was being developed several years into the implementation of the ***Healthy Expectations*** project.   This editorial board provided guidance from a broad perspective, as well as with specific issues that arose.   The editorial board determined the specific content areas, reviewed chapter titles, determined the overall design of the resource, and identified ways of enhancing the resource. This discussion with the editorial board was very helpful, as the diverse perspectives provided an opportunity for further refinement and clarification of the resource for students.

Students were engaged to review content, make suggestions for distribution, and prepare materials. While a formal advisory group of students was never established, students were engaged in work settings, in the classroom, in informal discussions, and in their role as student leaders.   With some of the training activities identified with students (e.g., residence hall staff, orientation leaders, and admissions 'ambassadors'), as well as during orientation sessions and exhibits on campus, students' perspectives and advice was sought on a regular basis.

Overall, the project benefits from having advisory groups and students are, as noted, an important part of this.   These groups help keep the content on track, as well as to serve as an interdisciplinary 'filter' or 'review group' for some of the tough issues that arise.   The aim was to have processes that were engaging, productive, and valued by student leaders, faculty and staff.   Through this grant funding, we sought to have programs and activities prepared in an institutionalized way, so that follow-through can be done, relatively easily, at Mason and elsewhere.

When thinking about the coordination of the project, it is helpful to have advocates throughout the campus and region.   Projects like these engage students in a positive way, and many administrators, staff, faculty, and other campus leaders commend a positive approach.   This type of initiative is "proactive" or to encourage a "be all that you can be" type of effort.   It is not designed to replace the traditional programs, or to negate policies and procedures; rather, it is designed to promote greater self-direction and increased connectedness to campus and other resources.   It is designed to encourage more informed and responsible decision-making, and, ultimately, healthier behaviors.

The important theme is to engage others, so that the message gets out in direct ways as well as through intermediaries.   The aim with this planning group foundation is to have the initiative act somewhat like a ganglion, to get intertwined within various campus efforts.   The collaborative planning of the journey, found in the next section, can help ground the project more substantively.

COORDINATE

3: MAPPING YOUR JOURNEY - *Plan*

Once you have established a good foundation with your planning group, it is important to design an overall strategy.   With a trip, most of us have an overall destination, whether it's a country, a region, a city, or something more specific.   Some of us have detailed plans, including 'must see' locations and some have detailed timelines.   How specific the details are will depend upon your journey's purpose, as well as your travel companions.

With a program like *COMPASS*, the mapping can be done with an overall framework, as well as some details.   Further details can evolve, such as with use of information gathered and highlighted from **Step 7: Sharing Your Experiences** and **Step 8: Reflecting on Your Journey** of this plan.

The overall planning for *Healthy Expectations* and *COMPASS* focused on the model of reaching first-year students (our target audience) both directly and indirectly – with a 'healthy living' message.   We wanted them to get some of the messages directly from us, and we also wanted to work with intermediaries so that they would have the desired positive influence directly with the students (and for us, this was an 'indirect' approach).

As we designed *Healthy Expectations*, we knew that an event, some materials, and even a product were not substantive programs in and of themselves. We promoted *COMPASS* directly with students, and engaged others as intermediaries.   This was particularly important, since the *COMPASS* effort was a new approach for addressing alcohol abuse issues; we sought to engage the intermediaries so they would complement their existing paradigms with this positive, proactive approach intended to address many of the root causes of substance abuse.

With the help of our advisory committees, we identified access points, and looked for ways of including the "Message" within existing approaches and venues.   Most fun, however, was creating new approaches.   Using information from our data collection processes helped to promote our thinking about new approaches that would resonate with our students.

Generally, we found it helpful to have an overall schedule of what we wanted to do and when, as well as the flexibility for opportunities to reach audiences in unique ways.   We incorporated flexible planning, which was having a plan that was specific as well as dynamic or fluid.   This served as the foundation for meeting the needs of *COMPASS*, as well as staying as current as we could with students' needs and interests.

Found in the following pages of this resource is our overall design for the *Healthy Expectations* project; this design illustrates the various campus offices that were involved in its implementation, and identifies many of the direct and indirect strategies used with this project (see graphic of Strategic Outline titled **Freshman Planning Chart** in the Resources section).

The *Healthy Expectations* project includes strategies on the Seven Life Health Principles, each of which is summarized in the core section of this Implementation Guide.   During the initial few years of the implementation of this project, the staff promoted the seven themes directly.   This included many of the strategies identified in the chart, including residence hall discussions, fliers, information on the project website, self-directed quizzes, and more.   One of our findings, through discussions with

students as well as faculty and staff members, was that these topics, while important, did not resonate in a practical manner with students. That is, to talk about 'optimism' or 'relationships' was a relatively difficult discussion and provided for a challenging conversation.   Thus, the advisory group determined that it would be helpful to make the information and concepts more specific, and more directly applicable to students.

Specifically, we determined that it would be helpful and appropriate to engage students using more technology.   Within this framework, we decided that it would be helpful to distribute a wallet-size CD-ROM to all new students; this resource, while available on the project website, was one that would also be available intact on a single CD-ROM.   The idea of using a wallet-size CD-ROM was that it was something relatively new and 'cute' and it also could be carried very easily in a pocket, wallet or purse.

The specific strategy was to personalize the seven principles into 31 topics; the rationale was to have one topic for each day of the month, so that a student could have a focus on a specific life health planning issue (such as stress management) each day of the month.   Each of the 31 topics was assigned to a date of the month, and the challenge for a user of *COMPASS* was to review the topic and to try to enhance personal knowledge, skills, awareness of resources, and commitment to address the issue on a regular basis.   Just as with resolutions often made annually, typically on New Years' Day, the idea was to have students review their own lives, and to take small steps on a daily basis, yet to be renewed each month.

Life Health Principle	*COMPASS* Topics
OPTIMISM	Attitude and Self-Esteem Self-Responsibility Creativity
VALUES	Religion and Spirituality Human Respect Cultural Competence
SELF-CARE	Nutrition Exercise and Physical Fitness Body Image Drugs Sleep Time Management Financial Management Mental Health Stress and Relaxation Writing and Study Skills Alcohol Tobacco Personal Safety Disability Awareness
RELATIONSHIPS	Interpersonal and Family Relationships Assertiveness Etiquette Anger Management Conflict Resolution Sexual Decision-making
COMMUNITY	Social Life and Activities Campus Involvement
NATURE	Natural World
SERVICE	Volunteering Career Planning

The planning for the *COMPASS* resource was built upon several other factors.   The CD-ROM arranges the topics alphabetically as well as on a monthly calendar with 31 days. For each topic, a brief article with key highlights about the issue was prepared and available for the student.   Also, each topic has two worksheets, one for reflection ("Looking Back") and the other for making plans for the future ("Moving Forward").   Each topic also has resource links, and includes an annotated listing of resources from a campus, local and national perspective.   These resources provide a quick summary of what was available, and also incorporated web links for each of them.

In addition to the topical content on the 31 issues, the *COMPASS* CD also incorporates other resources: a downloadable screensaver, 360 inspirational quotes and Mason's course catalog.   For the quotes, a new quote would appear every time the computer screen became refreshed.   Each quote was drawn from a valid resource (a published book with a specific author for the quote), and these were selected to illustrate one of the seven life health principles.   A total of 360 quotes were selected, so that each of the degrees in a *COMPASS* could be represented.

Further planning for implementing the *COMPASS* approach within the framework of **Healthy Expectations** was to have individuals be engaged with this resource on a regular basis.   Many of the strategies used, and elaborated upon in the section **Going Off the Beaten Track**, continually referred back to the *COMPASS* resource and its motivational emphasis.   *COMPASS* became a type of standard resource or 'anchor' used in a variety of ways – distributed to first-year students, handed out during health expos and on-campus displays, promoted and referenced in the e-newsletter, and given as class assignments.

When having the topical content for each of the 31 issues developed, the design was very intentional of having Mason faculty and staff members serve as the authors or co-authors for each of the sections.   The authors represent a nice blend of individuals with various responsibilities on campus, including faculty members, student life staff members, and other administrators or staff (such as the Financial Aid Director, police officers, and even the University's Provost).   As in many textbooks and articles, a brief summary of what is included in the article is provided at the beginning of the section.   Thus, when a user of the *COMPASS* resource goes to a section, the first thing seen is the 3-4 sentence

overview about what is in the essay; this is found on the opening screen of the topic, and only includes some brief highlights.   However, two additional themes were provided in each of these overview statements.   First, the overview provided some brief insights about how the essay topic linked to other topics within *COMPASS*.   Second, the overview also provided ways in which the essay topic might link to decisions about alcohol; the alcohol-related comments were over-represented within the overall consideration of the 31 topics.

Overall, the goal of *COMPASS* is to find ways of infusing the themes of healthy living and life health planning into the daily lives of first-year students.   The resource was designed to help students take responsibility for themselves, and to empower them to become better engaged with the resources that exist.   The intent was to help students in their efforts to live healthy and safe lives, by addressing many of the root causes underlying alcohol abuse.
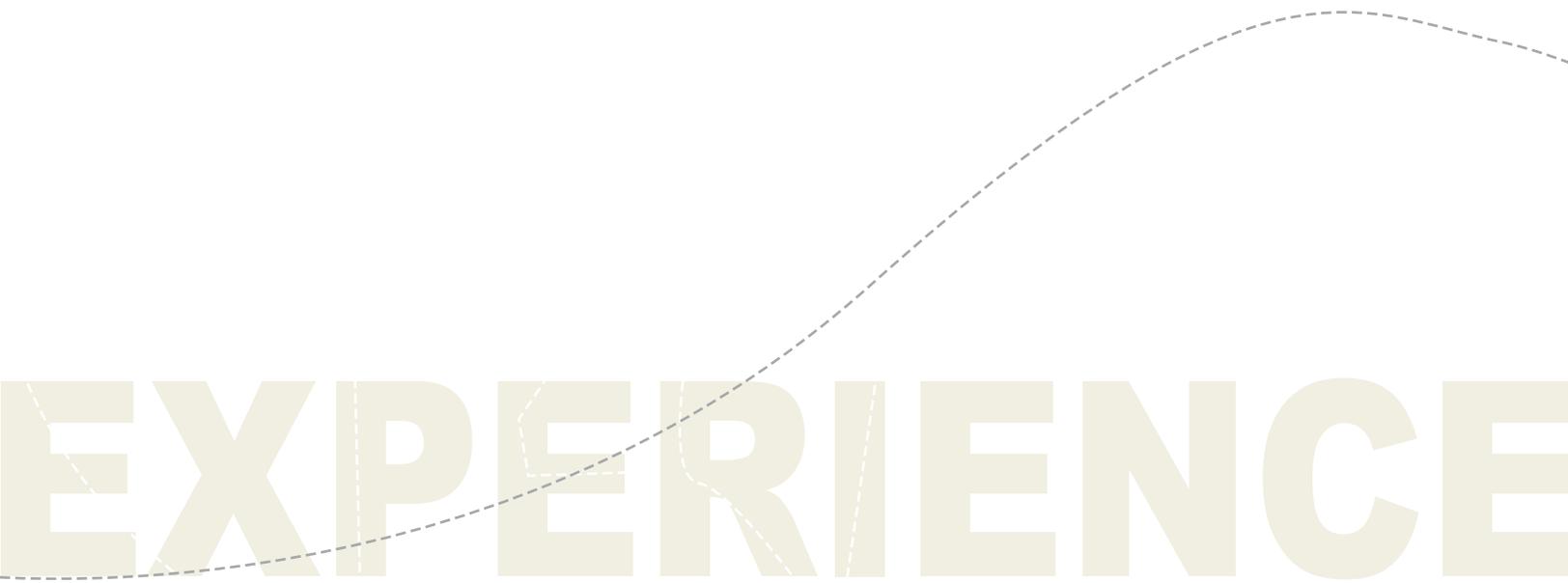
EXPERIENCE

4: GOING OFF THE BEATEN TRACK - *Be creative and engaging*

An exciting part of working with the *COMPASS* approach is that it provides a tremendous opportunity to reach students in creative and engaging ways.   The wide variety of topics provide numerous opportunities for reaching students on a variety of topics, and to provide information and resources that connect them to many of their own issues.   The idea with *COMPASS* is to motivate students to take greater responsibility for their own lives, but to give them some guidance and resources – some direction – as they accomplish this task.   With *COMPASS*, the intent is upon providing direct and indirect cues for them to become more engaged with planning their own lives, and to reduce the times and extent to which alcohol is involved with their lives in a harmful way.   Specifically, the aim is to help students make more responsible, informed, and planful choices as they move through their first year, in particular, on the college campus.

The opportunity to become involved in a creative way is where *COMPASS* gets quite exciting.   This is the innovative part - going off the beaten track.   Using the travel analogy again, many travelers like to venture out, to see what the community is really like and what it offers, and to get a good feel for the culture.   All too often, tourists do not get that with the traditional scenes, like tourist places.   While there's nothing wrong with the traditional, it definitely helps to do much more than that.

With *COMPASS*, our approach from the beginning, because of the nature of our students and our campus, was to utilize technology.   We all know that technology has changed rapidly over the last few decades, and we fully expect it to change again.   So we developed a variety of strategies to try to stay current with students' needs and issues, and to engage them in some new ways.   This section of the Implementation Guide highlights some of these - - - - from the development of the *COMPASS* CD-ROM (a wallet-sized CD), to linkages to resources on the web that can be updated, to quizzes, and more.   Also included are decision software, e-newsletters, filmed interviews, and incentives for participation.

When developing the *COMPASS* resource, we included a variety of approaches because we hoped that individuals would seek out the resource for one reason, however go off the beaten track and find something else that is helpful.   Specifically, we received a suggestion from a student affairs staff member that the University's catalog be incorporated on the CD; this 600 page resource would be helpful to students, particularly if they didn't have an internet connection.   That became a simple add-on when *COMPASS* was first published.   While not central to the resource overall, it became a helpful reason why individuals might seek out the resource.   When gaining approval for inclusion of the catalog, one concern raised was that the catalog will get out-of-date; this was resolved by having a direct web link to the on-line version of the catalog, so that updates could be obtained easily.

This idea of creativity – going off the beaten track – is a basis for having others get involved in any of a variety of ways.   We had students approach the editorial board with a request to create some scenarios that illustrated the key points of the topical essay.   While this never came to resulting content for the resource, the process did demonstrate the concept that students were interested in creating something innovative for the resource. However, it also illustrated that the time necessary for this to occur was too much for these volunteers.   In the future, this could be a good foundation for implementing creative approaches; students may want to create some scenarios, students may engage in a photo contest for one of the screensavers, an academic class may create a quiz or illustration for one of the topics, a

student project may be linked to some topics, and some student organization could sponsor something related to any or all of the issues cited. The sky is the limit with this creativity focus – and again, the energy involved can promote ownership and, ultimately, investment in the healthy living choices emphasized in this resource.

Another technology-based approach with the *COMPASS* resource was an event-based electronic newsletter for first-year students.   This periodic newsletter provided a vehicle for timely information about what was happening in their lives as well as specific campus events.   The timing of the e-newsletter, initially called "Transition Times" and later called "First-Year Forum", was irregular. That is, the e-newsletter was not scheduled to come out every week, every other week, or every month; our design was to be irregular with the e-newsletter, believing that an irregular schedule might result in students being more likely to view it.   The topics of each e-newsletter linked to current events in the lives of first-year students.   For example, the message prior to arrival on campus focused on the excitement about the upcoming transition to campus life. During mid-terms, the message was about study skills, time management, and stress management.   Prior to the end of the semester, the focus was on handling the transition back to the home environment.   One common theme for each of the e-newsletters was to have references to the *COMPASS* resource, as well as to the *COMPASS* website. Thus, when encouraging students to think about stress management, tips were provided that typically linked to the article on stress management. The idea was to encourage students to refer to *COMPASS* containing various resources.   Also, comments about informed and responsible decisions concerning alcohol use were incorporated within the articles provided.

Another technological component was the use of decision software, often called audience response systems (sometimes called 'clickers').   With these, the participants are able to respond to questions asked by the group leader, and demographic issues (such as age, gender, affiliation group) can be coded, summarized and reported during the group presentation and discussion.   We used this technology with the **Healthy Expectations** project, and it was met with great reviews by staff and students.   We chose to rename the devices to link to Mason's team mascot ("Patriots"), so the decision software was called "Patriot Pulse."   This equipment was used with other presentation software (e.g., PowerPoint) so that questions which polled the audience were integrated with information on illustrative slides.   One reason the students enjoyed this technology was the novelty and personalized feedback.   The software provides the opportunity to ask questions anonymously, and report the results to the group as a whole.   Further, the software allows for 'sorting' the data based on specific demographic factors, such as gender or place of residence. With this, the results are shared so that discussions can be held to highlight key issues and findings with the information gathered.

5: CONNECTING WITH THE LOCALS - *Include student voices*

Essential to the effective implementation of *COMPASS* is the involvement of students.   When traveling, we think about connecting with the locals, through engaging in casual conversation and close observation of their lives and lifestyles.   We find different interests, cultures, traditions, and viewpoints in various parts of the country or world.   Similarly, we find different groups on campus that have a wide range of interests and perspectives.   Further, from one campus to the next, areas of interest and priority differ, and strategies designed to reach students will necessarily vary.

Another critical reason for including students is that students are, ultimately, the 'target audience' or 'desired recipient' of the benefits of a *COMPASS* or 'healthy living' approach.   As we work to engage various campus programs and services, we have the best interests of our students in mind.   Thus, we want to do what is most appropriate and effective for our students at this point in time.   Our efforts benefit from including student perspectives as we plan the framework, content, and delivery of *COMPASS*.   One way of accomplishing this is with student input, whether from a formal advisory board or through formative evaluation and focus groups.

A third perspective with student voices is to actually include students' statements in the delivery of the *COMPASS* message.   This can be done by soliciting testimonials from students, as well as by obtaining quotes and statements that can be used in the promotional materials.   Students can be involved with program delivery, whether through workshop presentations, displays, or interacting with other students on campus.   Building upon the positive impact that peer education can have with many students, the active involvement of students can make a big difference with the program's impact.

The perspective of having students involved in the design, planning, and implementation of the *COMPASS* program is a vital one.   When we began this project, we called it "***Healthy Expectations***", and our overall stated goal was to change the campus culture surrounding students' use of alcohol. While our campus did not have major problems with alcohol, we did have some areas of concern, just like many campuses.   When we wanted to change the culture, we sought to do so by affecting the expectations of new students and their parents.   We know that culture change such as this is very slow; similarly, the evolution of that initial project into *COMPASS* was a slow transformation, as is the incorporation of *COMPASS* into the campus framework.   Our perspective is that this is OK, because substantive culture change will be slow.   We continue with perseverance, making small changes and engaging students along the way.   As we connect with students, we see *COMPASS* as something that is becoming more and more institutionalized.

Another reason to involve students is to provide local ownership by having the program valued by multiple campus audiences and gradually infusing it into a variety of aspects of the campus.   From the polling of students, to the use of the decision software, to being in settings with resources they may otherwise not see, the inclusion of student voices is important.   It's a matter of changing the conversation – and ultimately the behavior – through a peer-based approach as well as with the professional perspectives.   It's this type of blend that really helps for the impact we're trying to achieve.

How can this be done reasonably within the scope of most campuses and organizations that have limited to no funding?   This is a central question, and one that actually links well with the focus on

longer-term culture change.   While *COMPASS* has, to a large extent, had grant funding to help get it started, a large portion of the *COMPASS* approach has been done without funding.   Much of *COMPASS* has been accomplished through the involvement of faculty, staff and students who believe in the overall mission and perspectives en*compass*ed in the *COMPASS* approach. This limited funding actually dovetails nicely with slow culture change.   If the funding was substantive and short-lived, the impact may be such that it only lasted for the duration of the funding, and then was not institutionalized.   What may be more valuable is to have resources that allow for a sustained effort with students.   We view this as a type of slow and deliberate transformation on campus.   It is not like having one major initiative with lots of 'hoop-la', but rather something that gets woven into the campus culture.

Here are some of the specific ways we used to involve students with the development and implementation of *COMPASS*.   For each of these, attention was paid to getting student voices and perspectives included, to both shape the program as well as reach other students.   We're including our assessment of how each of these went.

- Have students in the **advisory group**.   Students participate in the planning activities, and review content items.   It could also be helpful to have a dedicated student advisory board that meets regularly.
- Assign student workers to complete **project tasks**.   Students are asked to review content and worksheets for clarity, as well as to check web links.
- Involve students for specific **project activities**.   Students are hired to conduct the research to identify campus, local and national resources for each of the topics; they also write the annotated bibliography for the content.   Students helped prepare screensavers made publicly available to others.   A student is hired to conduct interviews of other students, to be included on the project website.
- Include student in **project leadership** roles.   One student was hired to serve as an editor of all content, and another student was hired to serve as the project coordinator.
- Establish a **student organization** to implement *COMPASS* approaches.   This has not yet been accomplished, although a chapter of a national student leadership organization is being established, and close linkages with *COMPASS* are central to the design of the group's president and advisor.
- **Interview students** so their perspectives can be included on the project website. This is included on the revision of *COMPASS*, with a segment called "Student Voices"; these videotaped brief interviews will be included for each of the topics, as well as regarding their personal legacies.
- Incorporate **student interview segments** during conference presentations.   To best illustrate some of the key views held by students, brief segments of student interviews are incorporated into conference presentations.
- Have students **make conference presentations**. This includes planning and delivery of presentations at state and national conferences, both done with this project.
- Have **open group discussions** on topical issues.   Discussions with first-year students on selected topics are helpful in promoting greater understanding by project staff of how they view the topic; students also offer suggestions on how best to reach other students.

- Gather **student testimonials**, and include them in project materials.   Students who have been particularly affected through the use of the *COMPASS* resources and processes offer written comments; these have been included on posters and bookmarks distributed widely on campus.
- Engage student perspectives through the use of **decision software** (audience response systems, 'clickers').   This is done in discussions with students (e.g., freshman students talking about alcohol use), presentations (e.g., prior to spring break), classroom, and training of orientation leaders and resident advisors.   The polling of the audience is used in multiple ways
    - o Assess attitudes on a specific issue
    - o Determine level of knowledge on a topic, and then present the correct response
    - o Identify perceptions of others' use (e.g., of alcohol); then show the actual results
    - o Monitor changes in attitudes or knowledge during the discussion
    - o Determine specific topics or issues to be discussed
    - o Review differences based on demographic factors (e.g., gender, involvement in activities, academic GPA)
- Host a series of **highly interactive town meetings** (e.g., high-risk drinking and underage drinking) and incorporate students on the panel.   Also clearly engage students and how their perspectives and responses different from adults; this can be facilitated by the use of decision software (Patriot Pulse, software and hardware that anonymously polls the audience using wireless keypads, with responses for selected subgroups (e.g., students and adults, or under 21/over 21 shown immediately).
- Have students **gather information** from other students.   This can be done as part of a class assignment when students conduct intercept interviews; this can also be done with short questions asked of students during health fairs or displays.
- Encourage **student volunteers** to assist with displays, presentations, or materials preparation.
- Offer students the opportunity to **create displays**.   One student volunteered to prepare a display exhibit on a specific topic; this was then used for a public display in the student center.
- Involve student perspectives when preparing **professional materials**. This occurs with this Implementation Guide, when the views authored and presented by a student leader. This occurred within the campus television studio.
- Seek opportunities to communicate the message to **student leaders**.   This was done with student leaders during an awards banquet, and 'legacy' bookmarks were distributed to each attendee to complement the topic of the speech. This was also done with a workshop with Greek leaders with a focus on leadership.
- Encourage student participation in **awareness of campus events**.   This was done with the regular e-newsletter distributed to all first-year students. Reminders about upcoming campus events are included, and periodic statements from other students are highlighted.
- **Incorporate information** gathered from students.   Select data from the annual survey is communicated to other students, including data about drug/alcohol use and different perceptions, as well as reactions to campus resource helpfulness.   Recent information gathered from a student survey highlights areas of primary interest to them; these now serve as the foundation for future initiatives emphasizing how *COMPASS* can be incorporated into their lives.
- Encourage use of **student-developed resources** in project materials (e.g., through a photo competition).   This was offered to first-year students, to encourage their photos to be submitted to be included in upcoming screensavers.   This was not developed, as students showed no interest in this.

- Encourage student involvement in **project enhancement**.   Student leaders approached the project staff with an idea of enhancing the content of *COMPASS* with scenarios with 'sample students'; this was reviewed by the project advisory board and approved, and the students were encouraged to further develop their idea with specific scenarios that could be included with the topics.   This was not done, as the volunteers did not complete the task.   This is now planned for future segments, with student enhancement through academic course projects, individualized study activities, and student organization engagement.
- Identify ways for **others to include the *COMPASS* approach** with their activities and responsibilities.   The campus Counseling and Psychological Services, Judicial Affairs, and Substance Abuse Services have included *COMPASS* materials with many of their activities. From the academic perspective, faculty members have been encouraged to use the resources available, and to highlight various topics that link particularly well with their academic course of study. The faculty can encourage students thinking about their overall life goals, and identify ways in which living some of the *COMPASS* principles can be helpful in students' achievement of their own goals (and, similarly, how the abuse of alcohol can have a negative effect on their goal attainment).

This summary provides numerous ways in which students have been, and can be, actively involved with the implementation of *COMPASS*.   Many approaches were used, and more can be added.   This provides a brief foundation for the variety of ways that students can be involved.   As demonstrated, some students take the initiative to suggest ways of further expanding the *COMPASS* approach through their suggestions, their volunteering, and their dedicated involvement.
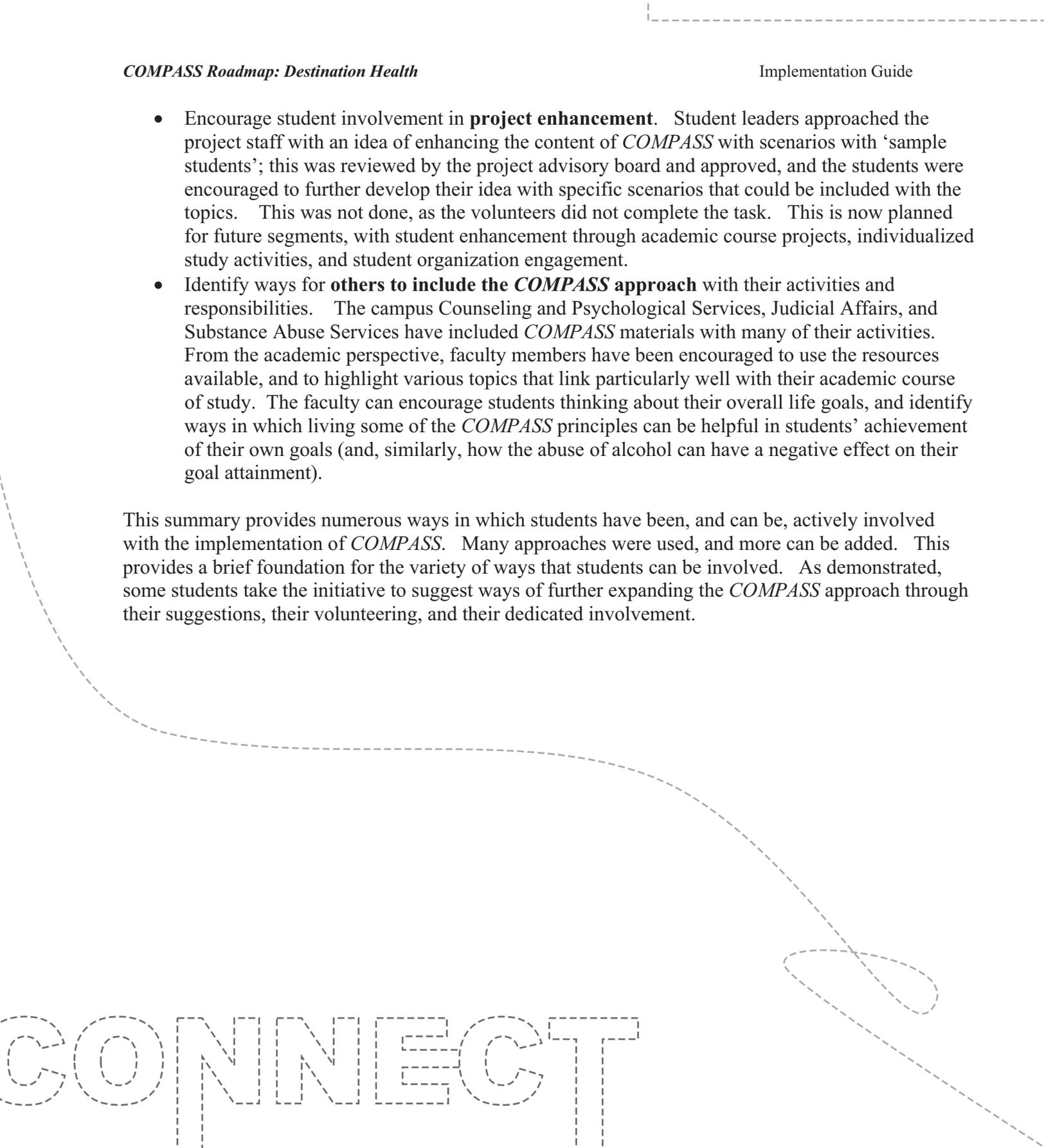
6: SHARING YOUR EXPERIENCES - *Disseminate*

As you have seen with *COMPASS*: ***A Roadmap to Healthy Living*** and this ***COMPASS Roadmap: Destination Health***; the Implementation Guide is simply that – a guide.   It's a roadmap that you can use for yourself, but we hope you will feel confident in creating your own approaches.   We have designed this so that the *COMPASS* resource is easily usable on your campus, as is.   Or, it can be adapted slightly.   Or you can go through a process of building your own, whether using the *COMPASS* framework, or doing something totally different.   Our aim is to share OUR experiences, so you can use them to your own best benefit.   This is one of the ways in which we are doing this.

Similarly, as you implement your activities on campus, you will undoubtedly learn more about your campus culture. Working with students and student organizations, and making changes based on their reactions, is an important part of the journey with *COMPASS*.   Further, the activities and strategies you coordinate in conjunction with your advisory group can be most helpful in the implementation of a successful program.   We hope that you will share your successes, concerns, challenges, and strategies with us.   We will continue to review and synthesize these, so that, collectively, the strategy of addressing root causes can be enhanced further.

At the outset of this Implementation Guide, we talked about the important consideration with the goals of the project.   When *COMPASS* was established, it was prepared as a project to reduce high-risk drinking.   The foundation of *COMPASS* is the seven Life Health Principles, which were generated during a think-tank process about how to better reduce drug/alcohol use among young adults.   While this is the origin of *COMPASS*, it is fair to state that campuses or other groups that want to replicate it for other purposes may find it to be very helpful. That is, some campuses may want to use the resource to help students in their overall adjustment to college.   Since the topics are broad and inclusive of so many life adjustment areas, the *COMPASS* resource can be used for these purposes.   For example, a campus may want to implement *COMPASS* within the context of its Freshman Orientation program, as part of their First-Year Experience activities, or as part of their class for new students.   In a similar way, campuses may choose to use *COMPASS* for transfer students, to assist in their adjustment to the campus activities as well as many of their life situations.

An entirely different approach with *COMPASS* is to distribute *COMPASS* to professionals who will be working in the area of student affairs.   Currently, virtually no master's degree preparation program in student affairs provides attention to wellness, health promotion, or drug/alcohol abuse prevention topics.   In fact, of the 116 programs on the website of the American College Personnel Association, only 3 schools have some type of wellness course required, and another 4 schools have a wellness/health course as a choice within a set of elective courses.   The *COMPASS* resource can be helpful as a type of background document for those involved in professional roles with students on the campus.

As the program develops for your campus, it is helpful to continue to monitor and learn what you can about how students react to the content and approaches used.   As cited in the next section of this Implementation Guide, evaluation resources can be used effectively in a type of 'feedback loop.'   With the *COMPASS* project, as we learned that students wanted more information on a certain topic, we then included that issue as a priority for campus displays.   When we learned that students were aware of *COMPASS*, but had not used it as much as we had hoped, we identified specific things that would bring

them into the content of *COMPASS*.   For example, we included content from *COMPASS* in the e-newsletter, such as a set of tips or some highlights from an article.   We also typically included at least one link to content from an article within the body of the e-newsletter.

Other opportunities exist for writing up the nature and status of the project as it gets implemented on the campus.   When we had advisory group meetings, we provided information updates to the group so that informed decisions could be made that would help direct the project in ways that were more fruitful for the campus leadership positions.   Periodically, we had people who would ask for additional clarification or elaboration about the project content; we prepared materials that provided a brief summary description, as well as provided information in a narrative format for them.

Other approaches for sharing our results included the following:
1. Including materials for *COMPASS* within the context of other **sessions and discussions**; this was done by having written handouts available for distribution.
2. Preparing workshops that described the *COMPASS* program, and offer these at **state and national conferences**.   We included these once we had data available to share about the results associated with the project.
3. Offering workshops and discussions with **student leadership groups** (such as resident advisors and orientation leaders) about specific roles that they could play in reducing alcohol or drug problems. This included helping them understand why this type of approach was important and helpful, and what specifically they could do to support it.
4. **Preparing information** that could be widely disseminated, albeit in a brief format.   The *COMPASS* bookmark provides a very little bit of information about the approach, and guides others to the website where they can receive more information.
5. Writing **general articles** about the context of the *COMPASS* approach, as well as ways that it can be implemented on campus.
6. Updating information on the **web site** so that users can see ways of including this approach within the context of their regular strategies.

As you witness with this <u>Implementation Guide</u>, the DVD video content, and the wide variety of resources included on the DVD and our website, our aim is to share what we have learned through the *COMPASS* program.   We're very public and forthcoming with our efforts.   While our target audience for the *COMPASS* project are students at George Mason University, and our goal is to create a positive local culture, our broader audiences are young adults and healthy decision-making on college campuses, communities, and schools throughout the nation, and ultimately throughout the world.   Yes, that sounds lofty and global, but we genuinely believe that this is feasible and desirable.   Thus, we share our experiences, positive and cautionary, in a rather public way.

What you'll find in this section is information and resources that we have created, plus linkages to other segments on this summary.   You'll find a variety of written segments, as well as electronic resources. You'll see how we have woven our messages into existing and new communications strategies on our campus and in our community.   You'll see information about how we sought buy-in from various stakeholders.   And you'll see how the images and resources have evolved with the times – with emerging technology.

What will the future be?   It depends upon continued attention to this type of approach – going back to the beginning where we noted that we sought to address the root causes of students' behavior of abusive or high-risk alcohol use.   Further evaluation and research will help answer key questions:

- What parts of this type of approach engages students?
- Does this approach help reduce alcohol abuse?
- Does it influence other parts of their development, such as the quality of relationships, role as a community member, management of stress, and self-esteem?

The future also relies upon others – such as you - sharing your successes, your concerns, and your results.   Through this type of shared understanding and shared dissemination, we believe we can, indeed, create a healthier future.
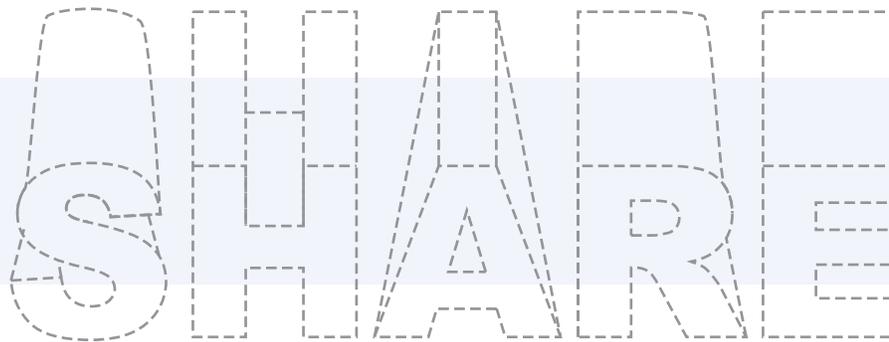
7: REFLECTING ON YOUR JOURNEY - *Evaluate*

The seventh step of the implementation of *COMPASS* is a vital one. That is, we hope that the efforts dealing with students and our campuses using a resource such as *COMPASS* does make a difference. And, what precisely this 'difference' means are factors determined at the beginning.   That is, the purpose of *COMPASS* when developed by Mason was to reducing alcohol abuse, as well as drug abuse, on campus.   However, we also hope that students will be more resilient and healthy with a range of other aspects of their lives, such as stress management, nutrition, physical activity, involvement with student organizations, and cultural competence.   Further, we hope that they feel more connected to the University, that there are resources available for them, that they feel that the people at the University care about their well-being, and that they take advantage of much of what the University has to offer them.

Whatever it is that you and your campus really seek to achieve through implementing *COMPASS*, or a program like it, serves as the foundation for what your reflections.   Just like with a trip that we take, our assessment will be based on our expectations. If we expect an opportunity to 'feel' the countryside, to experience local cultures and customs, or to taste local cuisine, then those are the factors upon which we should reasonably base our assessments.   However, if we expect to relax and get refreshed, that may result in a different assessment.

Focusing first on the *COMPASS* project, the evaluation we prepared was designed to look at our ultimate impact – whether any changes occurred with our ultimate goal of reducing alcohol abuse.   We were also interested in some of the shorter-term issues, such as the extent to which students were engaged with various resources, and how they felt about some of what we prepared for them.

This section highlights much of the annual evaluation design that we used.   We also had periodic 'pulse checks' and assessments.   Further, and most important, we used much of this data for our planning.   Most important, we found that we could incorporate the data for our planning activities to continually improve the resource, and its distribution.   Our advisory group found the data we prepared helpful, and it provided a good foundation for continuing to grow the program, and to grow the conversation.   We even fed back some of the data to students through the electronic newsletters.

We strongly believe that evaluation doesn't have to be an onerous task that is avoided; evaluation doesn't have to be scary or overwhelming.   In this section, and especially on the DVD, you'll find some helpful resources here that can help to "take the sting out of evaluation."

Critical to the implementation of **COMPASS** at Mason, and the dissemination nationwide, is the implementation of a systematic and grounded evaluation process that includes both outcome and process measures.   The formative nature of the project requires a series of 'feedback loops' so that modifications are made as needed and appropriate. To accomplish this, the evaluation design incorporates processes central to the foundations of the project, including causal linkages, proximal outcomes, and ultimate impact.

Central to the project was the establishment of goals and objectives.   With these foundations, the evaluation design provided processes and, ultimately, results that were helpful in understanding the achievement of these objectives.   The grant funding from the U.S. Department of Education from

2003 to 2006 was central for implementing the ***Healthy Expectations*** project (which, as we have noted, culminated in *COMPASS*).   The overall goal of ***Healthy Expectations*** was to change the campus culture surrounding high-risk drinking through changing expectations, norms and skills, and promoting proactive life health planning, among first-year students.   To accomplish this, four objectives were identified; these were:

1. To modify alcohol behavior, negative consequences, and expectations about alcohol issues among first-year students prior to and immediately following arrival on campus, by correcting misperceptions and promoting life health principles.
2. To increase incorporation of life health planning processes among first-year students by infusing resources, messages, and skills on the life health principles.
3. To enhance collaboration and consistency among campus offices and staff for promoting life health planning and modifying misperceptions among students and other intermediaries.
4. To gain insights regarding the efficacy of this approach as a viable strategy for institutionalization at Mason and other campuses through conducting and continuously reviewing process and outcome evaluations.

To accomplish the measurement of these objectives, several processes were incorporated.   First, the project continued the regular survey of students that was implemented at the onset of ***Healthy Expectations*** in 2000.   The content of the survey has evolved, from what was an adaptation of Mason's ongoing survey (since the late 1980s) to more closely reflect proximate and long-term outcomes associated with ***Healthy Expectations***.   The survey was prepared as an on-line survey, and was reviewed annually by Mason's Human Subjects Review Board (and approved each time).   While the survey underwent periodic modifications, it was conducted annually, with results providing comparisons over time.   Students were asked questions about their use of alcohol (and other substances), their perceptions of others' use, alcohol-related consequences, stressful life experiences, and life health attitudes, perceptions and planning activities.   While the project's ultimate aim is to reduce alcohol abuse and alcohol-related consequences, it is also important to assess the viability of the theory that underlies the methodology; this is, do efforts with *COMPASS* and related initiatives affect students' engagement in (a) life health, (b) life health planning, and, ultimately, (c) higher risk alcohol behaviors and perceptions?   *The ultimate question is whether engagement in a proactive planning process is helpful in reducing high- risk drinking* (including underage drinking, quantity drinking, drinking and driving).

Student reactions were also gathered through use of *Patriot Pulse* during discussion groups and classroom sessions; they were asked about their needs and insights about their transition to college, as well as reactions to proposed approaches to be used with new materials developed within the scope of this new funding.   Students were also asked their perceptions about other students' use of alcohol or drugs, and were then shown the actual results (to help modify their misperceptions about others' drug/alcohol use). Further, parents were asked similar perception questions during the summer orientation program.

Turning to the specific information about the achievement of the objectives, the *first objective* focuses on student alcohol behavior and expectations.   Noteworthy with the instrumentation is an important assessment dimension changed with an early ***Healthy Expectations*** project – a focus upon behavior during the previous two weeks (rather than a month); this was essential in gaining faculty buy-in, as it was stressed that many students will not remember what they did three and four weeks ago, and there may be (with a 30-day period) 4 <u>or</u> 5 weekends involved, depending on survey administration timing.

The following table shows data from three years: baseline (2004), most recent (2008), and one year prior (2007). With **COMPASS** implemented full-scale for the 2005-06 and 2006-07 academic years, this usage pattern shows major reductions with alcohol, marijuana and illicit drugs.   During the 2007-08 year, due to **COMPASS** personnel limitations, staff availability for programmatic interventions was limited and **COMPASS**' primary emphasis was with e-newsletters and periodic campus presentations and displays; thus, it is not surprising to see drug/alcohol use increase modestly.   This data and any other findings are available for further review during the site visit, to which the project personnel consent.

In the last 2 weeks, the percentage of first-year students who used…

Question	2004		2007		2008	
	Perceived Use	Actual Use	Perceived Use	Actual Use	Perceived Use	Actual Use
Alcohol (beer, wine, or liquor) any amount	65.16%	55.4%	60.4%	38.9%	58.5%	44.9%
Alcohol (beer, wine, or liquor) until you felt drunk	N/A	35.4%	N/A	29.9%	N/A	34.6%
5 or more drinks in one sitting	45.56%	34.4%	40.9%	23.4%	40.0%	29.5%
Marijuana or hashish	37.13%	10.4%	31.6%	8.4%	29.7%	12.4%
Illegal/illicit drugs not including marijuana (e.g., ecstasy, speed, cocaine, heroin, or hallucinogen [LSD])	21.76%	1.4%	16.3%	2.8%	14.9%	1.2%
Prescription drugs without a prescription to help you study or get high	26.27%	3.7%	24.3%	5.6%	23.6%	5%
Alcohol and at least one other drug	N/A	8.7%	N/A	6.3%	N/A	8.8%
More than one drug at a time (not including alcohol)	N/A	2.0%	N/A	2.1%	N/A	1.2

Similarly, students provided a self-assessment of their drinking behavior.   The results are consistent with the overall findings of alcohol use, both in nature and with differences over time.

How first-year students characterized their drinking behavior

	2004 N=217	2007 N=143	2008 N=338
Non-Drinker	46.1%	51.7%	49.4%
Light Drinker	34.6%	37.1%	32.8%
Moderate Drinker	16.1%	11.2%	16.0%
Heavy Drinker	3.2%	0%	1.8%

We also reviewed the drug/alcohol use behavior of sophomore students, as they were the ones exposed to the *COMPASS* resources as first-year students.   The results show similar findings over this same four-year period.   The slight increase in 2008, for sophomores, can be viewed in a manner that is consistent with the first-year students. That is, one may reasonable conclude that, to sustain positive

results with healthy decisions, it is important to have regular encouragement, including a type of 'booster shot' with programming and message delivery on the healthy behavior desired.   This did not happen in 2007-08 with sophomores (who were no longer a target audience of the **COMPASS** program) or with first-year students (due to staffing limitations).

In the last 2 weeks, the percentage of sophomore students who used…

Question	2004		2007		2008	
	Perceived Use	Actual Use	Perceived Use	Actual Use	Perceived Use	Actual Use
Alcohol (beer, wine, or liquor) any amount	66.7%	52.9%	62.0%	46.0%	58.1%	49.6%
Alcohol (beer, wine, or liquor) until you felt drunk	N/A	35.6%	N/A	30.1%	N/A	34.0%
5 or more drinks in one sitting	46.6%	32.6%	42.9%	24.6%	40.1%	30.0%
Prescription Drugs without a prescription to help you study or get high	27.6%	2.2%	26.3%	3.4%	23.9%	3.7%
Marijuana or Hashish	36.8%	8.1%	32.5%	8.1%	29.9%	5.6%
Illegal Drugs Not Including Marijuana	21.4%	1.1%	15.9%	0.6%	14.3%	1.1%
Alcohol and at least one other drug	N/A	9.1%	N/A	5.7%	N/A	4.9%
More than one drug at a time (not including alcohol)	N/A	1.6%	N/A	0.6%	N/A	1.1%

How second-year students characterized their drinking behavior

	2004 N=192	2007 N=174	2008 N=272
Non-Drinker	39.8%	45.4%	42.9%
Light Drinker	39.3%	42.0%	43.2%
Moderate Drinker	19.4%	11.5%	12.4%
Heavy Drinker	1.6%	1.1%	1.5%

Interestingly with this data, perceptions about others' use were not modified during the time period. This is not inconsistent with the programmatic initiatives occurring during this period of time on campus, as the **COMPASS** activities focused primarily on proactive perspectives. While some initiatives to correct misperceptions did occur periodically (through staff training and occasional inserts in the e-newsletter for first-year students) this was not the primary focus of the project.   Also, during the initial years of **COMPASS**, Mason's professional substance abuse prevention coordinator focused primarily on counseling, followed by a vacancy; currently, social norms marketing is not a major emphasis of the campus' overall efforts.

What is interesting with this data, and suggests validity of responses due to consistency with campus programming, is that perceptions of others' use have remained almost the same, yet the actual use is down. This will be important to examine further with continued data collection and discussion groups with students; it may be that the social norms marketing regarding positive life health planning has

been helpful; or, it may be that other (non-programmatic related) factors are responsible for this change. Regardless of the actual cause-effect relationship, the current results are encouraging, hopeful, and potentially supportive of the overall hypotheses underlying **COMPASS**.

Also supportive of this approach, and the life health planning processes, is students' engagement in workshops, materials, and resources. Students' testimonials highlight the value of **COMPASS**. "The CD looks unique and it contains a plethora of information. It has certainly reduced my load of papers and other information booklets and resources. The links to online resources has helped me for virtually everything that I need information about regarding college life or college assignments." Another testimonial states: "If **COMPASS** had been around when I was a freshman, I know I would have benefited from having this knowledge to deal with many of the issues that students experience on campus." A student's testimonial cites the applicability of this for others: "The **COMPASS** tagline is "***A Roadmap to Healthy Living***", and I feel that this example is a true testament to one of the many ways that **COMPASS** can help students not just at GMU, but to all students throughout the country."

The *second objective* emphasized the use of life health planning processes.   The attention to students' engagement in workshops, materials, and resources has evolved dramatically over the scope of the project.   During the first three years of *COMPASS*, students received a bookmark during Orientation with a healthy living principle or concept included; the specific content and style of these have varied from one year to the next, and each version refers students to healthy living and cites the project's web site. The most recent bookmark is distributed at Health Fairs as well as other interactive opportunities with students. Also, periodic e-newsletters sent to first-year students encourage specific healthy living activities, provide awareness of campus and community activities, and offer information about ways of making healthier decisions.

During the 2005-2006 and 2006-2007 academic years, each first-year student received the **COMPASS** CD-ROM, attached to an attractive card (that also serves as a bookmark) that highlights the 31 topics, and cites the website with resource information. During Winter 2006, a targeted first-year student survey with a subset of the annual questions was prepared to gather insights specifically about the distribution and use of *COMPASS*.   The results of this showed that 36.4% of respondents noted that they recalled seeing **COMPASS** (with 56.8% 'no' and 6.8% 'don't know' responses).   While difficult to measure, it is important to note the Resident Advisors and Orientation Leaders have received training on **Healthy Expectations** and the importance of addressing 'root causes' each year since 2002, and more recently, training on *COMPASS*; this training emphasizes specific skills and approaches to promote 'life health planning' among first-year students, an important consideration for infusing these healthy living messages throughout the campus.

For the *third objective* regarding collaboration and consistency, results have been achieved to a large degree. The collaboration with this project's leadership and the student affairs professionals has expanded tremendously, primarily as a result of the **Healthy Expectations** project.   These student affairs and other professionals throughout campus are appreciative of the additional resources and perspectives that complement and reinforce their own initiatives.   Two-thirds of the 31 essays on **COMPASS** were prepared by University Life (student affairs) staff members.   Another example of this collaboration is the preparation (through **Healthy Expectations**) of suggestions to parents of first-year students; this was so well received by the Orientation staff that they requested permission to include it in their published booklet on a regular basis (rather than having it as a handout in a packet).

The important insight documenting the accomplishment of this objective is the cross-involvement between academic affairs (faculty) and student life.

The *fourth objective* addresses institutionalization, with results found with the acknowledgement of this program and approach as a critical component of Mason's approach to addressing substance abuse issues.   As noted earlier, Mason's President and Vice President for University Life are both highly supportive of this proactive approach and the resources accompanying it.   Collaboration with Mason's Coordinator of Substance Abuse Services is heightened, and attempts to become further involved are emphasized.   Workshops already conducted with the state's annual college alcohol abuse prevention conference, and at national meetings and conferences.

Overall, the **Healthy Expectations** project, and **COMPASS: A Roadmap to Healthy Living** as its ultimate unifying resource, represent innovative and valuable complements to comprehensive alcohol abuse prevention programs.   The objectives identified for **Healthy Expectations** have been accomplished quite well. This is particularly significant, considering the fact that the program is innovative and focuses on 'translating theory into action'; as such, it required the foundational development of new resources and approaches, and was not based on revisions of existing strategies, but rather creative new development and applications.   The question about whether the 'Life Health Principles' can be made operational and applied has been addressed; ways of furthering 'Life Health Planning' as a process is still in development, and are continually being expanded based on the application of formative evaluation.   The question about whether these approaches actually make a difference with alcohol abuse shows some initial promising findings; while certainly not 'proof' in a controlled experimental way, they do represent some initial results that are helpful in further evaluation and analysis activities.

This detailed background about Mason's evaluation design and results provides detailed foundations as you consider the evaluation of your efforts with the *COMPASS* approach.   In addition to these details, some general evaluation resources will be helpful.   One that was prepared by us for a national project was the **IMPACT Evaluation Resource**; this provides many details about the process of evaluation as well as numerous sample instruments.   The other resource we developed was much briefer, and illustrates the overall perspective of where and how evaluation activities fit, as well as feedback loops. This is entitled "**A Step-by-Step Guide to Planning and Implementing Evaluation Strategies**." Both of these are available on our website at caph.gmu.edu.

In review, this step offers an overview of evaluation activities, and how they can be used to promote a greater understanding of the project's results as well as processes.   Numerous other strategies associated with evaluation can be incorporated, and many of these are highlighted in the **IMPACT** publication or the "**Step-by-Step Guide**".   Ultimately, it is important to have a blend of process and outcome measures, and incorporate some blending of results that can be used to enhance or revise the program.

8: PLANNING FOR FUTURE TRIPS *- Review, modify, update*

Through the process of implementing *COMPASS*, you will learn much about how this process works for your campus.   From your evaluation activities, you will learn the nature of students' reactions and whether it makes any difference within the context of your desired outcomes.   The input you receive will be helpful for making changes to future revisions.

This final step has as its focus the ideas of 'review', 'modify' and 'update.'   These represent the formative process cited earlier, and include the feedback loops cited within the context of evaluation efforts.   This step is where new ideas come in based upon the reactions gathered from various sources (Step 2 with the advisory group, Step 5 with student voices, and Step 7 from the evaluation activities).

To start with, it's helpful to know about our background with developing ***Healthy Expectations*** and with preparing *COMPASS*.   The initial project with ***Healthy Expectations*** was one of translating a discussion about new directions with substance abuse prevention (the seven Life Health Principles) into something more concrete that would resonate with students.   Evolving from that was the development of ***COMPASS***: ***A Roadmap to Healthy Living***.   Briefly stated, creating *COMPASS* was an overwhelming task.   There's no question about it.   And undertaking the revision of *COMPASS* into an entire new format was a very large job – not as tough as the original which was created from scratch – but very much a challenge because of higher standards with the quality technological delivery.   But that investment will last for a little while – until the next overhaul in a few years!

Here are some of the ways that we incorporated revisions with our program, over the course of multiple years of program development and delivery.

1. Attention to the **seven Life Health Principles** was a challenge for students. The focus on these seven themes was more conceptual; they needed an approach that had direct applications. Thus, we shifted from the seven principles to the 31 topics practical student-related topics.   The topics were very specific and directly relevant to students' daily lives.
2. A **blend of authors** for the topics was sought, including those from the academic setting as well as those in student affairs.   Surprisingly, we found that some individuals knew their content very well, yet did not write the article in a manner that was easily understood by a student. Thus, the involvement of a professional editor was most helpful.
3. An **editorial board** was established to provide overall feedback, as well as to serve as a type of buffer should questions or concerns be raised about what messages are stated, what topics are appropriate, and how the issues should be presented.
4. The first version of *COMPASS* had some **student input**; we decided that we needed even more input from students on future editions. This was demonstrated with quotes and perspectives from students.
5. With students being, increasingly, technologically grounded, we decided to incorporate **podcasts** into the design of the project.   Unfortunately, the University support for this was delayed.   Thus, we have moved to create our own content and our own links to student voices as well as professional voices.   These are incorporated in the updated version.
6. Since the **availability of resources** changes over time, we decided that the CD version of *COMPASS* should have a link to resources, rather than have the resources directly on the CD-

ROM.   The resources are all housed on the project website, and updates can be made much more easily.

7. With technology changes with the university listserv process, we learned that the format of the **e-newsletter** was less attractive during one year.   Specifically, the content of the initial e-newsletters were all incorporated within the body of the email distributed to over 3,000 students. Based on changes with technology, this process was not available, so that only a brief email could be distributed with a link to the e-newsletter hosted on a website. This was very unattractive and uninviting, and thus probably resulted in few students reading the content. This was subsequently rectified, and a new e-newsletter process and 'look' evolved.

8. The **evaluation** activities gathering information and insights from students changed from one that gathered a large amount of information to one that was more focused.   The initial requests for student responses to the evaluation resulted in response rates that were quite respectable (e.g., 40%). With increases in requests for students to respond to on-line surveys, it became necessary to provide a shorter instrument as well as incentives for participation; even with these changes, the response rate remains lower (e.g., 25%) yet somewhat respectable within the context of evolving standards.

9. The initial plan of distributing the *COMPASS* resources using a **CD-ROM** was helpful for a period of time. Students appreciated having the resources all on one CD that did not require internet access. With the evolving technological focus of students, it is deemed not as cost-effective to have the CD distributed to all students.   The content of *COMPASS* is all available on the project website, and a limited number of CDs are printed to be available to those who would like it.

10. The basic content of *COMPASS* on 31 topics was viewed as insufficient for the resource.   That is, it was deemed important to have **additional material** available with the *COMPASS* program to help motivate students to use this.   Specifically, the following served as enhancements to the content of *COMPASS*:
    a. 360 quotes, each of which linked to one of the seven Life Health Principles.
    b. The University's course catalog
    c. A screensaver with quotes and pictures
    d. Having a new quote appear on the computer screen every time the page is refreshed
    e. Linking the topics to a calendar of 31 days, so that each day of the month represents a different topic

11. Knowing that on-campus students represent the majority, yet not all of the first-year students, it was important to have the *COMPASS* resource mailed to all **off-campus students** also.   This was done in collaboration with the Vice President for University Life, who also paid for the postage to accomplish this.

12. The entire **'look' of *COMPASS*** has changed dramatically. While the approach used when *COMPASS* was first developed in 2005 was attractive at the time, fashion and technology change quickly.   Thus, the 2008 version of *COMPASS* incorporates a new look, and also new technology.   We anticipate that this version will last for awhile, and that then it, too, will need to be modified.

Overall, it is our aim to engage more and more campus and community groups and organizations in the next versions….to continue to help this type of approach to grow, as long as the audiences find it viable and feasible.   Our aim is to continue our theme of having a 'shared responsibility' for promoting the quality of life for our students.   It's our investment in them, and our aim is that they continue to invest in themselves and others.   As funding decreases, we seek other ways of providing incentives for

students, faculty, staff and others to participate in the process of communicating the message about responsible and informed decisions to students.

With *COMPASS*, we know that it takes a lot of commitment. However, it is something that is helpful in our efforts to create a healthier and safer campus environment.   We also know that culture change – which is what *COMPASS* is ultimately all about - can be a slow process.   Our perspective is based on an approach that is about doing what it takes to connect with students, to create quality conversations, and ultimately, make healthier decisions about various aspects of their lives.

This future-oriented planning is all about making the impact that we collectively seek.   It's about . . .
- healthier futures
- healthier people
- healthier communities
- and a higher quality of life.

CLOSING

This ***COMPASS Roadmap: Destination Health*** is all about creating healthier campus environments through a positive, proactive approach. It is about engaging students in new conversations about themselves and their futures.   The initial foundation for ***Healthy Expectations*** and *COMPASS* was a focus on the reduction of alcohol abuse – and it was about achieving this through addressing some of the 'root causes' of substance abuse. The foundation was modified to promoting positive decisions, and connecting students to resources and new ways of living.

It is about a focus for the students – helping them to do what *COMPASS* says:
>   *Creating
>   *Optimizing
>   *Mapping
>   *Planning
>   *Achieving
>   *Steering
>   *Succeeding

It is about beginning with the end in mind.   And creating a legacy - - - - - encouraging students to think about THEIR legacy, and how THEY want to be remembered. . . . . and then about the linkages, about how they view their decisions today affecting their legacy tomorrow.   Specifically, and bringing it back to alcohol, it's about how their decisions made about alcohol use today may get in the way of them achieving their own legacy.   It is about 'beginning with the end in mind' and achieving their legacy.

COMPASS is one approach, for addressing root causes of drug and alcohol abuse, and for promoting positive, healthy choices.   Helping students, specifically, and our campuses and communities, generally, to see if they are on a quality path for their own futures, is what *COMPASS* is all about.

This <u>Implementation Guide</u> - ***COMPASS Roadmap: Destination Health*** – is based upon our desire to help campuses and communities in their efforts to make a difference with college students about their decisions.   The eight steps are designed to be helpful in the process that you use with your campus and your leadership as you seek to make a difference with your students.   We hope this resource is helpful, and look forward to your feedback about this resource, and about *COMPASS*, as we seek to make improvements on a continuous basis.

We wish you every success with your initiatives.   Most important, enjoy the journey!

CREDITS

The Healthy Expectations project was developed as an innovative approach for reducing high-risk alcohol use. With grants from the U.S. Department of Education's Office of Safe and Drug-Free Schools, the project has evolved significantly since its initial implementation in 2000. COMPASS represents the central component of an overall programmatic initiative designed to help new students make a healthy transition to college, as well as for students and others of all ages.

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