



News

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Pre-Meeting Issue

Fall 2009

2009 Combined Annual Meeting COLLEGE HEALTH: PAST, PRESENT & FUTURE

on the Waterfront

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Hilton Burlington Hotel
Burlington, Vermont
October 28-30, 2009

NEW ENGLAND & NEW YORK STATE COLLEGE HEALTH ASSOCIATIONS



Ellen Reynolds, MS

Greetings NECHA friends!

As I write my final *President's Message*, I cannot believe how time flies. I see signs of fall and feel that summer went by all too quickly! I feel the same way about my NECHA presidency as it seems like just yesterday that we met in Mystic. Now soon we'll be heading to Burlington for this year's Combined Meeting with New York.

It has been a blessing to have had this experience, to meet so many of you and learn so much about college health. I'd like to thank everyone who has helped to make my experience so enriching, especially URI's SHS Director Chad Henderson, who has given me much encouragement and support, as well as Julie Basol, NECHA's Administrative Director, who makes it all look so easy! It has been an honor to serve as your president; I look forward to continued active involvement in the association. Now, for some updates:

NECHA/NYSCHA Combined Annual Meeting

College Health: Past, Present and Future is the theme for the 2009 Region V Combined Annual Meeting, October 28-30. Overlooking Lake Champlain, the Hilton provides a fabulous setting for us. With the Green Mountains to the east of Burlington, it's only fitting that we become even more green in 2009. We've boldly (okay, it was a little scary) moved from the traditional, mailed brochure to a simple postcard that directs invitees to our Web site: www.NECHAonline.org

The ease of updates and ability to provide far more information has made the site a valuable tool for our membership and others in college health. Over 70 people took advantage of the Super Early Bird Registration this past summer as they used up their precious FY 2009 CE dollars. Along with another 230 projected registrants, we're looking forward to hosting a meeting that will long be remembered. Program Chair Joleen Nevers, Julie Basol, and the Planning Committee have worked hard to put together a diverse program to meet all interests. The quality of the program submissions reflects the expertise of our colleagues in college health. Don't wait, register now!

NECHA Awards 2009

It's not too late to nominate a deserving colleague! **We have extended the deadline for both the President's and Louise Gazzara Award to September 15, 2009.** NECHA presents these awards annually, recognizing college health professionals who have made exceptional contributions to their students, institution, and the field of college health.

ACHA Update

ACHA is currently accepting program submissions for the 2010 meeting in Philadelphia. I encourage you to consider submitting a program - NECHA has such high quality programming - you should take it national! I also encourage you to nominate a deserving colleague for an ACHA award which opens for nominations October 1st. It is so rewarding than seeing the gratitude recipients express when recognized. We all work with outstanding individuals, please consider nominating someone.

(President's Message, continued on page 2)



Summer has come and gone in New England and most students have arrived in full force for the fall semester. I hope you all have had some enjoyable and rejuvenating summer experiences.

I anticipate a tentative year for those of us working in college mental health. While the economy appears to have come back from the precipice, I expect budgets will be slow to loosen up and we'll be working for a while with limited resources and continued belt tightening, at least for awhile.

Please let me remind you of what an educational gem and bargain we have in our association's annual meetings. Combined this year with New York, the 2009 meeting features presentations on Autistic spectrum disorders, eating disorders, medical-legal aspects of practice, models for college mental health services, face book culture, substance abuse, and more.

Following the success of last year's Pre-Meeting workshop which focused on working in multiple roles, we continue to provide this opportunity to focus on some topic or issue in more depth. I hope those of you working in college mental health will attend and begin marking your calendars each year.

This year, the workshop will be led by April Stein, PhD, from Bennington College, along with Richard Munich, MD, of the Weill-Cornell Medical College. Through the use of case presentation, consultation and small group discussion, we hope to engage in an in-depth look at some of the work that we do in our treatments of college students. Please join us.

I'd also like to update you about the evolution and development of the Higher Education Mental Health Alliance (HEMHA), pronounced 'heema' with a silent 'H'. As you may recall from earlier newsletters, this organization came about from the leadership and invitation of ACHA, who convened a Summit on College Mental Health in the fall of 2008. Several national organizations came and agreed to work in an ongoing Alliance, which has its inaugural meeting at the ACHA meeting in San Francisco in May.

The organizations that have joined and endorsed HEMHA are:

- American College Counseling Association (ACCA) 1700 members
- American College Health Association (ACHA) 3000 members
- American College Personnel Association (ACPA) 9000 members
- American Psychiatric Association (APA) 38,000 members
- American Psychological Association (APA) 148,000 members
- American Psychiatric Nurses Association (APNA) 6000 members
- Association for University & College 700 members
- Counseling Center Directors (AUCCCD)
- The Jed Foundation (JED) not a membership group
- National Association of Student Personnel 11,000 members
- Administrators (NASPA)

Total: 217,400

HEMHA's organizing motto has been:

What can we accomplish together that we cannot accomplish alone?

HEMHA affirms that the issue of college mental health **is central to student success**, and therefore, **IS the responsibility of higher education.**

Accordingly, HEMHA will provide leadership to:

- *Think about college mental health issues at a strategic level*
- *Identify /share mental health resources*
- *Promote full community engagement in the mental health continuum of care*
- *Define an advocacy role in mental health*
- *Support and disseminate evidenced-based practice*

As you can imagine, this process will take some time and energy to evolve and much of early discussions centered around the nuts and bolts of how the Alliance will work. We had extensive discussions within the Mental Health Section about this over this past year, during which I chaired the Section.

Given the need for equity, continuity, and both clinical and administrative voices in this Alliance, ACHA's Board of Directors settled on a representative model wherein there will be one ACHA Administrator appointed from the National Office (yet to be appointed), one ACHA Mental Health Section appointee and one ACHA Mental Health Section Alternate. Chris Brownson, PhD (UTexas-Austin) is the Section Appointee and Robert Portnoy, PhD (UNebraska-Lincoln), the current Chair of the Section, is the Alternate.

The Alliance will meet at least annually, rotating through the annual meetings of the member organizations. It will be interesting to see how HEMHA develops and what it can accomplish. Those of us working on its formation are excited at the prospect of all of the diverse groups collaborating toward the betterment of college mental health.

That's all for now. I hope to see many of you in Burlington in October.

*John Miner, MD Co-Director, Psychological Counseling Svcs. Williams College
NECHA Member at Large*

(President's Message, continued from page 1)

For those of us who were fortunate enough to attend the ACHA's 2009 Meeting in San Francisco, it was great to see NECHA represented so proudly. **Chad Henderson**, now Past President of ACHA, presided over the annual meeting. NECHA had two award recipients recognized:

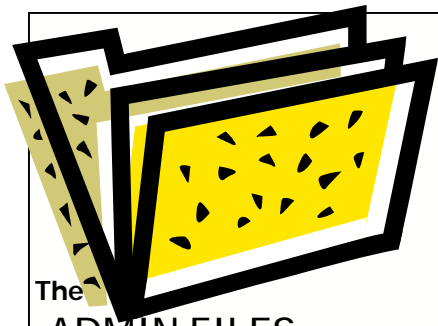
- **Carole Worsh**, former director at Pine Manor College, was awarded the E. Dean Lovett Award for her significant contributions to the development of college health programs in an exemplary manner. Now retired, Carole has touched so many of us in college health. So deserved, it was wonderful to see her recognized on the national level.
- **Jamie Chandler, MS, PA-C** from Dartmouth College, for her contributions as a newcomer to the field of college health. Jamie was nominated by her colleagues for her hard work and dedication on the Eating Disorder Team at Dartmouth.

Congratulations Chad on a successful meeting and to Carole and Jamie for their well deserved awards!

NECHA Board Summer Meeting Update

- Voted to purchase general liability coverage for board members through ACHA's insurance company. This will provide protection to the volunteer board members for their decisions and actions on behalf of NECHA.
- ACHA's By-laws Committee had reviewed NECHA's by-laws and made some recommendations for changes to ensure no conflicts exist. Recommendations were discussed at the meeting and proposed revisions will be voted on at the annual meeting. Please visit our Web site to view by-laws.
- The board reviewed a draft investment policy provided by our investment firm MorganStanley SmithBarney and expects to vote on the final policy early this fall. Thanks to Lynn Wachtel, NECHA treasurer for all her hard work this year with our investment fund.

*Ellen M. Reynolds, MS NECHA President
Associate Director SHS, University of Rhode Island
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The ADMIN FILES

H1N1 Summer Meeting held at Bentley

Directors of college health services from Massachusetts and Rhode Island met on July 14th at Bentley University in Waltham, Massachusetts to discuss issues related to H1N1

influenza and to share ideas for responding to potential outbreaks

anticipated during the fall semester. Massachusetts DPH Director of Communicable Disease Control, Dr. Albert DeMaria, gave the keynote address and provided an excellent H1N1 update. Fifty attendees used the “world café” approach for discussion and spent 20 minutes at each of 5 tables. Each table represented a different issue. Discussions from the first group at each table set the base for the next group discussion— building and expanding on each discussion with each subsequent group. Topics included: 1) communication; 2) isolation and quarantine; 3) school closure and class cancellation; 4) resources and supplies; and 5) management of illness in the health center. Participants had very rich and productive discussions. Dr. DeMaria moved from table to table and obtained a greater depth of understanding of the H1N1 issues facing college campuses. The program concluded with a Q&A session with DeMaria.

As a result of this meeting, an email distribution list was created that includes most colleges from the two states. College health directors have since been in communication, sharing H1N1 issues and planning documents.

Some ideas generated from the discussions included:

- Conduct Weekly Crisis Team meetings.
- Launch a major PREVENTION campaign—cough etiquette and hand washing.
- Training RAs (Train the Trainers) to teach students about prevention!
- College health services might consider purchasing medical supplies as a consortium.
- Hire per diem staff now; obtain credentialing and paperwork so they are ready to work if needed.

- Increase office hours to take burden off ER.
- Develop email lists for high risk individuals to notify about vaccine availability.
- Plan for dedicated waiting area and exam rooms for patients with flu.
- Consider sending sick students home.
- Prepare for isolation with an understanding that if a sick student remains on campus, they may not follow strict isolation and therefore may transmit illness.
- Plan for short triage appointments and possible cancellation of non urgent, non-flu appointments.
- Plan for illness of health center staff.
- Estimate the “tipping point” of when your center would reach its maximum numbers of patients.
- Educate your Deans, VPs and Presidents and ask them to consider at what level of staff, faculty, and student absences, the college can continue to conduct classes.
- Provide community forums on H1N1 and consider speaking at Student Government, Faculty Meeting, etc.
- Increase hand sanitizer stations on campus.
- Develop system for keeping accurate statistics on members of the community with flu.

Along with task force members, Anita Barkin, Chair of ACHA’s Pandemic Task Force, is currently writing a white paper on H1N1 which should be on the ACHA Web site (www.acha.org) in early September. Additional resources include guidance on the CDC site (www.cdc.gov) and information on state DPH sites such as: (<http://www.health.ri.gov/pandemicflu/swineflu/swineflu.php>) and (<http://www.mass.gov/dph/swineflu>)

As we all face the challenges of responding to this possible pandemic on our campuses this fall, it is important to remember that we are all in this together and our strength is in our collaboration. Consider reaching out to your local colleagues. If we all help each other, the task will not be insurmountable.

*Geraldine S. Taylor, MS, ANP, BC
Assistant Dean for Health & Wellness
Director, Center for Health & Wellness
Bentley University Waltham, Massachusetts*

To Help Detect Mental Health Problems, Hundreds of Colleges Implement Online Screening

For many college students, life can feel like a rollercoaster, fun, fast-paced, and exciting, but millions are struggling to stay on the ride. A growing number of college-aged men and women experience depression, anxiety, alcohol problems, and related conditions. The latest ACHA-National College Health Assessment survey reveals 30% of students reported feeling so depressed within the past year that it was difficult to function - 63% had felt very sad, while 6% had seriously considered suicide.

Across the US, college health professionals are growing ever more concerned about these statistics, especially since only a small fraction of those who need help actually seek it. Social stigma, confusion, and lack of knowledge of available resources keep many from reaching out. “In conservative college communities, stigma plays a huge part in preventing students from seeking help,” says Becky Bogener, a psychological counselor at Shasta Community College. Many students want to “tough it out...”, adds Kate Schmalenberg, a counselor from Northland Community and Technical College; “others simply don’t know who to seek out for help.”

College counselors are looking for innovative ways to support the millions of students who need help but are confused or reluctant to reach out. One approach that has proven efficient for hundreds of colleges is to offer anonymous online mental health and alcohol screenings. Anonymity makes students feel more comfortable and with the reign of Web-based communication, online screenings are particularly inviting and effective.

“Today’s college students feel at home on the Internet,” says Douglas G. Jacobs, MD, Associate Clinical Professor of Psychiatry at Harvard Medical School and founder of the non-profit Screening for Mental Health, Inc.. “An online screening program makes use of that familiarity, offering a nonthreatening way for students to assess their mental health well-being and recognize their potential need for help and treatment.”

(continued on page 7)



2009 COMBINED ANNUAL MEETING September Update!

on the Waterfront
Burlington, Vermont

October 28-30, 2009

CDC General Session Speaker, Just Announced

~ What the Crystal Ball Won't Tell Us ~ Pandemic Preparation for the Next Round...of What?

Edwin W. Ades, PhD Associate Director, Laboratory Science
National Center for Immunization and Respiratory Diseases
Centers for Disease Control & Prevention



Friday Morning General Session 8:00am As many of us have worked to adapt our Avian Influenza Pandemic plans to the novel H1N1 virus pandemic, we've had opportunity to reflect on the process. Some plans or parts of plans were easily converted, others demonstrated that they were, in fact, not useful. How can we draw from these experiences and refine our planning strategies to optimize the efficiency and efficacy of the planning process?

We're delighted to include Dr. Edwin Ades to the top-notch speaker lineup at this year's Combined Annual Meeting. He will address the issue of pandemic preparation writ large. Recent experiences with SARS, H5N1 and H1N1, as well as the history of pandemics, when examined in total will allow us to extract lessons to inform future pandemic planning. Of particular interest to Dr. Ades are those aspects of a future crisis which cannot be readily anticipated. How do we plan for the unexpected in a meaningful way? Friday morning's general session will generate discussion and provide useful take home strategies.

During his 20 plus year tenure at the CDC, Dr. Ades has worked in the area of immunology/childhood and vaccine preventable diseases and has led the development and implementation of successful projects and programs which facilitate the CDC's mission in infectious disease prevention. He has extensive experience in the field of immunotherapy and vaccine development and is the inventor on dozens of patent applications and issued patents related to the development of immunotherapeutics for infectious diseases. In his current role he developed a streptococcal vaccine technology program, initiating an industry collaboration which resulted in one of the largest biotechnology partnerships ever brought to CDC. Dr. Ades is a strong scientific leader with expertise in the full spectrum of drug development from bench to clinic; he is an excellent communicator with an extensive network of resources. He is the recipient of the US Department of Health and Human Services Secretary's Award for Distinguished Service; World Trade Center and Anthrax Investigation Emergency Response Team (2002) and the CDC's Directors Innovation Award (2008) and has authored or co-authored over 150 scientific papers in peer-reviewed journals.

Swine Flu happens when you're making other plans.... Anonymous



Gail Dines, PhD

A nationally known researcher, award-winning speaker and prolific writer, Dr. Gail Dines is the keynote speaker for this year's Combined Annual Meeting. A Professor of Sociology and Chair of American Studies at Wheelock College in Boston, Dines is a long-time feminist activist and co-founder of the group, Stop Porn Culture. Co-editor of the best-selling textbook *Gender, Race and Class in Media*, she also co-authored *Pornography: The Production and Consumption of Inequality*.

In her keynote address, **Sexy or Sexist? Images of Women in Pop Culture, Past & Present**, Dines will explore the powerful messages that shape our sexuality and will conduct a more in-depth concurrent session immediately after. For more information, check out the spring/summer issue of NECHA News or the on-line Combined Meeting brochure at: www.NECHAonline.org.

Wednesday

Future of College Health Thursday's General Session

Jim Mitchell, MBA Director, Health Services Montana State University

College Health is facing numerous challenges. Health care reform, contracting state budgets, along with tightened belts at private institutions, shortages of primary care providers, millennial students, and new technologies are all having a major impact on college health programs. During Thursday's general session, Jim Mitchell will highlight his perspective on where college health is headed in the next five to ten years.

Jim Mitchell, MBA, has been Director of Montana State University's (MSU) Health Service at since 1992. Prior to then, he held various positions for 15 years at the University of Virginia Student Health Service. Jim has been a Peace Corps volunteer in Botswana where he served as a government planning officer and worked on rural health care issues.

At MSU, Jim has served on the Professional Employee Council, budget/planning committee, and has worked with other campuses in the Montana University System to create and manage a student insurance consortium. Within ACHA, Jim has served in numerous positions including affiliate President (MACHA, '83-'84) and ACHA President, '97-'98. He has chaired or co-chaired insurance task forces, currently chairs ACHA's Bylaws Committee, and has been a consultant with ACHA's Consultation Services since 1988. Currently, Jim is the spokesperson and a facilitator for the Lookout Mountain Group www.lookoutmountaingroup.net, which is looking at the impact of health care reform on college health.

Thursday



Continuing Education Approval

The 2009 Combined Annual Meeting has been approved for **17** continuing medical education credits, **18** contact hours in nursing, **18** continuing education credits for psychologists, **18** continuing education contact hours (CECH) in health education, and **18** clock hours for certified counselors in accordance with the guidelines set by ACHA's accrediting bodies: The Accreditation Council on Continuing Medical Education, The American Nurses Credentialing Center's Commission on Accreditation, the National Commission for Health Education Credentialing, Inc., the American Psychological Association, and the National Board for Certified Counselors. And that's not all - This program is approved by the National Association of Social Workers (provider # 886449811) for **18** continuing education contact hours.

3 Pre-Mtg Workshops triples the reasons to arrive early

PM-1: CONCUSSION MANAGEMENT IN COLLEGE HEALTH

"The management of sports concussions has changed significantly over the years, driven largely by the sports medicine community. It is essential that... (we) are aware of these developments so that our patients may benefit."

Editorial, *Journal of Clinical Neuroscience* Vol. 16, 2009, p 731-732

Three years ago now the sports medicine department at Colby College implemented the use of neuro-cognitive testing for their student athletes. This endeavor has radically changed how they manage sports related concussions in their student population. Specifically, it has had three definable benefits.

- Education-baseline testing initiates all athletes to the process of concussions and their impact on their cognition.
- Accurate diagnosis - No longer dependent on subjective symptoms that an athlete may or may not report.
- Individualized return to play decisions- the ability to accurately determine when an athlete is able to return to play. No more "cookbook" guidelines.

Concussion management has been at best an educated guess. Now with the advent of computerized evaluation tools we are finally able to make individualized assessments and return to play/school decisions. This Pre-Meeting workshop will educate providers on the latest developments in sports related concussions, give an overview of neurocognitive testing, and explain and discuss strategies for implementing this type of injury management program at your institution.

Michael Collins, PhD Director, Health Education
University of Pittsburg Medical

Paul Berkner, DO Medical Director / Team Physician
Colby College

PM-2: ISSUES & CHALLENGES OF COLLEGE PSYCHOTHERAPY

The Mental Health Track is back with another dynamic Pre-Meeting Workshop. This year, through a combination of a description of one consultation model, case presentation(s) and small group discussion, we'll have opportunity to engage in an in-depth learning experience about some of the unique and challenging issues that currently confront psychotherapists working in college settings.

April Stein, PhD Director, Psychological Services
Bennington College

John Miner, MD Co-Director, Psychological
Counseling Services Williams College

Richard Munich, MD Clinical Professor of Psychiatry
Weill-Cornell Medical College

PM-3: INTRO. TO SUTURING: HANDS-ON WORKSHOP

Join us for this hands-on workshop for physicians, nurse practitioners, and physician assistants who have little or no prior training in suturing wounds. The workshop will interweave evidence-based didactic discussion of wound care and suturing principles with real hands-on experience practicing suturing technique. Attendees will practice one fundamental suturing technique (i.e., interrupted suture line, single-layer vs. multi-layer closure, aftercare). Be prepared to laugh while we learn as we bring out the needles and thread to sharpen our suturing skills.

James R. Jacobs, MD, PhD Director, Health Services
Ohio State University, formerly, Syracuse University

~ Pre-registration required for Pre-Meeting Workshops ~
Wednesday, 9:00-Noon ~ No Additional Charge
COMPLETE DESCRIPTIONS ON LINE: www.NECHAonline.org

Thanks to our Meeting Supporters! (to date)

- ACM Medical Laboratory
- Aetna Student Health
- Austen Riggs Center
- Bailey Agencies, Inc.
- Bollinger Insurance
- College Health Info
- Collegiate Insurance Resources
- Combined Select Programs
- Consolidated Health Plans
- Core Institute
- Cross Insurance Agency, Inc.
- Edwards Medical Supply
- FairChoice Systems
- Gallagher Koster
- GlaxoSmithKline Vaccines
- Haylor, Freyer & Coon
- Highland Campus Health Group
- Inflexxion, Inc.
- Maksin Management Group
- Medicat, LLC
- Merck Vaccines
- Moore Medical
- Niagara National Inc.
- Nuesoft Express
- Pharmedix
- Point and Click Solutions, Inc.
- PyraMED Health Systems
- Screening for Mental Health
- Student Health 101
- Student Resources
- The Allen J. Flood Companies, Inc.
- The Renfrew Center
- University Health Plans, Inc.
- USI Affinity Collegiate Insurance Resources

Health Promotion Notion

CHES: Certified Health Education Specialist Update

Joleen M. Nevers, MAEd, CHES Health Educator University of Connecticut

Recently on the New England Health Educators Network (NEHEN) list serv, a question was raised about Certified Health Education Specialist (CHES) certification. The question was well timed as there are some recent changes with the certification process.

The process of establishing credentialing for health educators began in the mid 1970's. The National Commission for Health Education Credentialing, Inc. (NCHEC) was incorporated in 1988 as a nonprofit, tax-exempt organization and offered its first exam in 1990. A bachelors, masters or doctoral degree from an accredited higher education institution is required for eligibility to sit for the exam. Additional requirements: 1) an official transcript that clearly shows a major in health education or other comparable field, or 2) an official transcript that reflects at least 25 semester hours or 37 quarter hours of work with specific preparation in addressing the Seven Areas of Responsibility and Competency for Health Educators.

An advanced level of certification, the Master Certified Health Education Specialist (MCHES) designation should be available in late 2011. Health educators may qualify to take this exam if they meet one of two requirements: 1) Health educators who have a minimum of five years in active CHES status; 2) Non-CHES health educators or health educators with fewer than 5 years active status in CHES, but have at least 5 years experience are eligible if: a) they have at least a masters level degree in a health education or, b) an academic transcript reflecting 25 semester hours in the Seven Areas of Responsibility of Health Education and at least five years of documented experience as a health education specialist. To establish this, a health educator must submit a curriculum vitae and two verification forms from current or past supervisors and/or a leader in a health education professional organization.

For health educators that currently have CHES designation, 75 continuing education hours are required within 5 years. At least 45 hours are required from category I such as an ACHA Annual Meeting or this fall's NECHA/NYSCHA Combined Annual Meeting in Burlington where the continuing credit is preapproved by NCHEC. A maximum of 30 hours of category II credits are accepted that are *not* preapproved by NCHEC. When filling for category II credit, a form needs to be filled out for each activity with documentation (such as a certificate or letter) and must be filed within 90 days of the educational activity. Some of you may be surprised to learn that volunteering in leadership roles in health education organizations, such as BACCHUS or participating as a NECHA or ACHA board member earns one credit hour. If you are engaged in these roles you may want to consider this continuing education opportunity by obtaining a letter from the organization stating your role and responsibilities.

Debate exists around the exams, however. There are professionals, who are well respected and contribute invaluable to the field, who will not be eligible to sit for the exam because their degree or academic background may not be solely in health education or public health but rather in higher education or other related area. There are no exceptions for people who may be in the health education field but do not have the academic training required to sit for the exam. While as a field we may want to delineate between those who have the academic background and those who don't, it might be important to consider levels of CHES and MCHES. Also, it is unclear if professionals have monetary incentive to become certified in CHES or if the workplace will provide the funding for the CHES exam. Unlike other certification processes in the health field, such as nursing, registered dietitians, etc, that are standardized and required for the profession, CHES is a voluntary standardization with the exception of a couple of states (CHES is not required in New England or New York).

At this time, the decision to become CHES-recognized still lies with the individual. New opportunities are becoming available within the field and we may be moving towards a more standardized approach to health education. If this becomes a reality, it is important to create opportunities for colleagues who have been in the field for years to be acknowledged or recognized.

BASICS Program ~ at ~ UMass Amherst

B A S I C S

As part of a strategic plan to build an effective, comprehensive prevention program, the University of Massachusetts Amherst has implemented BASICS (Brief Alcohol Screening and Intervention for College Students), a nationally recognized program with a strong research basis, for students who violated the campus's alcohol or other drug policies.

Results from a quasi-experimental design indicate that students who participated in BASICS showed significant reductions in high-risk drinking rates and consequences when compared with those who did not. Because BASICS was implemented as part of a larger comprehensive environmental management framework, campus-wide data show a 38% decline in binge drinking, a 26% decline in frequent binge drinking, and a 14% decline in underage binge drinking.

This year, the university implemented two program enhancements:

- A change in program delivery method which increases the number of students who can be seen without additional staffing, while reducing wait times between referral and intervention.
- The use of an electronically-delivered feedback intervention ("e-booster") sent to students three-months after completing BASICS.

Through the use of an e-booster, the university seeks to further decrease high-risk drinking, negative consequences, and recidivism. Results of this enhancement can inform the prevention field about the e-booster's potential for additional reductions in drinking rates among highest-risk students.

The university is disseminating to the field not only the BASICS program, but the process by which it was implemented, emphasizing a comprehensive approach to prevention and situating BASICS within a larger environmental management framework.

For additional information, contact:

Diane Fedorchak
dfedorchak@uhs.umass.edu



CLINICAL CHECK UP

THE NEXT BIG THING

Margaret Higham, MD
Medical Director, Student Health Services
Tufts University

There are many significant clinical issues that have confronted college health services over recent years, but clearly "the next big thing" that is now upon us is H1N1 influenza.

The Swine flu, or H1N1 influenza, as the scientific community calls it, hit the US in April, towards the end of the academic year for most institutions. Some schools were affected early, but most campuses escaped major impact before classes ended. At Tufts, the first major wave of illness fortuitously hit the Boston area over graduation weekend. The illness continues to spread, but for many of us, the impact has been minimized by a greatly reduced campus population, and few (if any) large gatherings. So that has been the GOOD news.

The BAD news is that the hard part is ahead of us. Many of our institutions had some pandemic planning in place, but good plans are hard to develop in the abstract. If a pandemic were to hit, many institutions were planning to close as soon as possible - based on the assumption that it would be an extremely severe illness with high mortality. The H1N1 flu has not yet demonstrated a high level of virulence; its severity has been, so far, similar to a seasonal influenza. What has been apparent in the early stages is that H1N1 is occurring much more frequently in young people; the majority of cases are seen in children and young adults, 5 - 24 years of age. The elderly seem less affected - to date. Universities need to develop plans to deal with a very different scenario - an influenza that will make many students on campus ill, but without the lethality that would warrant suspending classes.

While this is clearly a better scenario than a very virulent illness, it will be challenging. We need to start planning how to manage many ill young adults that live in campus dormitories, with anxious family members some distance away, when the full severity of the illness is not completely clear. In some ways, this makes planning even harder. Universities are not equipped to handle a large volume of students who are ill, unable to take care of themselves, and unable to function in the educational setting. Our facilities, health centers, and academic departments are not organized to meet this demand. Many schools no longer have infirmaries with overnight care. Many have high occupancy rates in the residential halls and lack the availability of empty rooms or buildings where ill students might be isolated.

The work for us this fall will be to try and develop some realistic plans to manage a large flu outbreak that might or might not worsen in severity, working within the particular constraints of our own institution, both physical and budgetary. Some of you may have a relatively easy time of it - you may have an empty dorm that can be converted into an isolation area. You may already have a service that delivers meals to the rooms of ill students. Others, including Tufts, will have to work hard to provide only a few scattered isolation beds. We all need to show that we have thought through the issues and done what we could to provide some service, and to try and let students and parents know up front what the school can and cannot provide. At a minimum, all facilities departments should be reviewing their sanitation policies, and augmenting the availability of hand washing facilities, hand sanitizers, and bathroom cleaning protocols.

A university's academic side needs to be engaged in thinking how they will accommodate the needs of many ill students. Will more flexible policies on missed classes and exams be offered? Can any form of distance learning be utilized? These things might be relatively easy to carry out in a small school, yet challenging for large lectures and hands-on courses such as labs.

In our own offices, we should think about how to best handle a much larger volume of acutely ill students. Are there routine visits that could be suspended for a period of time, such as gynecologic exams, travel counseling, or even birth control prescribing? Might we need to triage students and only see those with fevers? Should we concentrate staff over a shorter day, rather than being open 12+ hours/day? Do we have a way of identifying students who have flu-like symptoms right as they come in the building and do we have masks for them to put on? How would we deal with having three flu shots to give this year, rather than one? It will be easier to think this through now, than trying to do it while simultaneously evaluating a flood of febrile first years!

The H1N1 pandemic is a rapidly evolving situation, and we need to stay up to date. This fall's Combined Meeting in Burlington will feature CDC representative, Dr. Edwin Ades, at Friday's (Oct. 30) general session. *What the Crystal Ball Won't Tell Us: Pandemic Preparation for the Next Round of What?* is the name of his session - a fitting title, indeed? In addition, Wednesday's concurrent session, *Pandemic Influenza, 2009 Update*, consists of panelists that will each provide valuable perspective from their different vantage points. The Combined Annual Meeting is the ideal place to hear from experts and colleagues to find out how others are coping. Hope to see you there!

(continued from page 3)

Jacobs refers specifically to the CollegeResponse® online screening program, which aims to identify students at risk for mood, anxiety, alcohol use, and eating disorders through anonymous self-assessments. By giving students opportunity to access screenings at any time, from their own computer, this module makes it possible for counseling centers to reach a broader audience. Each college can customize its online module with a referral message directing students to appropriate campus resources. Colleges can also generate utilization reports and graphs to see how many students have taken screenings and how many have scored positive for each disorder.

"Students in general tend to minimize, ignore, or not recognize potential problems they may be experiencing. This is especially true with alcohol use/abuse, but also with mental health issues. Screenings can potentially help students to recognize the presence (or absence) of a problem, as well as provide information that may remove barriers to getting professional help, or at least to engaging in a one-on-one consultation about a potential problem," said Susan L. Mangold from Kutztown University.

More than 650 colleges and universities participated in CollegeResponse® in the 2008/2009 school year. For more information or to register, call 781 239-0071 or visit www.mentalhealthscreening.org/college.

Christina Collins is part of the communications team at Screening for Mental Health, Inc., a non-profit in Wellesley, MA, that provides nationwide programs for mental health education and screening.

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2009-10 NECHA

BOARD OF DIRECTORS NOMINATIONS

The NECHA Executive Board of Directors consists of officers: President, Past-President, President-elect, Secretary, and Treasurer. The Board also consists of five Members-at-Large (MAL), plus a liaison to ACHA (either the Region V Rep or Rep to the Nominating Committee). Generally an officer is selected for nomination following service as a Member-at-Large.

Once elected as President-elect, that person assumes the role of President the following year. The 2009 Nominating Committee has compiled the following slate of candidates for membership vote at the upcoming Annual Meeting:

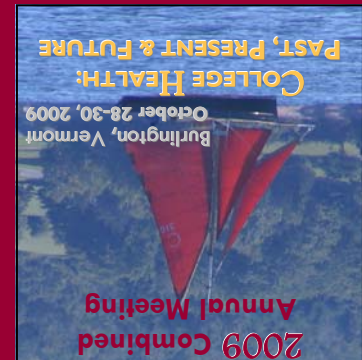
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Call Bryant Ford, PhD Nominating Chair
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