### Program/Department Name:
**University Health Center**
**National College Health Assessment**

### Department Contact Name and Title:
Ami Williams, CMA

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2935

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### Date Submitted:
NA

### Other Partners Involved in Activity (e.g., faculty, staff, alumni, other departments, community, etc.).
NA

### National Survey: Healthy Campus 2010

### Department Mission Statement (include date of last revision):
The primary mission of the Western Carolina University Health Center is to provide uncomplicated access to quality health care provided by compassionate staff who is dedicated to making health care accessible and affordable for students. To promote personal, social and intellectual development and well-being that meet the health needs for a diverse campus community through ethically sound practice, confidentiality, and integrity. Our purpose is directed toward enhancing the student's educational experience by modifying or removing healthcare barriers to learning, promoting optimal wellness, and enabling individuals to make informed decisions about health related concerns. We strive to empower students to be self-directed and well-informed consumers of health care services.

### Intended Outcome:
**State the outcome as reflected in your 2007-2008 Assessment Plan.**

**Assesses and compares a random sample of WCU students along with dimensions of health, wellness, and lifestyle matters to a national sample of college students**

### Assessment Method(s)
Please summarize the methods used to assess the corresponding outcome. Attach copies of any instruments used, including copies of surveys, list of questions, or rubrics.

**The results are often referred to as benchmarking and determining the direction of the “Healthy Campus 2010” campaign.**

### Assessment Results
Please include a summary of the findings and interpretation of these results.

**Results will be available Feb. 08**

### Improvements Based on Results
Please describe your plans for specific use of assessment results and key changes made.

**NA**

### Timeline for Implementation
If no specific date indicated, please estimate a semester and year.

**NA**

### Resources Needed
What resources are needed for implementation of these improvements?

**NA**