



Book and Media Reviews

Special Theme Reviews for Health Education/Promotion on College Campuses

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► INTRODUCTION FROM GUEST EDITOR BETSY D. FOY

Currently more than 15 million students in the United States attend an institution of higher education. The traditionally aged college student is between 18 and 22 years old, but in recent years as the employment outlook has changed and people move in and out of careers more frequently, colleges and junior colleges have seats filled by students of many ages. This number of students located on U.S. campuses provides an efficient opportunity for health promotion. Students who have chosen to pursue higher education are hungry for learning of all kinds, and health-promotion practitioners play an important role assisting these students in establishing lifelong healthy behaviors.

The American College Health Association (ACHA) is the professional organization specifically charged with working on college health issues. The Health Promotion section of this organization is a very active and large group. Currently ACHA has more than 920 institutional members that represent the diversity of the higher

education community—2- and 4-year, public and private, large and small, and in excess of 2,500 health care professionals including physicians, physician assistants, administrators, nurses, nurse practitioners, mental health professionals, health educators, dietitians and nutritionists, and pharmacists (<http://www.acha.org/>).

This combination of health professionals who have chosen to work with college students, the close community that students attending a particular school often feel, and that time in life when learning is always the order of the day provide a unique opportunity to enhance the health status of a significant number of adults. A college campus is an ideal setting for use of programs based on community health models as well as approaches geared to individual health behavior change.

Health promotion offices on college campuses are found as freestanding

offices and departments, as part of student affairs offices, in athletic departments, and in college health centers. Although it seems logical that health promotion activities would be a part of a holistic health approach and be located in a student health center, that is not always the case. A long-time college health consultant and former practitioner Richard Keeling discussed recently that in college health we are “identifying—and perhaps even differentiating” two different types of prevention professionals (Keeling, 2005): The first type deals with primary prevention community-based health initiatives and the other group, who are clinic health educators working closely with clinicians, most often with individual students already identified as having a problem.

The health concerns seen most often on college campuses are risky behaviors including substance use,

► MESSAGE FROM THE EDITOR

At times the Book and Media Reviews section of *Health Promotion Practice* focuses on a theme to review works in the field. In this issue, we have focused on student health issues on college campuses and invited a guest editor, Betsy Foy. We are grateful for the work that Betsy Foy and her health promotion colleagues from the American College Health Association have done for this theme in Book and Media Reviews of *HPP*.

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unsafe sexual practice, and lack of sleep or exercise. On the mental health side, the most frequent concerns are depressive disorders, isolation, and suicide. As I thought about what resources would be most interesting for this theme issue of Books and Media Reviews, my decision was to ask those working on college campuses what new and helpful resources they were using in their practices. Putting an e-mail inquiry out to a college health educators listserv asking this question yielded media reviews of two Web sites, a book, a monograph, and a workbook/CD-ROM as resources. The media resources being used are as varied and exciting as working with students on a college campus can be!

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Guest Editor

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Keeling, R. (2005, November). Prevention in higher education: What is college health. *Spectrum*, pp. 3-8.

American College Health Association (ACHA). (2005). *Vision Into Action: Tools for Professional and Program Development*. Baltimore, MD: Author. ISBN NO. TK.

67 pages. \$50.00 for ACHA members (\$70.00 nonmembers); \$35.00 for ACHA member institutions.

Vision Into Action is a workbook for use by a wide range of health promotion professionals working in higher education. This tool is based on the second edition of the *Standards of Practice for Health Promotion in Higher Education* (ACHA, 2004). It is a practical tool to help the health promotion specialist with professional and program development activities. The publication is designed to guide the daily efforts of the health promotion specialist as well as provide self-assessment tools, which allow the individual to examine skills and capacities. The *Standards* provide the health promotion specialist with guidelines for enhancing quality health promotion practice in colleges and universities. It comes with a companion CD-ROM version that allows you to download sections.

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The professional development portion of the workbook guides you through a process of “reflection, assessment and development of an action plan” based on the *Standards*. Similarly, the program development portion of the workbook suggests a process that allows a department to assess its current organizational capacity for incorporating the *Standards* into its health promotion practice. The workbook provides hands-on, easy-to-use worksheets to help with assessment. The appendix provides the reader with a copy of *Standards* and samples of individual and program action plans.

The workbook has a logical layout, which is easy to read and understand. It provides practical information that can be used immediately. It's a must-have for health educators who are interested in providing documentation for individual professional development and improving a health education department. Although the workbook is designed for health promotion professionals in higher education, it has further potential because health promotion specialists can use it in other settings. The workbook also provides an extensive list of resources to introduce the professional working in higher education health services.

Chapman, R. J. (Ed.). (2006). *When They Drink: Practitioner Views and Lessons Learned on Preventing High-Risk Collegiate Drinking* (Monograph). Glassboro, NJ: Rowan University, Centers for Addictions Studies. Retrieved May 3, 2005, from http://www.rowan.edu/centers/cas/hec/documents/draftmanuscript_000.pdf

Walters, S. T., & Baer, J. S. (2005). *Talking With College Students About Alcohol: Motivational Strategies for Reducing Abuse*. New York: Guilford. ISBN 1-59385-222-3. Paperback.

There is often a perception on college campuses that the work of alcohol abuse prevention, intervention, and counseling is the sole responsibility of those individuals whose job titles proclaim it to be so. Perhaps this type of health promotion work is more easily relinquished to others because it is perceived to hold little glamour or reward.

In addition, it is a content area in health promotion that engenders conflict because different campus interests cannot always consistently identify when they might be enabling or exacerbating a problem, nor can they always agree on what kind of drinking behavior is problematic and when or what kind of intervention is most appropriate.

However, given the growing emphasis on understanding how environment and communities can have a dramatic influence on individual health behavior both positively and negatively, it becomes ever more critical to recognize how multiple spheres of influence in a campus environment must be engaged in strategic efforts that compliment the work of helping professionals on campus. Such a need is perhaps greatest in the arena of alcohol abuse because there seems to be no more urgent health-related issue on college campuses—drinking behavior is intimately connected to other health-related behaviors in such areas as sexual activity, sexual assault, violence, and even sleep.

Fostering institutional allies committed to substance abuse prevention means identifying individuals who can and have been critical forces in helping to enact significant changes in our campus culture—a culture that has had a particularly long and troubled relationship with alcohol.

To that end, two recently published resources by Chapman (2006) and Walters and Baer (2005) are exceptionally invaluable companions for both novice and seasoned professionals working in the field of alcohol-abuse prevention in higher education.

Chapman's monograph is a collection of contemporary essays written by a diverse array of prevention professionals and allies that individually and collectively possess an impressive lineage of firsthand experience in the field. This publication offers real-world examples and experiences of alcohol-abuse prevention and intervention that reflect the array of many evidence-based approaches featured in the 2002 National Institute on Alcohol Abuse and Alcoholism (NIAAA) report, "A Call to Action: Changing the Culture of Drinking at U.S. Colleges" (U.S. Department of Health and Human Services [USDHHS] Task Force, 2002).

Although Chapman's publication focuses on the topic of high-risk drinking, he is also quick to point out that the majority of college students consume alcohol moderately. Regardless, the consequences of high-risk drinking affect the campus as a whole. As a result, Chapman's monograph provides the reader with a broad view on the practice of substance abuse prevention with potential relevance and application with *universal* (general), *selective* (at-risk), and *indicated* (exhibiting problems) student populations. In addition, the

author's stated purpose for this monograph is to share perspectives from the field that focuses reader attention on how campus culture change is best achieved by "*acting on* the issue of collegiate drinking rather than *reacting to it*" (p. 10).

Chapman's "call to action" is eloquently and insightfully jump-started by an intriguing prologue that draws on several theories from the disciplines of social psychology and sociology—including just world hypothesis, groupthink, symbolic interactionism, and the maturing-out phenomenon—as a foundational and developmental exploration of collegiate alcohol consumption. From here, the monograph is organized into three main segments, each of which makes a unique contribution to the publication.

The first part is described as a collection of "professional essays related to best practices and contemporary thinking on the topic of understanding, preventing, and/or intervening with high-risk collegiate drinking" (p. 14). The essays are eclectic, including an early essay that provides a unique and oft-overlooked historical perspective on drinking among college students during the past 50 years as well as prevention models enacted within that same time frame. There are first-person narratives from practitioners in the field and an essay that provides a qualitative inquiry into the first-year experience. In addition, the first section covers strategies as broad as environmental management to more focused essays on social norming, campus-community collaboration, policy, faculty involvement, early intervention programs, and evaluation.

There is also an essay that applies the environmental management

framework to the issue of homophobia and working with gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth, a particularly marginalized population that would represent a selective group for intervention given their higher risk for alcohol problems. Finally, two essays tackle an ever-growing debate on the lack of common terminology in the field—in particular, the use of “binge drinking” as a quantified term associated with high-risk drinking.

The second part of the monograph focuses on personal essays that reflect “lessons learned” from the field by “prevention specialists, senior administrators, community activities, professional counselors and educators” (p. 18). This second section includes an essay on getting the attention of campus “movers and shakers,” which offers 12 concrete suggestions for working with senior administrators written by a veteran administrator, reflections on developing more effective partnerships with law enforcement, attention to prevention programs working with college-bound youth and faculty/staff training programs, and an essay on being a first-time campus prevention coordinator for alcohol and other drugs at a campus that has reactively formulated the position.

The final section of Chapman’s monograph is an appendix that consists of six essays from a previously unpublished edition of *The Catalyst*, a newsletter by the U.S. Department of Education’s Higher Education Center on Alcohol, Other Drugs, and Violence Prevention. These essays offer some additional insight on such topics as the first-year experience, transitioning students (from high school to college), and the role of community colleges

in transition. In sum, they offer additional perspectives on these topics and compliment the essays earlier in the monograph.

Although not intended as an exhaustive review or selection of prevention strategies, the monograph certainly presents the reader with a diverse array of perspectives to digest, dissect, and debate regarding their applicability and relevance to one’s own campus setting. While there is some attention to issues of institutional diversity (i.e., the inclusion of community colleges, working with high school prevention staff, etc.) and the need to incorporate multiple entities and partnerships in prevention (i.e., faculty, law enforcement, etc.), there are few essays that attend to how the diversity of the student population might influence prevention work. Aside from the essay on working with GLBTQ youth and Chapman’s cautionary remarks in his epilogue about a one-size-fits-all prevention approach, limited attention is paid to the development of cultural competency skills in providing appropriate responses to student drinking.

At present, there are also several limitations of the monograph, which are largely related to the online venue through which the monograph is offered. For some reason, there are no page numbers in the monograph until page 81. There is no simple way to quickly link to a particular essay of choice from the table of contents, nor is the Acrobat Reader “bookmarks” option an accurate way of navigating the document. Finally, the table of contents lacks authorship identification. As a result, the reader must scroll through the 300-page-plus PDF file to find an essay and identify its associated author. At press time,

however, some changes were anticipated that would more easily facilitate accessibility of the monograph.

In contrast to the overarching collection of perspectives and experiences proffered in Chapman’s monograph, Walters and Baer’s publication attends to the development and practice of effective alcohol intervention strategies with a *selective* and *indicated* population of students at risk or already displaying problems with drinking. It supposes that natural allies can be trained to intervene so that rather than isolating and delegating the task of prevention to a specific office or person, both faculty and staff across campus who work closely on a daily basis with students are viewed as ideally positioned to opportunistically identify and assist a student experiencing alcohol-related issues—perhaps even at an earlier stage of the progression. Recognizing the possibilities that exist with such natural allies, however, must also acknowledge the possible hesitation to act because of a perceived lack of preparation and expertise in how to respond.

To that end, *Talking With College Students About Alcohol: Motivational Strategies for Reducing Abuse* is an excellent resource for campuses. This book is a concise and easily digestible guide on health promotion strategies for assessing and intervening with college drinkers both on an individual basis and in a group context. The authors have developed a tool that does not reflect “a new therapy for college drinking” (p. vii) but rather translates existing multidisciplinary research on approaches to problem drinking into concrete conversational ideas and examples of brief, yet effective, ways to minimize

defensiveness and motivate students toward positive changes in drinking behavior.

Although the suggested readership for this book includes therapists, counselors, health educators, and medical professionals who work with college students or other young adults, it is a useful resource for an even broader campus audience. Also, it is recommended as a possible text for adoption by a class or program designed to train students in substance abuse counseling, peer counseling or peer education, and student health. That suggestion could be extended to apply to a training program designed for any campus allies who work with students and have an interest in providing health-related support services to students, even if they do not officially serve in a student affairs capacity.

One of the assets of this book is the way in which the information is presented in a clear and straightforward manner that considers how ease of adaptation might be a key variable for the reader. Each chapter concludes with a helpful summary of key points, and there is a substantive appendix that contains purchaser rights to photocopy any of the assessment instruments and intervention activities. Although not contained in the book itself, the authors have also developed PowerPoint slides that can be downloaded from the publisher's Web site and adapted or adopted for use as training supplements to the book. These slides can be easily edited, revised, or otherwise tailored to suit the needs of the trainers using this resource.

Organizationally, this book is not unlike Chapman's monograph. The authors identify three main sections to the book. The first section of the

book orients the reader to the current status of alcohol use and abuse among college students. It provides a particularly useful and concise overview of the relevant research for those readers that might, for example, be new to the field of college health and unfamiliar with the research on use and abuse. The second section discusses assessment techniques and the importance of counseling style—in particular, the implementation of a motivational interviewing (MI) style of counseling on provoking change. The third section of the work provides the reader with specific types of individual and group interactions that are clustered based on the time available for intervention. In this section, the authors provide sample conversational ideas and approaches that can be accomplished with as few as 5 to 10 minutes with a student, something that could help make the thought of intervention far less threatening to a novice.

The first section of the book does provide a useful overview of the current research on alcohol use and abuse as well as the consequences of such behavior among college students. It also provides some minimal attention to different risks associated with such aspects as gender, family history of addiction, and Greek or athletic association. What is missing from this review of the research on alcohol behavior, however, is a focus on the differential risk posed to those in traditionally marginalized populations, such as the GLBTQ population or ethnic minorities. This gap also becomes important in the next two sections of the book when assessment, counseling style, and specific strategies for intervention are addressed. Like Chapman's

monograph, there is an absence of discussion regarding the relevance of cultural differences on reception to the various counseling styles and assessment and intervention techniques as well as the necessary skill of cultural competency in applying these suggested techniques. Rather, there is a bit of a cookie-cutter approach that suggests that the amount of available time for an intervention is the most salient variable that would drive which approach to select.

Another self-proclaimed limitation of this book is that it addresses only one approach to addressing the problem of alcohol abuse. The authors readily recognize that individual and group interventions that rely on face-to-face interaction are not the sole remedy to the problem of campus alcohol abuse. However, they identify their approach as one important aspect within the framework of the recommendations for a comprehensive campus alcohol prevention program, as released in the 2002 NIAAA report previously highlighted with Chapman's monograph (USDHHS Task Force, 2002).

Although the authors do hope to debunk the notion that only highly trained and specialized counselors are in a position to intervene with a student who might be in trouble, one potential pitfall of such a message is that a person might be inclined to consider himself or herself an intervention expert after digesting this single book. The authors do caution the reader to be aware of situations when only a trained counseling professional should be solicited to aid a student, but it is not made entirely clear how a person would know that a particular mental health situation

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or risky behavior necessitates more critical action.

Despite some of its limitations, this important resource draws on a variety of research-based and disciplinary approaches to intervention. It incorporates both a developmental and public health perspective on alcohol use and abuse while drawing on multiple theories of behavior change with a strong emphasis on the capacity to foster student-driven change through MI as the primary counseling style. The authors acknowledge the important balance of bringing the relative infancy of science-based approaches to assessment and intervention in line with the realities of practice, in which flexibility and time constraints can very well influence the quality of interaction.

In conclusion, both Chapman (2006) and Walters and Baer (2005) have contributed publications to the field of substance abuse prevention that add value to our understanding of best practices that are evidence-based and grounded in real-life experiences. Both publications are able to draw on relevant theories that are multidisciplinary in scope to enhance our understanding of the problem and scope of college drinking as well as help to better direct our ideas, thoughts, and preparation regarding prevention, intervention, and training in a proactive manner. Prevention practitioners and allies in higher education, as well as at the high school

level, both novice and seasoned, could ultimately benefit from both resources to strengthen their alcohol-abuse prevention work.

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We've all been there. A student or participant asks a question, and we don't know the answer. We say, "I'll get back to you on that," and we may have some ideas of where to search, but we need to be practical about the amount of time we spend chasing the rabbit down the hole. Enter one of the most useful Web sites in a college health educator's book of tricks—Go Ask Alice! (<http://www.goaskalice.columbia.edu>).

Go Ask Alice! has been in existence since 1993 and is designed to provide accurate and accessible health information to assist individuals in making healthy decisions. The interactive Web site addresses general health issues but also has special links that direct the reader to questions about alcohol and other drugs, fitness and nutrition, emotional health, sexuality, sexual health, and relationships.

Initially, only Columbia University students could submit questions, but with its overwhelming popularity

through the Internet, anyone can anonymously submit a question to be answered. Health care professionals, such as health educators and clinical providers, from Columbia University develop responses. Other specialists from health-related organizations across the world may also be utilized. Approximately 2,000 questions are submitted weekly; individual responses are not provided. All questions are read and any response will be posted on the Web site. Posted questions undergo a review process, so responses are updated to ensure accuracy.

The intended readership originally was college students; the language and frank discussion coincide with best practices for communicating with college students. At the same time, many professionals use this resource regularly and high school students might also find the information pertinent.

The contribution of this resource cannot be underestimated. At a time when college students regularly receive information from the Internet and some frequently conduct Internet searches for health information (American College Health Association [ACHA], 2005; Escoffery et al., 2005), only 20.9% of a national sample of college students identified the Internet as a "believable" source of health information (ACHA, 2005). As college health educators, it is critical to identify and provide students with credible resources. In the late 1990s, both the predecessor of and Go Ask Alice! itself were acknowledged for having accurate, comprehensive content for sexuality issues (Smith, Gertz, Alvarez, & Lurie, 2000).

One must realize that Go Ask Alice! is an information source and not necessarily intended to impact behavior change. After searching many

responses of Go Ask Alice!, I could not identify a linkage between theory and practice overall. This resource primarily serves as a factual guide correcting misinformation. Some responses might help individuals better understand benefits of positive behaviors (like the question “Quitting smoking = depression?”) or the susceptibility of a condition (e.g., “HIV-Positive visitor—What are the risks?”). Others may provide guidance in behavior change using ideas from stages of change (e.g., the question “Fun without drugs?”), but in general there is not a theoretical component behind the responses.

The resource is designed for college students, so some of the wording and question titles, especially in the sexuality and sexual health topics, are blunt. Although these are words and phrases that many teens use as well, parents may be shocked at the casual tone. Several readers’ comments have identified that very concern (question: “Get serious—Lose the slang!”), and others have expressed outrage about how questions about some sexual activities are answered with respect and normalcy (Question: “Alice, you’ve crossed the line on what’s ‘normal’”). From a health educator’s perspective, using language similar to the audience engages the audience and allows them to relate to the response. Likewise, providing non-biased health information about sexual activities is critical to those engaging in them. Go Ask Alice! addresses topics that other sources (especially government resources) do not, including masturbation, orgasm, autoerotic asphyxiation, sex toys. These are topics that college and high school students have questions about, and if an accurate source isn’t provided to them, they

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will seek out the information from other sources.

One of the limitations of Go Ask Alice! is the overwhelming number of responses an individual receives when using the search function. For example, searching for “proper use of condoms” (with the quotes) produced no results; however, without the quotes, more than 2,707 responses were identified. One often has better luck using the headings listed on the left part of the home page. Under each category, one can click “View all Q&As in this category,” which reveals titles under that heading organized by topic. Users can then quickly skim the list to see what is most relevant to their question. At the same time, the site could be improved by having a more specific search function to aid individuals to find the topic of interest.

Overall, Go Ask Alice! is a great resource for a wide variety of audiences: health professional, parents, teachers, and high school and college students. Its wide array of health topics from the common (“Eating poorly, no exercise”) to the not-so-common (Adam’s got an apple . . . Why not Eve?) can assist the health consumer as well as a professional trying to answer that obscure question.

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To promote the use of the new Food Guide Pyramid and the 2005 *Dietary Guidelines for Americans*, the U.S. Department of Agriculture Center for Nutrition Policy and Promotion published the Web site www.mypyramid.gov and the online dietary and physical activity assessment tool called MyPyramid Tracker (www.mypyramidtracker.gov). The goal of this assessment tool is to provide individualized feedback about diet quality and energy balance. This online tool is for Web-savvy people interested in learning more about nutrition and physical activity.

Web-based tailored nutrition education is a promising health promotion strategy. Contento et al. (1995) have suggested that nutrition education that is personally relevant and tailored to important behavioral determinants, applies personalized self-assessment and feedback, and enables active participation is more likely to

be effective. Brug, Oenema, Kroeze, and Raat (2005) have argued that online tailored nutrition education is well suited to meet these criteria; however, it will only be effective if delivered by a credible and trustworthy source, if the message includes sufficiently strong and convincing arguments, and if people are exposed and attentive to the health education message.

MyPyramid Tracker is a credible free Web site that requires active participation by asking participants to create a profile and enter their daily food intake and physical activity. The Web site then provides an immediate personalized assessment and feedback on macro and micronutrients, energy balance, and more. The site is organized, easy to navigate, and makes an attempt to be culturally inclusive through its vast database of foods.

A limitation of this Web site is that it does not survey participants about health behavior determinants such as motivation, abilities, and opportunities, which can affect diet and exercise. Also, entering the food and physical activity can be a bit tedious. The frequent food and activity lists help cut down on the time and effort required if a participant visits the site often; however,

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participants must be fairly motivated to complete this assessment for the first time.

Within the context of college health promotion, MyPyramid tracker can be a useful tool. The American College Health Association National College Health Assessment (ACHA-NCHA, 2006) demonstrates that 70% of university students get health-related information from the Internet. This online assessment can be beneficial for individual students interested in making dietary changes on their own or in conjunction with nutrition counseling. Used as an online food and activity journal, this site can help students and nutrition professionals monitor and assess progress toward behavior-change goals. This site can also be used as part of a class assignment prior to or after a nutrition lecture to increase personal relevance. Making MyPyramid Tracker an assignment

will help increase motivation toward, exposure to, and attention to this health information. This Web site could also be incorporated into a physical activity or nutrition intervention. Because feedback is personalized based on a participant's profile (age, gender, height, and weight), this tool can be used with a variety of students such as athletes, students interested in weight loss, vegetarians, and others. Overall, MyPyramid Tracker is a versatile free resource for improving nutrition and physical activity among college students.

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