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Development and Evaluation of Comprehensive Health Program for a Private College

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Abstract:

This study developed and evaluated a comprehensive health program specifically designed to address the evolving needs of students at a private college. The program focused on mental health, the prevention of alcohol and prohibited drug abuse, and physical safety, as identified through a systematic needs assessment of the student population. The initiative aimed to strengthen the institution's health infrastructure, enhance resource allocation, and refine policies to better safeguard and promote student well-being. The research was structured in three phases. The first phase involved the development of the health program, grounded in data obtained from a needs assessment survey addressing mental health, substance abuse, and physical safety. The second phase entailed an expert evaluation of the developed program by professionals in health, education, and school administration, utilizing the World Health Organization (WHO) Health Systems Framework. The third phase assessed the program's acceptability within the school administration, employing the Theoretical Framework of Acceptability Questionnaire. A primarily quantitative developmental research design was employed, supplemented by embedded qualitative thematic analysis of evaluation feedback. The study utilized a researcher-designed questionnaire to survey 271 voluntary student participants, followed by expert evaluation from three specialists representing health, education, and administration. Additionally, ten college administrators participated in the acceptability assessment. Key findings indicated a substantial demand for mental health services, substance abuse education, and improved safety protocols. These findings informed the creation of a comprehensive, multifaceted program that incorporated workshops, increased access to counseling services, and policy enhancements. The expert panel rated the program as "Very Good," and college administrators expressed strong support for its implementation. Once enacted, this initiative had the potential to significantly improve student well-being, foster a healthier campus environment, and serve as a replicable model for other educational institutions.

Keywords: Assessment, Development, Comprehensive Health Program, College Students, Evaluation

INTRODUCTION

The well-being of college students is increasingly recognized as essential for both their academic success and overall quality of life. Recent research indicates that many students face a wide array of health challenges, including mental health issues, substance use, and concerns about physical safety. These complex issues can profoundly affect their daily lives and educational experiences. National surveys have revealed a troubling trend: a significant number of college students are struggling with anxiety, depression, stress, and substance abuse, all of which can seriously undermine their academic performance and personal development (National College Health Assessment, 2025; Jones et al., 2023). In addition to mental health concerns, students often worry about their physical safety and whether they have adequate access to healthcare services on campus (Brown & Lee, 2024). Addressing these challenges is crucial, as they significantly impact students' overall well-being.

Given these challenges, private colleges have both a responsibility and an opportunity to enhance their health support systems. By developing comprehensive health programs tailored to the unique needs of their students, these institutions can address existing gaps in their current offerings. Such programs not only ensure students receive the support they need but also actively promote their overall health and well-being.

In this study, expert evaluation of the program is critical. Professionals with in-depth expertise carefully assess multiple aspects of the program. Effective evaluation of college health initiatives relies on comprehensive frameworks that emphasize service quality, resource allocation, policy adherence, and administrative support (American College Health Association, 2016). Key considerations include the accessibility and quality of services, the availability of necessary medical products and equipment, and adequate staffing levels. Evaluators also scrutinize resource management and the overarching policy framework. The feedback generated from these assessments is invaluable, as it highlights the program's strengths and identifies areas for improvement. Ultimately, this thorough review process ensures the program effectively meets students' needs.

Furthermore, the study assesses the acceptability of the comprehensive health program among school administrators. Acceptability models, such as the Theoretical Framework of Acceptability, help clarify stakeholders' perceptions and levels of engagement, factors that are vital for sustained program adoption and ongoing improvement (Sekhon et al., 2017). This evaluation determines whether the program meets institutional standards, aligns with school health policies, and effectively addresses identified student health needs. Involving administrative stakeholders in this process ensures that the program is feasible, sustainable, and aligned with the college's broader health support goals.

This study aims to develop and evaluate a comprehensive health program that addresses mental health, alcohol and drug abuse prevention, and physical safety, tailored to the evolving needs identified through the needs assessment. Through this initiative, the institution can strengthen its health infrastructure, optimize resource allocation, and refine policies to better safeguard and promote student well-being.

METHODOLOGY

Research Design

This study employs a primarily quantitative developmental research design augmented by an embedded qualitative thematic evaluation feedback analysis. Quantitative developmental research involves the systematic design, development, and evaluation of instructional or educational products and processes, using numerical data to verify effectiveness and internal consistency (Richey & Klein, 2005). Here, it focuses on developing, evaluating, and assessing the acceptability of a comprehensive health program through cross-sectional data, an observational study design that captures a snapshot of a population's characteristics, exposures, or outcomes at a single point in time (Scribbr, 2023). Specifically, this approach examines student needs assessment for program development, expert evaluation, and concurrent school administration reception.

To gather experts' feedback on strengths, weaknesses, and recommendations, this study incorporates thematic analysis, a qualitative method for identifying, analyzing, and reporting patterns (themes) within data such as interviews or open-ended responses (Kalpokas & Hecker, 2023). This approach processes expert comments to yield actionable insights, enabling program refinement while validating quantitative findings.

Locale of the Study

This study was conducted at a private college in Bago City, Negros Occidental. The college offers two programs: BS in Information Systems and BS in Management Accounting. Founded in 2018 with 43 students, enrollment dropped the next year to 21 first-year and 24 second-year students. Enrollment was disrupted by the COVID-19 pandemic but began to recover in 2023. By 2025, the student population reached 917.

Respondents of the Study

The research population for the needs assessment was college students at a private college; the student body totaled 917 students. Using Raosoft’s calculator, the researcher determined the sample size of 271 students.

The sample also included three experts for the program evaluation: a medical doctor representing the clinical dimension of health services, a PhD in education representing the school setting, and the college president, who

embodies the administrative oversight of the institution. Lastly, for the acceptability assessment, the sample comprises 10 respondents from the college administration

Sampling Design

During the development phase, the study used purposive sampling to select student participants based on their relevance to the research goals. Students were chosen from two academic programs, including all four year levels, and represented both male and female groups. This method helped gather feedback from a wide range of experiences within the college community.

The evaluation phase involved experts in health, education, and school administration, chosen for their credentials and experience, to thoroughly assess the comprehensive program. For the acceptability phase, purposive sampling targeted school administrators directly involved in the acceptance and support of the health program for potential implementation.

Validity and Reliability of the Research Instrument

The research utilized three main questionnaires across its phases. The first, a students' needs assessment questionnaire, was carefully developed and validated by experts, achieving high content validity with a mean score of 5.00. Its reliability was confirmed through a pilot test with 30 students excluded from the main study, yielding a Cronbach's Alpha of 0.711, an acceptable level of internal consistency that ensured the items reliably measured the intended health needs construct. This assessment proved instrumental in shaping the comprehensive health program tailored to student priorities.

The second questionnaire drew from the World Health Organization's Health Systems Framework to evaluate the program's coverage of six critical building blocks: service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership/governance. By applying this established structure, the evaluation systematically identified strengths, weaknesses, and areas for expert-recommended improvements.

Finally, program acceptability was gauged via a questionnaire adapted from the Theoretical Framework of Acceptability (TFA), targeting administrative stakeholders. Reliability testing was conducted solely on the needs assessment questionnaire, as the other instruments were grounded in validated, established frameworks.

Data Analysis

Development phase

The researcher applied quantitative analysis using descriptive statistics, as defined by Field (2024) as numerical and graphical techniques to summarize key dataset features. The needs assessment questionnaire employed a 5-point Likert scale—from 1 (strongly disagree) to 5 (strongly agree) to gauge attitudes, a psychometric tool pioneered by Rensis Likert (1932) for measuring perceptions via agreement levels. Divided into three parts (demographic profile, health needs assessment, and additional concerns), the analysis used frequencies to characterize demographics, while mean and standard deviation quantified needs in areas like mental health, substance abuse, and physical safety. These metrics illuminated patterns and variability, with sample sizes clarifying response totals for additional concerns. The resulting insights directly informed the researcher's design of a comprehensive health program tailored to the student community's identified priorities.

Evaluation Phase

The researcher combined descriptive statistics with thematic analysis, a flexible qualitative method for identifying, analyzing, and reporting data patterns, as outlined by Braun and Clarke (2006). The evaluation questionnaire comprised five parts: the first four used the same 5-point Likert scale for expert ratings of the program's aspects, summarized using mean and standard deviation to capture consensus and agreement dispersion. The fifth part captured

open-ended expert feedback on strengths, weaknesses, and suggestions, which thematic analysis distilled into coherent themes. This dual approach provided both quantitative rigor and qualitative depth, refining the program's effectiveness.

Acceptability Assessment phase
Descriptive statistics analyzed responses to the acceptability questionnaire, structured around the Theoretical Framework of Acceptability's eight constructs and using the 5-point Likert scale. Mean and standard deviation scores offered a clear, overall rating of the program's feasibility from college administrators, highlighting its potential for institutional adoption.

Ethical Consideration

Ethical approval for this study was secured from the private college administration before the development of proposed enhancements to the health program tailored to students' needs. All procedures were designed to uphold the rights, confidentiality, and well-being of participants, ensuring adherence to institutional and ethical research standards. The study prioritized informed consent, transparency, and the responsible use of data throughout the research process.

RESULTS AND DISCUSSION

1. Development Phase

a.) Needs Assessment

Health Needs of College Students in terms of Mental Health

Table 1.1 shows the level of mental health needs among college students. Both 22-25- and 18-21-year-old respondents' levels are low with mean scores of 3.33 (SD=0.51) and 3.26 (0.65), respectively. Both female and male respondents' levels are low, with mean scores of 3.34 (SD=0.59) and 3.17 (SD=0.67). BSIS students had mean scores of 3.36 (SD=0.60) and 3.20 (SD=0.63), respectively, for BSMA students. Further, the 1st to 4th year students' levels are low, with the 2nd year being the highest, with a mean score of 3.39 (SD=0.54), and the 1st year being the lowest, with a mean score of 3.16 (SD=0.66). Overall, the level is low, with a mean score of 3.28 (SD = 0.62).

The mental health needs of students are generally low across all variables, exhibiting a low level of mental health concerns and related issues.

Table 1. 1. The Health Needs of College Students in terms of Mental Health

Variables	n	M	SD	Interpretation
Age				
18-21	209	3.26	0.65	Low
22-25	62	3.33	0.51	Low
Sex				
Male	91	3.17	0.67	Low
Female	180	3.34	0.59	Low
Course				
BSMA	134	3.20	0.63	Low
BSIS	137	3.36	0.60	Low
Year level				
1st Year	89	3.16	0.66	Low
2nd Year	106	3.39	0.54	Low
3rd Year	58	3.30	0.70	Low
4th Year	18	3.21	0.49	Low
As a whole	**271**	**3.28**	**0.62**	**Low**

Health Needs of College Students in terms of Alcohol and Prohibited Drug Abuse

Table 1.2 shows the level of health needs of college students in terms of substance abuse. The 22-25-year-old respondents' level is average, with a mean score of 2.66 (SD=0.51), and lower for 18-21-year-olds, with a mean score of 2.51 (SD=0.63). Both male and female respondents' levels are low with mean scores of 2.59 (SD=0.58) and 2.45 (SD=0.66), respectively. Moreover, the BSMA is average, with a mean of 2.61 (SD=0.54), while the BSIS is low, with a mean of 2.48 (SD=0.67). Lastly, both 3rd- and 4th-year students are average, with mean scores of 2.83 (SD=0.52) and 2.61 (SD=0.67), respectively, while both 1st- and 2nd-year students are low, with mean scores of 2.47 (SD=0.75) and 2.43 (SD=0.46), respectively. Overall, the level is low, with a mean of 2.54 (SD = 0.61).

The health needs of college students regarding alcohol and prohibited drug abuse are generally low. However, students aged 22 to 25, those enrolled in the BSMA program, and third- and fourth-year students exhibit an average level of concern in this area. Despite these subgroup variations, the overall level of alcohol and prohibited drug abuse issues among the student population remains low.

Table 1.2. The Health Needs of College Students in terms of Alcohol and Prohibited Drug Abuse

Variables	n	M	SD	Interpretation
Age				
18-21	209	2.51	0.63	Low
22-25	62	2.66	0.51	Average
Sex				
Male	91	2.45	0.66	Low
Female	180	2.59	0.58	Low
Course				
BSMA	134	2.61	0.54	Average
BSIS	137	2.48	0.67	Low
Year Level				
1st Year	89	2.47	0.75	Low
2nd Year	106	2.43	0.46	Low
3rd Year	58	2.83	0.52	Average
4th Year	18	2.61	0.67	Average
As a whole	**271**	**2.54**	**0.61**	**Low**

Health Needs of College Students in terms of Physical Safety

Table 1.3 shows the level of health needs among college students regarding safety. When grouped by age, both levels are average, with a mean score of 3.26 (SD=0.40) for 22-25 years old and 3.18 (SD=0.58) for 18-21 years old. For sex, both are average with a mean score of 3.32 (SD=0.50) for females and 2.95 (SD=0.55) for males. Further, both courses are average, with mean scores of 3.31 (SD=0.48) for BSMA and 3.09 (SD=0.57) for BSIS. Lastly, the first- to third-year students' levels are average, with mean scores of 3.09 (SD=0.53), 3.24 (SD=0.51), and 3.19 (SD=0.63), while the 4th-year students' level is high, with a mean score of 3.47 (SD=0.27). Overall, the level is average, with a mean score of 3.20 (SD = 0.54).

The results show that college students' health needs regarding physical safety are generally at an average level. While fourth-year students exhibit a higher level of physical safety concerns, the overall findings for the student population remain average.

Table 1.3. The Health Needs of College Students in terms of Physical Safety

Variables	n	M	SD	Interpretation
Age				
18-21	209	3.18	0.58	Average

22-25	62	3.26	0.40	Average
Sex				
Male	91	2.95	0.55	Average
Female	180	3.32	0.50	Average
Course				
BSMA	134	3.31	0.48	Average
BSIS	137	3.09	0.57	Average
Year Level				
1st Year	89	3.09	0.53	Average
2nd Year	106	3.24	0.51	Average
3rd Year	58	3.19	0.63	Average
4Th Year	18	3.47	0.27	High
As a whole	**271**	**3.20**	**0.54**	**Average**

Summary of Students' Additional Health Concerns

Table 1.4 presents a summary of students' additional health concerns. In question 1, the health concerns that students would like the school to address are as follows: stress, anxiety, and depression, which rank highest, followed by issues related to unclean restrooms, and the next concern is smoking on campus. Lastly, social health, bullying, and physical health concerns ranked lowest among students. In question 2, the health services the students would like to see implemented in school are as follows: both mental health support and free checkups received the highest rankings, followed by dental services, then drug testing. Health organizations and health education ranked lowest. In question 3, the school can better support the health needs of students by focusing on providing counseling services with trained professionals, which ranked highest; followed by additional medicine supply; then proper ventilation or air-conditioned rooms; next, health education; and lastly, health education.

Overall, while physical safety received moderate attention in the needs assessment, they did not emerge as a primary concern among students based on additional feedback. In contrast, the needs assessment identified significant challenges such as stress, anxiety, and depression as mental health issues that require focused support. Although substance abuse initially received lower ratings, concerns related to drug use, smoking, and the need for drug testing highlight the ongoing importance of targeted education and awareness efforts.

Table 1.4. Summary of Students' Additional Health Concerns

Variables	**n**
Question 1	
Stress, Anxiety, Depression	18
Restroom (dirty)	12
Smoking inside the campus	7
Bullying	1
Social Health	1
Physical Health	1
Question 2	
Mental Health Support	10
Free Checkups	10
Dental Services	3
Drug Test	2
Health Organization	1
Health Education	1

Question 3	
Counseling Services with trained professional	7
Additional Medicine Supply	6
Proper ventilation/aircon rooms	3
Health Education	2
Nutritional Education	1

b.) Development Phase

The design of the comprehensive health program is rooted in the WHO Health System Framework, often called the "six building blocks," which structures health systems into service delivery, health workforce, information systems, medical products/vaccines/technologies, financing, and leadership/governance. These six core building blocks guide strengthening efforts to improve health outcomes, equity, responsiveness, financial protection, and efficiency. These interconnected components form the foundation of this comprehensive program. Service delivery ensures effective, safe, quality personal and non-personal health interventions that reach students when and where needed. It includes networks of public/private providers, referral systems, and coverage of essential services. Medical products, equipment, and staffing guarantee essential supplies through supply sourcing and rational use, and ensure sufficient skilled workers through education and training to meet students' needs. Information **systems** generate reliable data on health status, determinants, and system performance through surveys, records, and surveillance. Financing enables access without financial burden, supports the health program, and optimizes resource use. Leadership and governance set strategic policies, provide supervision, implement regulations, and ensure accountability to all stakeholders.

c.) Program Development

Based on the results of the needs assessment and using the WHO health systems framework, the researcher has developed a comprehensive health program.

Comprehensive Health Program for a Private College

Introduction

A Comprehensive School Health Program in colleges is vital for promoting mental health, reducing risky behaviors such as substance abuse, and fostering a supportive campus environment. Such programs help students manage stress and anxiety, foster a sense of belonging, and improve academic engagement. The core components include mental health support, substance abuse prevention, and safety, all of which contribute to students' academic success and personal well-being. This study aims to design and assess a tailored health program for a private college, addressing students' specific needs and strengthening institutional support for their overall health.

The Needs Assessment

A needs assessment of 271 college students revealed that, overall, students report low levels of mental health concerns and substance abuse. However, some subgroups (older students, certain programs, and upper years) show average concern for drug and alcohol use. Accident and safety issues are generally of average concern, with fourth-year students reporting the highest incidence.

Students most frequently want the school to address stress, anxiety, and depression, as well as improve restroom cleanliness and address smoking on campus. The most requested health services are mental health support, free medical check-ups, dental services, and drug testing. Lower priorities include social health, bullying, and general health education.

Recommendations for the school include increasing access to counseling with trained professionals, improving clinic resources, enhancing classroom ventilation, and providing nutrition seminars. While physical safety is moderately important, mental health emerges as the most significant challenge, highlighting the need for comprehensive mental

health services and ongoing education around substance use. Addressing these areas will help tailor the health program to the evolving needs of the student body.

Service Delivery

The comprehensive health program for college students consists of three main components: mental health, substance use prevention, and accident prevention and safety, each with clearly defined objectives and strategies to guide implementation and ensure effectiveness.

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A. Mental Health

Mental health encompasses a wide range of social, psychological, and emotional factors that shape students' everyday lives and academic performance. Significant causes of mental health issues for students are academic stress and pressure, social and cultural pressures, and stigma attached to mental health. Drawing from the findings of the student needs assessment, below is the program, goals, and mental health strategies.

Program	Objectives	Strategies
I. Holistic health The school clinic will hold a seminar/ symposium every semester to promote and discuss health literacy	- Increase student knowledge of effective mental health maintenance strategies -Improve student understanding of common mental disorders -Reduce mental health stigma by fostering positive attitudes	1. Health Education a.) Physical Health (including physical activity) b.) Nutrition and balanced eating habits c.) Good hygiene practices d.) Adequate sleep for optimal rest and recovery e.) Stress management techniques for mental well-being f.) Social health and building meaningful relationships 2. Understanding Mental Health Conditions a.) Anxiety b.) Depression 3. Decreasing Stigma a.) Misconceptions about mental health b.) Safe and inclusive space for all
II. Peer Support Programs	-Enhance students' social connectedness and decrease feelings of isolation	1. "Buddy System" or mentorship program especially to new students, to reduce feeling of isolation and promote social connectedness 2. "Connect Clubs" -including Arts, Sports, Dance, and faith-based

	-Increase student engagement by establishing and maintaining active school clubs -Enhance teachers' and staff's capacity to recognize and respond to mental health concerns effectively	organizations, including peer engagement and emotional support 3. "Safe Voices" -Empowering staff as trusted adults and anonymous helpline responders *The school will incorporate training into the INSET program at the end of the academic year. It will cover identifying mental health concerns, providing confidential support and referrals, and managing an anonymous helpline.
III. School-Based Mental Health Services (For students with severe symptoms. e.g., Depression and Chronic Anxiety)	-Improve mental health outcomes for students with severe depression and chronic anxiety by expanding the availability of confidential, school-based counseling services	1. School-Based Intervention Program -Partner with a licensed counselor to provide free confidential therapy sessions

B. Alcohol and Prohibited Drug Abuse

Raising awareness of substance use among college students is essential to help them avoid the negative effects of substance abuse, such as poor academic performance, risky behavior, and health issues. Awareness programs educate students on the dangers of drugs and alcohol, promote early recognition of addiction, and reduce the stigma of seeking help. These efforts make it easier for students to access counseling and recovery resources, thereby contributing to a safer, healthier campus environment.

Program	Objectives	Strategies
I. Education and awareness about substance use once every semester	-To provide education and awareness sessions each semester to help students resist drugs, manage themselves, and build social skills, so they can handle peer pressure and make healthy decisions.	1. Interactive workshop and seminar focuses on: a.) Drug Resistance b.) Stress Management C.) Communication Skills in resisting peer pressure
II. Mental health support and alternative activities	-To increase alcohol and prohibited drug use awareness among college students by integrating mental health support and providing alternative activities that promote healthy coping mechanisms, reduce the	1. Creative hobbies 2. social activities 3. Skills-building activities *The SSG will create clubs for gaming, sports, and recreation, and offer social

	appeal of substance use, and empower students to make informed, responsible decisions.	and skills-building activities. These include peer support groups, social events, and programs to teach self-esteem, assertiveness, goal planning, and problem-solving. The goal is to help students manage stress and build a supportive school community.
III. Policy enforcement to promote a healthier school environment	- To strengthen and consistently enforce school policies on prohibited drug use, smoking, and alcohol to cultivate a safe, healthy, and drug-free school environment conducive to student well-being and academic success.	1. Strict enforcement of a non-smoking policy on campus. 2. Prohibition of entry for students under the influence of alcohol. 3. Maintaining a drug-free campus. a.) Random Drug Testing *following thorough deliberation by the school management regarding technical procedures, legal considerations, and obtaining necessary approvals.

C. Physical Safety

To make schools safe, we must protect students' welfare from physical harm, violence, bullying, and other dangers, ensuring that they feel safe and valued. Schools can help students do well in school and feel good overall by addressing safety concerns. Here are the programs that will help students with accidents and safety issues.

Program	Objectives	Strategies
I. Safety education and awareness	-To create a safe school environment by raising safety awareness, preventing accidents through safety education, and consistently following safety rules.	1. Discussion and regular safety education sessions on: a.) Fire drill b.) Earthquake drill c.) Lockdown 2. Display safety information posters throughout the school
II. First Aid and Medical Resources	-To provide accessible first aid resources on campus and train staff and students in basic first aid, so they can respond quickly and effectively during emergencies and help keep the school community safe and healthy.	1. First aid training for staff and interested students. (Health organization) 2. The school maintains a fully functional clinic equipped with readily available first-aid supplies.
III. Emergency contact system	-To set up a reliable emergency contact system for fast and clear communication during crises, helping	1. Develop a clear chain of communication for emergencies.

	everyone stay informed and safe.	2. Implement a school-wide alert system for immediate notification
IV. Community partnership	-To build strong partnerships with local organizations to share resources, support students, and help the community grow.	1. Collaborate with local emergency services for training and support a.) Fire department- annual fire drills on campus, providing comprehensive training on fire safety procedures, command structure, and basic fire suppression techniques b.) DRRM - Describe earthquake safety precautions and exercises every year, and assist the school in creating preparations for emergencies. c.) Red Cross (other qualified organizations) - comprehensive training in basic life support

Health workforce

The success of the school's health program relies on having qualified, well-trained staff, such as a dedicated mental health guidance counselor and a school nurse for general health needs. Ongoing professional development in first aid, emergency response, and mental health strategies is essential for all school personnel to ensure they can address a wide range of health situations. Additionally, collaboration with local emergency services and regular drills are key to maintaining strong emergency preparedness, helping staff and students respond effectively and safely to emergencies.

Health Information System

The school will conduct an annual evaluation of its health services, facilities, and personnel to maintain program effectiveness and align with best practices. This process includes surveys, interviews, and feedback from students and staff to assess the quality and accessibility of services like first aid, mental health support, and emergency preparedness. Continuous monitoring of facility conditions, medical supplies, and staff performance will help identify trends and areas for improvement. The school will regularly update policies, protocols, and training in line with new guidelines and emerging needs, ensuring the health program remains dynamic and responsive to the school community.

Essential Medicines, Medical Products, and Technologies

The school's clinic is conveniently located near the main entrance and operates daily from 7:30 AM to 6:00 PM, staffed by one nurse and two assistants to provide attentive care. Dental services are available at a nearby off-campus clinic that offers free check-ups, and a medical doctor is available part-time. When the doctor is unavailable, urgent cases are referred to the city health center or hospital. The clinic is well-equipped for basic health needs, but to ensure ongoing high-quality care, regular restocking and proactive inventory management are essential. These measures ensure the clinic remains prepared and responsive to the health demands of the student body.

Financing

The funds for the health programs will primarily come from the school's budget, with adequate funding for resource allocation, maintenance, and repair of facilities and equipment. However, the school actively pursues collaboration with external organizations and community partners to supplement its resources, ensuring comprehensive support and the sustainability of program operations.

Leadership and Governance

A sustainable and effective school health program depends on strong leadership, collaboration across sectors, and community participation. Ongoing operations and diligent maintenance are crucial for supporting student health, safety, and academic achievement. Cleanliness, especially in restrooms, is a top concern for students and is addressed through daily cleaning routines, clear custodial responsibilities, and constant availability of hygiene supplies. Health education further empowers students to maintain personal hygiene and contribute to a healthy environment.

Safety is another key focus: while not the primary concern in recent assessments, the school prioritizes safety through regular audits, improved lighting, and the strategic placement of surveillance cameras. These measures help prevent hazards, deter unsafe behaviors, and allow for swift responses to incidents. Combined, these practices create a clean, safe, and supportive campus environment that promotes the well-being and success of the entire school community.

2. Evaluation Phase

The evaluation of the comprehensive health program in terms of service delivery, availability, resource allocation, and policy framework

Table 2.1 presents the evaluation of the comprehensive health program's results based on key variables: service delivery, availability of medical products and staffing, resource allocation, and policy framework.
In terms of service delivery, the program received high ratings for accessibility and quality, with mean scores of 3.89 (SD=0.69) and 4.11 (SD=0.51), respectively. This result indicates that experts generally find the health services accessible and of good quality.

The availability of medical products, equipment, and staffing was also rated highly with a mean score of 4.00 (SD=0.50), reflecting a positive perception of the resources necessary to support the health program.

Resource allocation garnered a high mean score of 3.67 (SD=0.58), suggesting the respondents perceive the budget and resource management as adequate but with room for improvement.

The policy framework received the highest rating, with a high mean score of 4.56 (SD=0.77), indicating strong support for a clear, evidence-based strategy supporting the developed health program.

Overall, the comprehensive health program achieved a high average score of 4.04 (SD=0.53), indicating an overall positive evaluation.

Table 2.1. The evaluation of the comprehensive health program in terms of service delivery, availability, resource allocation, and policy framework

Variables	M	SD	Interpretation
Part 1. Service Delivery (Accessibility)	3.89	0.69	High
Part 1. Service Delivery (Quality)	4.11	0.51	High
Part 2. Availability of Medical Products, Equipment and Staffing	4.00	0.50	High
Part 3. Resource Allocation	3.67	0.58	High
Part 4. Policy Framework	4.56	0.77	Very High
Overall	**4.04**	**0.53**	**High**

Evaluators' feedback on Program Strengths, Weaknesses, and Suggestions

Table 2.2 presents the evaluators' feedback on the health program's strengths, weaknesses, and suggestions. The qualitative responses provide valuable insights into the program's overall performance and areas needing improvement.

Regarding the program's strengths, the evaluators acknowledge that it effectively addresses students' health needs. They describe the services as responsive and adequate in meeting student requirements. This feedback indicates a positive perception of the program's capacity to safeguard student health and fulfill its objectives. However, one evaluator noted gaps in the specification of safeguards against certain risks, such as physical abuse on campus, highlighting an opportunity for greater attention in this area.

Concerning areas of improvement, the evaluators agree that the program's content could be more concrete and detailed. Suggestions include improving the program design to align strategies with specific objectives better. Additionally, one expert recommended reviewing and summarizing the presentation to improve clarity and avoid duplicating content. These observations emphasize the need to refine program documentation for more straightforward presentation and more comprehensive communication of strategies.

The suggestions provided emphasize the importance of elaborating on program strategies and situating the content within a realistic, practical framework. One evaluator expressed satisfaction with the current program but advised that the researcher consider all measures thoroughly. Another reiterated the call for more detailed and specific strategy development, echoing earlier suggestions for content enhancement.

Table 2.2. Evaluators' feedback on Program Strengths, Weaknesses, and Suggestions

Evaluator	*Responses*
Question 1 (Strengths)	
Evaluator A	The overall services in catering student's needs are well implemented
Evaluator B	The approach in facilitating students' needs are sufficient
Evaluator C	It cited the overall needs of the school in reference to health and safeguard for the safety of the students except certain specific areas where safeguards for physical abuse which was not specified.
Question 2 (Weaknesses)	
Evaluator A	The content design must be concrete.
Evaluator B	The program must be detailed and content specific on strategies aligned to the objectives.
Evaluator C	I suggest that the overall presentation be reviewed and summarized in more detailed form and program to avoid duplication.
Question 3 (suggestions)	
Evaluator A	So far none. All good, just take all measures into consideration.
Evaluator B	Elaborate further the program strategies and compose the content based on the realistic or practical mechanism.
Evaluator C	Same answer to question no. 2.

Incorporating feedback from experts and the college president, who emphasized the need for physical violence prevention and program streamlining, the comprehensive health program was revised. Physical abuse prevention was added under the physical safety component, aiming to eliminate such incidents through prevention, rapid response, and survivor support. The program included safeguards against on-campus physical abuse through several strategies: establishing a clear anti-abuse policy that defines physical abuse (including hitting, slapping, shoving, punching,

kicking, hair-pulling, biting, and choking), prohibits these behaviors campus-wide, and outlines sanctions for violations; forming a campus behavioral threat assessment team (comprising a counselor, nurse, and security personnel) to evaluate reports of threats or abusive conduct; and building staff capacity through annual INSET training on recognizing, responding to, and reporting abuse, including practical role-playing exercises.

3. Assessment of Acceptability Phase

College administrators' acceptability assessment of the developed comprehensive health program

Table 3 shows the administrators' acceptability assessment results for the developed comprehensive health program. General acceptability is highest, with a mean score of 4.9, indicating strong positive acceptability. Affective attitude, intervention coherence, and perceived effectiveness constructs each received a mean score of 4.8, indicating strong positive acceptability. Ethicality, opportunity costs, and self-efficacy each received a mean score of 4.7, indicating strong positive acceptability. While the burden construct received a mean score of 3.7, indicating moderately positive acceptability.

The result reveals that administrators strongly support the developed comprehensive health program, with seven out of eight TFA constructs scoring 4.7 or higher, indicating broad approval of its overall value, purpose, expected effectiveness, ethical alignment, minimal opportunity costs, and their own confidence in implementing it successfully. Only the Burden construct scored moderately lower at 3.7, indicating that while administrators view implementation as achievable, they foresee the need for additional resource planning.

Table 3. College administrators' acceptability assessment of the developed comprehensive health program

TFA Constructs	M	SD	Interpretation
1. Affective Attitude	4.8	0.42	Strongly Positive
2. Burden	3.7	0.82	Moderately Positive
3. Ethicality	4.7	0.48	Strongly Positive
4. Intervention Coherence	4.8	0.42	Strongly Positive
5. Opportunity Costs	4.7	0.48	Strongly Positive
6. Perceived Effectiveness	4.8	0.42	Strongly Positive
7. Self-efficacy	4.7	0.67	Strongly Positive
8. General Acceptability	4.9	0.32	Strongly Positive

CONCLUSIONS

This developmental research successfully identified and addressed the comprehensive health needs of college students in a private college setting, culminating in the design, expert evaluation, and assessment of acceptability of a tailored health program. The study revealed that the student population, predominantly traditional college-age females across two academic programs, experiences low levels of mental health needs, low levels of alcohol and prohibited drug abuse, alongside moderate needs concerning physical safety. However, despite the low levels of mental health needs, stress, anxiety, and depression emerge as critical concerns that students want the school to address through mental health support programs.

The developed comprehensive health program was positively received, demonstrating high effectiveness in service delivery, resource availability, and policy support. While the program effectively responds to general student health needs, expert evaluations highlighted the need for greater detail, more precise alignment with specific objectives, practical, realistic strategies to enhance implementation, and the incorporation of a physical violence prevention component into the health program.

The researcher revised the comprehensive health program based on the experts' recommendations, and the college administration conducted an acceptability assessment. The results provide solid validation of the developed comprehensive health program. The single workable concern is the burden construct, suggesting resource planning as the next step before comprehensive implementation.

Overall, the research contributed meaningful knowledge by bridging identified health gaps with a concrete intervention that integrates mental, physical, and preventive health services. The expert evaluation findings emphasize the program's core strengths in addressing student health needs while identifying a gap in safeguards against physical abuse. Lastly, the high acceptability ratings across TFA constructs suggest program readiness for implementation, with only minor resource planning to address burden concerns.

RECOMMENDATIONS

The following steps may include the full implementation of the developed health program, followed by a comprehensive evaluation of its impact on students' health, behaviors, and academic performance. Since this study primarily focuses on the formative stages of program development, evaluation, and acceptability assessment, including the actual implementation phase, it will allow for measuring its effect on student health outcomes.

The school nurse should utilize the research findings to enhance health services that address students' physical, mental, and social health needs. The nurse plays a critical role in promoting health education and acts as a liaison among stakeholders to ensure coordinated care and support. By fostering collaboration with teachers and administrators, the school nurse can help establish and evaluate health policies and wellness initiatives, contributing to a safer, healthier school environment that promotes students' academic success and overall well-being. This expanded role emphasizes the nurse as a leader in health promotion within the school community.

School administrators are encouraged to incorporate the study's results into policy development and actively support initiatives that foster a healthy school environment. Their involvement is essential for establishing clear expectations and accountability mechanisms that maintain a positive school culture.
Furthermore, the researcher encourages future researchers to explore additional topics related to this study, such as how chronic conditions impact student outcomes that she did not include, as well as the challenges in implementing the program and strategies to address them. These efforts will broaden knowledge and improve practices in school health and education.

Finally, students will be encouraged to actively participate in programs and activities that promote their health and well-being. Such participation fosters health literacy and self-management skills, empowering students to make healthier choices and build resilience. Additionally, involvement in health-promoting activities cultivates a favorable school climate, preparing students for lifelong well-being and productivity. This collective engagement from all stakeholders will contribute to a more supportive, effective school health system.

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